

Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

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| <input checked="" type="checkbox"/> Community Hospital East | <input checked="" type="checkbox"/> Community Hospital South |
| <input checked="" type="checkbox"/> Community Hospital North | <input checked="" type="checkbox"/> Community Heart and Vascular Hospital |

TITLE: PRACTITIONER WELLNESS AND IMPAIRMENT POLICY

OBJECTIVE: This Policy applies to all Practitioners as defined herein. The Medical Staff recognizes that for optimal performance in exercising clinical privileges, including carrying out of duties and responsibilities, the Practitioner must be healthy from a mental and physical perspective and must be free of substance abuse. With varied degrees of illness or impairment and with substance abuse, patient safety and the well-being of the operations of the Medical Staff, the Hospital and the Community Health Network may be jeopardized. Therefore, it is a threshold eligibility requirement that Members of the Medical Staff and Practitioners holding Privileges maintain the physical and mental ability to deliver patient care and exercise clinical privileges safely and at an appropriate level of quality at all times. If reasonable concern exists as to whether a Member or Practitioner holding Privileges satisfies this requirement, the burden is on the Member or Practitioner to demonstrate his/her fitness to exercise his/her clinical privileges with reasonable skill and safety, and ability to fulfill all duties and responsibilities set forth in the Medical Staff Bylaws, Rules and Regulations, and Policies.

It is the policy of the Medical Staff to provide education to the Medical Staff and Hospital personnel concerning the importance of Practitioner wellness and the recognition of impairment; to encourage self-referral for professional diagnosis and treatment of conditions that may lead to impairment; to encourage referrals by others who may have concerns; to address allegations or concerns of potential impairment expeditiously and within a confidential peer review structure; to have a Practitioner Wellness Committee consisting of experienced, well-respected Practitioners to advocate and help assist the Member or Practitioner with his/her particular impairment; and to protect patients and other persons present in the Hospital from harm.

I. DEFINITIONS

“Approved Program” means either the Indiana State Medical Association Physician Assistance Program or an entity/program approved by the Medical Executive Committee of the Hospital.

“Impairment” is any physical, mental or behavioral disorder that interferes with ability to engage safely in professional activities. Impairment includes sub-optimal functioning as a result of substance abuse, either illicit drug use or alcohol, or illegal substance ingestion or physical or mental impairment due to aging or to conditions that affect the overall health of the physician.

“Practitioner” means any Member of the Medical Staff, Allied Health Professionals, or other Practitioner granted clinical privileges

“Medical Executive Committee” the executive committee of the medical staff of the hospital at which the Practitioner maintains clinical privileges. For the purposes of this policy, it also includes the Medical Executive Committee’s subcommittees that may routinely conduct quality/reviews peer review activities on behalf of the Medical Executive Committee.

“(Practitioner Wellness Committee)” means the Practitioner Wellness Committee of the Medical Staff. If a practitioner has clinical privileges at another Community Health Network Hospital, each Practitioner Wellness Committee shall be involved.

The definitions contained in the applicable Medical Staff Bylaws apply to this policy. There are numerous Community Health Network hospitals and each Hospital’s medical staff has its own Medical Staff Bylaws.

II. EDUCATION

Education will be offered and provided to Practitioners and other Hospital Staff about Practitioner wellness in order to promote a culture of safety. The education will include illness and impairment recognition issues specific to Practitioners in accordance with the Medical Staff Bylaws, Rules and Regulations, and Policies and Procedures.

Examples of observations that may indicate a potential impairment include, but are not limited to:

- Slurred Speech
- Smell of alcohol
- Changes in dexterity
- Changes in gait
- Unexplained sleepiness
- Changes in behavior and decline in clinical or technical skills
- Disheveled appearance

III. SELF-REFERRAL

Practitioners are encouraged to self-refer to an approved program for appropriate diagnosis, treatment and rehabilitation whenever they have, or are concerned they may have, an illness or condition, which may impair their ability to safely perform the Privileges granted at the Hospital. Such self-referral may be to either Medical Staff Leaders, the Indiana State Medical Association Physician Assistance Program, or any other program equipped to provide needed assistance.

IV. REFERRAL BY OTHERS

Any individual who suspects or has concerns about the potential impairment of a Member or Practitioner may, in writing or orally, voice those concerns to the employee’s immediate supervisor at the hospital or a medical staff officer. It will be the responsibility of the receiving official to report the concern immediately to the President of the Medical Staff, the President of the Hospital, or the Physician Executive their respective designees.¹ Likewise, any Member or Practitioner who has reason to believe that another Member or Practitioner is impaired or has an impairment shall report to the Medical Staff President or his designee immediately. The individual informant's identity will be kept confidential from the Practitioner.

V. PROCESS INITIATION

The Chief/Medical Staff President, the Physician Executive or Hospital President or designee, acting as a peer review committee on behalf of the Medical Staff of the Hospital, shall evaluate the credibility of the complaint, allegation, or concern and whether immediate action is necessary under the circumstances. In evaluating the report, a committee member on the committee’s behalf, may interview the informant and/or meet with the affected Practitioner. The practitioner has the burden to demonstrate fitness for duty. The committee may take any of the following actions: request the Practitioner undergo an immediate drug screen as set forth in the Network Policy entitled Drug Testing, impose a precautionary suspension, or take other action as

necessary for the safety of patients and other individual such as require a proctor or under and evaluation by an Approved Program.

The committee shall make written findings to be forwarded to the Medical Executive Committee. If any reasonable doubt exists about the ability of the Member or Practitioner to provide patient care safely, the Member or Practitioner will be referred immediately for an evaluation by an approved program for evaluation, diagnosis, and treatment of the condition or concern as warranted.

Whenever the Practitioner is referred to an Approved Program for evaluation, the Practitioner will be required to authorize the Approved Program to release information to the Medical Executive Committee to demonstrate that the Practitioner possess the physical and mental ability to deliver patient care and exercise clinical privileges safely. The referral also will require the Practitioner to follow the recommendations, if any of the Approved Program, as a condition of the continued ability to maintain privileges (or before exercising privileges depending on the recommendation) to the satisfaction of the Medical Executive Committee. If the Member or Practitioner does not comply with the referral to the Approved Program in all respects, the Medical Staff President will follow the Medical Staff Bylaws for next steps as the circumstances warrant.

After the Member or Practitioner completes the evaluation, the Physician Assistance Committee will be notified to oversee and monitor the ongoing compliance with the recommendations of the Approved Program. The Physician Assistance Committee will serve as a liaison between the Member or Practitioner and the Medical Executive Committee. The Physician Assistance Committee will monitor the progress and compliance of the Member or Practitioner until the recommendations are fulfilled and periodically thereafter if required.

Concerns as to whether the Practitioner is following the Approved Program's recommendations will be referred to the Medical Staff President and the Physician Assistance Committee. The Committee shall meet with the Practitioner to obtain the Practitioner's response to the concern and educate the Practitioner of the importance of following the recommendations, then the Practitioner Wellness Committee will immediately report the noncompliance to the Chief/President of the Medical Staff. The Chief/President of the Medical Staff will follow the Medical Staff Bylaws for next steps as the circumstances warrant. The paramount objective of the process is to ensure patient safety.

Practitioner Wellness Committee

The Chair of the Practitioner Wellness Committee and its membership are appointed by the Chief/President of the Medical Staff. The Physician Assistance Practitioner Wellness Committee will act as advocates for Members or Practitioners and will educate Members and Hospital about this Policy and the resources available in the community to help Members or Practitioners with particular issues of impairment. The Committee's primary purpose is to serve as an advocate for the Member or Practitioner. The Committee may assist the Medical Staff and the Hospital in educating staff of the importance of reporting any reasonable suspicion that a Member or Practitioner may be impaired and the types of behavior which may indicate an impairment.

The Practitioner Wellness Committee shall report the compliance efforts and progress of, or any safety concerns about the Member or Practitioner to the Medical Staff President. The Committee is required to report to the Chief/President of Medical Staff if the Member or

Practitioner is unable to exercise privileges without jeopardizing patient safety or if the Member or Practitioner becomes an imminent risk to any individual.

Nothing in this Policy precludes the appropriate Medical Staff committee or officers from taking any immediate adverse action necessary where the failure to take such action may result in an imminent danger to the health of any individual.

VI. PEER REVIEW PROTECTIONS AND CONFIDENTIALITY

The nature, investigation and review of allegations of impairment may cause significant harm to the reputation of a Practitioner, if inadvertently discussed outside the peer review committee structure. Strictest confidentiality must be maintained. Only individuals who are directly dealing with this process should relay any information regarding the proceedings, discussions and action thereof. All deliberations, communication, and information gathered by the Chief/President of the Medical Staff, Physician Executive, Hospital President and their designee, the Practitioner Wellness Committee and any other Medical Staff Committee, are considered strictly confidential. Participants in the process are not authorized to share the information with anyone without consulting the Network's Legal Department and obtaining a written waiver from the peer review committee. Peer review information may be shared within the peer review structures of the Network, but those authorized to share will be expressly designated by the Chair of the appropriate peer review committee.

To the greatest extent reasonably possible under the circumstances, the situations, evaluations, and outcomes described in this policy shall be conducted as part of the peer review and quality improvement functions of the Medical Staff and Hospital. The participants shall maintain the confidentiality of the information learned and the identity of the affected Practitioner and other participants in the process.

To the greatest extent reasonably possible under the circumstances, the identity of persons reporting situations or behavior that may indicate the need to apply this policy shall be kept confidential.

Meeting minutes of the committees addressing concerns governed by this policy will be taken, and will be kept in a confidential peer review file, and shared with the Board through the Hospital's peer review reporting program.

Originated:	03/94
East/North Medical Executive Committee:	04/16/02; 06/21/05; 04/21/09; 11/19/13; 11/10/2020
South Medical Executive Council:	02/13/06; 04/12/09; 01/14/14; 11/10/2020
Board of Directors Approval:	06/03/02; 07/11/05; 06/01/09; 02/10/14; 01/21/2021
TIHH Medical Executive Council Approval:	01/27/03; 03/27/06; 04/27/09
TIHH Board of Managers Approval:	01/27/03; 04/24/06; 05/26/09