



## POLICIES AND PROCEDURES MANUAL

System       Department

Supersedes:

Section: MEDICAL STAFF (MS)

Subject: Physician Health Policy

Number: MS36

Attachments: [MS36attachment](#)

Date Effective: 9/23/02

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## PHYSICIAN HEALTH POLICY

### PURPOSE:

1. The Nebraska Medical Center and its medical staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a clinician is suffering from impairment.
2. The Medical Staff Advisory Council shall recommend to the Credentials Committee, the Medical Executive Committee and the Chief Executive Officer additional educational materials beyond this policy and suggested educational programs that address clinician health and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness for the education of the medical staff and other professional healthcare providers at the Medical Center.

### DEFINITIONS:

1. Clinicians: This policy shall apply to all members of the Medical Staff of The Nebraska Medical Center (to include MD/DOs, DDS/DMDs,), Mid-level Practitioners, Professional Associates and participants of graduate medical education training programs.
2. Impairment: The inability of a clinician to practice with reasonable skill and safety because of: mental illness, physical illness or conditions including but not limited to those illnesses or conditions that would adversely affect cognitive, motor or perceptive skills or habitual or excessive use or abuse of drugs defined by law as controlled substances, alcohol or other substances that impair ability.

### MECHANISM FOR REPORTING AND REVIEWING POTENTIAL IMPAIRMENT:

1. Issues of impairment relating to members of the medical staff, Mid-Level Practitioners, Professional Associates or participants in UNMC or Clarkson Family Medicine graduate medical education training programs will be referred to the Medical Staff Advisory Council. To the extent possible, and consistent with quality of care concerns, the Medical Staff Advisory Council will handle impairment matters in a confidential fashion. The Chief Executive Officer, the Chief of Staff and the Chair of the Credentials Committee shall be kept apprised of matters under review by the Medical Staff Advisory Council.
2. If any individual has a concern that a clinician is impaired in any way that may affect his or her practice at the medical center, a written report shall be given to any member of the Medical Staff Advisory Council, the Chair of the Credentials Committee or the Chief of Staff. The report shall include a description of the incident(s) that led to the concern and must be factual in nature. The individual making the report does not need to have proof of the impairment but must state the facts that led to the suspicions.
  - A) In the event, the impairment is thought to be of an acute nature, the individual should follow the escalation policy (TX04 - Chain of Command/Escalation of Concern) in reporting the perceived impairment. The Chief Executive Officer, Chief of Staff or Chief Medical Officer should be notified and in collaboration determine if immediate action should be taken. Immediate action may include, but is not limited to, substance use testing for cause or temporary suspension of hospital privileges.
  - B) Refusal to submit to substance use testing or to provide the necessary authorization for releasing hospital or medical reports that would indicate whether or not the clinician was under impairment may also be grounds for temporary suspension.
  - C) Collection process for breath and/or blood alcohol testing will follow the policies and procedures of The Nebraska Medical Center Employee Health. Testing will be performed by a certified Breath Alcohol Technician. Any alcohol testing result equal to or above 0.04% will be considered

positive.

- D) Collection process for drug testing will follow policies and procedures of The Nebraska Medical Center Employee Health. Drugs tested include marijuana, cocaine, PCP, opiates, amphetamines, benzodiazepines, barbiturates, propoxyphene, methodone and Demerol or others deemed appropriate.
3. Any individual who has acknowledged an impairment or disability that affects his/her ability to perform the privileges requested shall also be encouraged to voluntarily present the issue to any member of Medical Staff Advisory Council, the Chair of the Credentials Committee or the Chief of Staff.
4. If, after discussing the incident(s) with the individual who filed the report or the clinician who self reported, the Chief of Staff, the Chair of the Credentials Committee and/or any member of the Medical Staff Advisory Council believe there is enough information to warrant a review, the matter shall be referred to the Medical Staff Advisory Council.
5. The Medical Staff Advisory Council shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention.
6. As part of its review, the Medical Staff Advisory Council shall have the authority to meet with the individual(s) who provided the report if other than the clinician him/herself.
7. If the Medical Staff Advisory Council has reason to believe that the clinician is or might be impaired, it shall also meet with the clinician. At this meeting, the clinician should be told that there is a concern that he or she might be suffering from an impairment that affects his or her practice. The clinician should not be told who filed the initial report, but should be advised of the nature of the concern and provided a typed copy of the written report with the identity of the person making the report expunged.
8. As part of its review, the Medical Staff Advisory Council shall also have the authority to request that the clinician be evaluated by a qualified organization/consultant and have the results of the evaluation provided to it. Consent for the release of information to the Medical Staff Advisory Council is attached as Appendix A.
9. Depending upon the severity of the problem and the nature of the impairment, the Medical Staff Advisory Council has the following options to recommend to the Chief of Staff:
  - a. recommend that the clinician voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment. All costs incurred for rehabilitation or treatment will be the responsibility of the clinician;
  - b. recommend that appropriate conditions or limitations be placed on the clinician's practice;
  - c. recommend that the clinician voluntarily agree to refrain from exercising some or all privileges in the medical center until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the clinician is able to practice safely and competently;
  - d. recommend that some or all of the clinician's privileges be suspended if the clinician does not voluntarily agree to refrain from practicing in the medical center.
  - e. determine there is no impairment.
  - f. All determinations by the Medical Staff Advisory Council shall be made in accordance with federal, state, and local laws concerning disability and shall be based upon an individualized mandatory assessment of the clinician.
10. If the Medical Staff Advisory Council recommends that the clinician participate in a rehabilitation or treatment program, it should assist the clinician in locating a suitable program. In the case of M.D.s, the Medical Staff Advisory Council will make an elective referral to the Nebraska Licensee Assistance Program or equivalent program for an assessment.
11. If the clinician agrees to abide by the recommendation of the Medical Staff Advisory Council, then a confidential report will be made to the Chief Executive Officer, the Chief of Staff and the Chairman of the Credentials Committee. In the event there is concern by the Chief Executive Officer, the Chief of Staff and the Chairman of the Credentials Committee that the action of the Medical Staff Advisory Council is not sufficient to protect patients, the matter will be referred back to the Medical Staff Advisory Council with specific recommendations on how to revise the action or it will be referred to the Medical Executive Committee for an investigation.
12. The Medical Staff Advisory Council shall seek the advice of medical center legal counsel to determine whether any conduct must be reported to law enforcement authorities, state licensing board, or other government agencies and

what further steps must be taken.

13. Upon sufficient proof that a clinician who has been suffering from an impairment has successfully completed an elective rehabilitation or treatment program, the Medical Staff Advisory Council may recommend that the clinician's clinical privileges be reinstated. In making a recommendation that an impaired clinician be reinstated the Medical Staff Advisory Council must consider patient care interests as paramount.
14. Prior to recommending reinstatement, the Medical Staff Advisory Council must obtain a letter from the clinician overseeing the rehabilitation or treatment program. (A copy of a release from the clinician authorizing this letter is attached as Appendix B.) The letter must address the following:
  - a. the nature of the clinician's condition;
  - b. whether the clinician is participating in a rehabilitation or treatment program and a description of the program;
  - c. whether the clinician is in compliance with all of the terms of the program;
  - d. to what extent the clinician's behavior and conduct need to be monitored;
  - e. whether the clinician is rehabilitated;
  - f. whether an after-care program has been recommended to the clinician and, if so, a description of the after-care program; and
  - g. whether the clinician is capable of resuming medical practice and providing continuous, competent care to patients.
15. Before recommending reinstatement, the Medical Staff Advisory Council may request a second opinion on the above issues from a clinician of its choice.
16. Assuming that all of the information received indicates that the clinician is capable of resuming care of patients the following additional precautions should be taken before the clinician's clinical privileges are reinstated:
  - a. the clinician must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the clinician's inability or unavailability; and
  - b. the clinician shall be required to provide periodic reports to the Medical Staff Advisory Council from his or her attending clinician or the rehabilitation/treatment program, for a period of time specified by the Committee, stating that the clinician is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the medical center is not impaired. Additional conditions may also be recommended for the clinician's reinstatement.
17. The final decision to reinstate a clinician's clinical privileges must be approved by the Chief of Staff in consultation with the Chief Executive Officer and the Chairman of the Credentials Committee.
18. The clinician's exercise of clinical privileges in the medical center shall be monitored by the Service Chief or by a clinician appointed by the Service Chief. The nature of that monitoring shall be recommended by the Medical Staff Advisory Council in consultation with Chief of Staff and the Chairman of the Credentials Committee.
19. If the clinician is suffering from an impairment relating to substance abuse, the clinician must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Chief Executive Officer, the Chief of Staff or designee, and any member of the Medical Staff Advisory Council.
20. In the event of any apparent or actual conflict between this policy and the bylaws, credentials policy, or other policies of the medical center or its medical staff, including the investigation, hearing and appeal sections of those bylaws and policies, the provisions of this policy shall prevail.

#### **COMMENCEMENT OF AN INVESTIGATION**

21. The medical center and the medical staff believe that issues of impairment can best be dealt with by the Medical Staff Advisory Council to the extent possible. If, however, the Medical Staff Advisory Council makes a recommendation, including a recommendation for an evaluation or a restriction or limitation on privileges, and the clinician refuses to abide by the recommendation, the matter shall be referred to the Medical Executive Committee for an investigation to be conducted pursuant to the Investigative Procedure of the Medical Staff Policies and Procedures.
22. The original report and a description of any recommendations made by the Medical Staff Advisory Council should

be included in the trending file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the clinician's trending file and the clinician's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the clinician's practice. The clinician shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her quality file.

23. The Chief Executive Officer and the Chief of Staff shall inform the individual who filed the report that follow-up action was taken.
24. Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this policy.
25. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardize the safety of the clinician or others, the Chief Executive Officer and the Chief of Staff, or the Chairman of the Credentials Committee may contact law enforcement authorities or other government agencies.
26. All requests for information concerning the impaired clinician shall be forwarded to the Chief of Staff for response.
27. Nothing in this policy precludes immediate referral to the Executive Committee (or to the Board of Directors) or the elimination of any particular step in the policy in dealing with conduct that may compromise patient care.

Staff Accountability:

Bylaws Committee (2/2014)

Medical Executive Committee (2/11/14)

Board of Directors (2/17/14)

<b>Department Approval</b>	<b>Administrative Approval</b>
Signed: Steven Black, MD	Signed: Austin Thompson, M.D.
Title: Credentials Committee Chair	Title: Chief of Staff
Department: Medical Staff	