

Medical Staff, Medical Associates, Licensed Professional Assistants, and Graduate Medical Staff Health and Impairment

I. PURPOSE

To define the problem of medical staff, medical associate, and licensed professional assistant [collectively health practitioner(s) or HP(s)] health and impairment and the position of the Medical Center toward the HP, and to describe the measures to be taken in dealing with the HP who is, or may be, impaired. The purpose of the process is to help with identification of health issues and provide for rehabilitation rather than discipline to aid a HP in returning and regaining optimal professional functioning that is consistent with protection of patients.

II. DEFINITION

We accept the A.M.A. definition of impairment "as any physical, mental or behavioral disorder that interferes with ability to engage safely in professional activities".

III. POLICY

The policy which follows and the steps to be taken are intended to provide over-all guidance and direction on how to proceed when confronted with a health problem affecting a HP; circumstances may dictate variations when appropriate. Since the potential risk of patient harm is of paramount importance, but the personal and professional welfare of the HP involved are also very important, no policy can be expected to cover all situations.

It is recognized that, in the case of HP health issues which affect patient safety, the President and CEO or his designee, Chief Medical Officer or a Department Chairman, Chairman of the Medical Board, or Chairman of the Board of Trustees is authorized by the By-Laws to take immediate measures if any patient's safety is compromised. Further it is recognized this policy must include strict adherence to any state or federally mandated reporting requirements.

IV. REPORT AND INVESTIGATION

If an individual working in the Medical Center has a reasonable suspicion that a HP has an illness or condition that has resulted in the potential for impairment, the following steps should be taken:

A. The individual suspecting the condition shall report such suspicion orally or, preferably in writing to the President and CEO, the Chief Medical Officer, or the Chairman of the clinical department. The report shall include a description of the incident(s) that led to the belief that the HP may have an illness or condition leading to impairment. The report must be factual. The individual making the report does not need to have proof, but must state the facts leading to the suspicion.

B. If, after discussing the incident(s) with the individual who filed the report, the President and CEO or the Chief Medical Officer believes there is enough information to warrant an investigation, the President & CEO shall direct that an investigation be instituted and a report thereof be rendered to the Chief Medical Officer and other appropriate, selected individuals, including the Vice President for Human Resources in the case of an employee.

If, after the investigation, it is found that sufficient evidence exists, and if substance abuse is suspected, the Chief Medical Officer and an individual experienced in chemical dependency, such as a credentialed employee assistance professional, shall meet with the HP or designate another appropriate individual to do so.

C. The individual in question should be told that the results of an investigation indicate that he/she appears to suffer from a condition that affects, or could affect his or her practice and be encouraged to seek treatment. Referral to various programs for such matters may be recommended:

- Medical Society of the State of New York- The Committee for Physician Health
<http://www.mssny.org/mssnyip.cfm?c=s&nm=CPH-PhysicianHealth>
- NewYorkStateDentalAssociation-ProfessionalAssistance Program
http://www.nysdental.org/government_affairs/full_article.cfm?ID=32
- New York State Podiatric Association

Effective Date: 08/92

Original Date: 08/92

Reviewed/Revised: 8/11

Next Review Date: every six years

http://1209.235.246.70/pages/about_us/code.html#17

- New York State Nursing Associate- Statewide Peer Assistance for Nurses program
<http://www.nysna.org/span/main.htm>

D. Depending upon the severity of the problem, and the nature of the condition, the hospital has the following options:

If the HP does not voluntarily seek appropriate care and reduce privileges through a leave of absence, pursuant to the By-Laws, authorized individuals may immediately issue a precautionary suspension of clinical privileges and the matter shall be referred to the Credentials Committee.

If a HP is employed by the Medical Center, appropriate personnel action in accordance with the policies of the Medical Center for the department may be taken parallel to the process described above.

If investigation concludes that a HP is impaired, the department Chairman, Chairman of the Medical Board, Chief Medical Officer or President & CEO may recommend to the Credentials Committee that:

1. The impaired HP be required to undertake a rehabilitation program as a condition of continued appointment and clinical privileges, and/or
2. Appropriate restrictions be imposed on the HP's privileges and/or
3. The impaired HP's privileges in the Medical Center are suspended until rehabilitation has been accomplished if the impaired HP does not agree to discontinue practice voluntarily.

E. The Medical Center shall seek the advice of hospital counsel to determine whether any conduct must be reported to law enforcement authorities or other governmental agencies.

F. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in a quality assurance profile and the HP's activities and practice shall be monitored by the departmental, QAIC, or FPEE process until it can be established that there is, or is not, an impairment problem.

Effective Date: 08/92
Original Date: 08/92
Reviewed/Revised: 8/11
Next Review Date: every six years

G. The President and CEO, or the Chief Medical Officer, shall inform the individual who filed the report that follow-up action was taken, but in all cases, specifics shall not be divulged.

H. Throughout the process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy. Confidentiality must be maintained.

V. REHABILITATION FOR SUBSTANCE ABUSE

If substance abuse is suspected as the cause of the condition, hospital and medical center leadership who specialize in the area of chemical dependency (e.g., credentialed Employee Assistance Professional (CEAP) or anyone program listed in IV.C should assist the HP in locating suitable rehabilitation program.

VI. REINSTATEMENT AFTER COMPLETION OF REHABILITATION PROGRAM

A. Upon sufficient proof that a HP, who has been found to be suffering from a health condition leading to impairment, has successfully completed a rehabilitation program, the Medical Center may consider that HP for return to full privileges.

B. In considering reinstatement, the Medical Center and its clinical leadership must consider patient care interests. When reinstated, the departmental QAIC will monitor care for a suitable period to establish competence as determined by a focused professional practice evaluation (FPPE) and/or peer review.

C. The hospital must obtain a letter from the director of the rehabilitation program where the HP was treated. The HP must authorize in writing, the release of this information. That letter shall state:

1. Whether the HP is participating in the program.
2. Whether the HP is in compliance with all of the terms of the program.
3. Whether the HP attends self-help (e.g., AA) meetings regularly.
4. To what extent the HP's behavior and conduct are monitored.
5. Whether, in the opinion of the director of the rehabilitation program the HP is rehabilitated.
6. Whether an after-care program has been recommended to the HP and, if so, a description of the after-care program; and
7. Whether, in his or her opinion, the HP is capable of resuming and providing continuous care to patients without impairment.

Effective Date: 08/92

Original Date: 08/92

Reviewed/Revised: 8/11

Next Review Date: every six years

D. The HP must inform the Medical Center of the name and address of his or her treating physician and must authorize, in writing, that the treating physician provide the Medical Center with information regarding the HP's condition and treatment. The Medical Center has the right to require an opinion from other physician consultants of its choice and with written authorization from the HP, the Medical Center may discuss the case with a consultant. The treating physician shall provide the Medical Center with information regarding the precise nature of the HP's condition, and the course of treatment as well as the responses to the issued stated in c) 1-7 above.

E. Assuming all of the information received indicates the HP is rehabilitated and capable of resuming care of patients; the Medical Center must take the following additional precautions when restoring clinical privileges:

1. The HP must confirm that another medical staff appointee is willing to assume responsibility for the care of his/her department's patients in the event of his/her inability or unavailability. The Medical Center will attempt to be helpful, if necessary, to identify appropriate doctors willing to provide this service.
2. The HP shall be required to obtain periodic reports for the hospital from his/her treating physician – for such period of time as recommended by the Credentials Committee and approved by the Medical Board, stating that the HP is continuing treatment or therapy, as appropriate, and that his or her ability to treat and care for patients in the hospital is not impaired.

F. The HP's exercise of clinical privileges in the hospital shall be monitored by the department chairman or by the departmental QAIC. The nature of that monitoring shall be reported to the Credentials Committee after its review of all of the circumstances.

G. For a period of at least six months following reinstatement, the HP must agree, to submit to any testing deemed necessary.

H. All requests for information concerning the HP shall be forwarded to the President and CEO.

VII. GRADUATE STAFF IMPAIRMENT POLICY

The graduate staff's resident impairment policy shall conform to the hospital policy on physician health and impairment with the following exceptions which pertain specifically to graduate staff.

Effective Date: 08/92
Original Date: 08/92
Reviewed/Revised: 8/11
Next Review Date: every six years

A. Report and Investigation

1. If after investigation, sufficient evidence exists of the graduate staff member's impairment, the program director or his/her designee should personally meet with the graduate staff members to discuss the results of the investigation.
2. Depending on the nature of the problem the program director may (a) Suspend or relieve the graduate staff member of any clinical responsibility pending a full assessment (Employee Health assessment, etc.) of the alleged impairment (b) If the assessment so warrants, the program director or designee may refer the graduate staff member for counseling/rehabilitation through the GME office.
3. Due process – In all instances the graduate staff member would have recourse to the GME policy "Graduate Staff Evaluation, Disciplinary Procedures & Appeals Policy (Due Process)" #9200-204 to appeal the suspension or dismissal.

Approvals obtained electronically via the Navex PolicyTech

Anthony Somogyi, MD
Director, Graduate Medical Staff

William Wissemann, Esq.
Senior Vice President, General Council

Joseph Abularrage, MD
Chairmen, Medical Board

Stephen Rimar, MD
Executive VP & CMO

Stephen Mills
President & CEO

Effective Date: 08/92
Original Date: 08/92
Reviewed/Revised: 8/11
Next Review Date: every six years

Effective Date: 08/92
Original Date: 08/92
Reviewed/Revised: 8/11
Next Review Date: every six years