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Subject:			
LSC IMPAIRED HEALTH CARE PROVIDER POLICY			

LSC IMPAIRED HEALTH CARE PROVIDER POLICY

I. PURPOSE:

To provide guidance and direction on how to proceed when confronted with a potentially impaired Health Care Provider.

II. DEFINITIONS:

The American Medical Association defines the impaired Physician as “one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill or excessive use or abuse of drugs, including alcohol”.

III. PROCEDURE:

- A. Employees have an obligation to report the suspicion regarding a potentially impaired Health Care Provider to the President of the MEC or their immediate supervisor and are assured of non-retaliation/non-retribution for raising concerns related to this policy. Failure to report or making false reports shall be grounds for disciplinary action, including termination.
- B. Should the facility have knowledge of a medical illness or a hospitalization of one of the medical staff, the steps below will apply, as appropriate.
- C. If an individual has a reasonable suspicion that a Health Care Provider appointed to the Staff is impaired, the following steps should be taken:
 1. The individual who suspects the Health Care Provider of being impaired must give either an oral or, preferably, written report to their immediate supervisor or the Medical Director. The report(s) must be factual and shall include a description of the incident(s) that led to the belief that the Health Care Provider might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.
 2. If, after discussing the incident(s) with the individual who filed the report(s), the Medical Director believes there is enough information to warrant an investigation, he will share this information with the President of the Medical Executive Committee. The MEC President or his/her designee shall request that an investigation be conducted and a report of its findings be rendered by one of the following:
 - a. the Medical Director
 - b. the Medical Executive Committee
 - c. an outside consultant; or
 - d. another individual or individuals appropriate under the circumstances.

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3. If the investigation produces sufficient evidence that the Health Care Provider is impaired, the MEC President shall personally contact that Health Care Provider or designate another appropriate individual to do so. The Health Care Provider shall be told that the results of an investigation indicate that the Health Care Provider may be suffering from an impairment that affects his or her ability to practice. The Health Care Provider should not be told who filed the report and does not need to be told the specific incidents contained in the report.
4. The results of the investigation should be reported to the LSC Governing Board.
5. Depending upon the severity of the problem and the nature of the impairment, the LSC MEC has the following options.
 - a. require the Health Care Provider to undertake an evaluation and, if recommended, start an appropriate treatment, therapy or rehabilitation program as a condition of continued appointment and clinical privileges;
 - b. impose appropriate restrictions on the Health Care Provider's practice; or
 - c. if appropriate and the Health Care Provider will not agree to voluntarily discontinue his/her practice, immediately suspend the Health Care Provider's privileges in the LSC until rehabilitation has been accomplished; or
 - d. request a medical release to return to work.
6. The Health Care Provider in question may utilize the Fair Hearing Plan, if they so choose.
7. The LSC shall seek the advice of counsel to determine whether any conduct must be reported to law enforcement authorities (including the IPRC committee of the Iowa Board of Medical Examiners) or other government agencies, and what further steps must be taken.
8. The original report, the investigative report and a description of the actions taken by the LSC MEC should be included in the Health Care Provider's peer review file. If the investigation reveals that there is no merit to the report, the report shall be destroyed. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report(s) shall be included in a confidential portion of the Health Care Provider's peer review file and his/her practice shall be monitored until it can be established whether there is an impairment problem.
9. The MEC shall inform the individual who filed the report that follow-up action was taken.
10. Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussion of this matter with anyone outside those described in this policy.

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11. If it has been determined that the Health Care Provider has an impairment, LSC leadership (Medical Executive Committee / Governing Board) shall assist the Health Care Provider in locating a suitable treatment, therapy or rehabilitation program, as appropriate. LSC shall not reinstate a Health Care Provider until it is established that the Health Care Provider has successfully completed the program.
12. Upon sufficient proof that a Health Care Provider has successfully completed their program, LSC may consider reinstating that Health Care Provider to the Medical Staff.
13. When considering an impaired Health Care Provider for reinstatement, LSC leadership must consider patient care interests to be paramount.
14. LSC must first obtain a letter from the Health Care Provider director of the treatment, therapy or rehabilitation program where the Health Care Provider was treated. The Health Care Provider must authorize the release of this information. The letter from the director shall include:
 - a. whether the Health Care Provider is participating in the program;
 - b. whether the Health Care Provider is in compliance with all of the terms of the program;
 - c. whether the Health Care Provider attends program meetings regularly (if appropriate);
 - d. to what extent the Health Care Provider's behavior and conduct are monitored (as appropriate);
 - e. whether, in the director's opinion, the Health Care Provider is rehabilitated;
 - f. whether an after-care program has been recommended to the Health Care Provider and, if so, a description of the after-care program; and
 - g. whether, in the director's opinion, the Health Care Provider is capable of resuming medical practice and providing continuous, competent care to patients.
15. The Health Care Provider must inform the LSC of the name and address of his/her primary care Health Care Provider or treating Health Care Provider, and must authorize the Health Care Provider to provide the LSC with information regarding his or her condition and treatment. The LSC has the right to require an opinion from other Health Care Provider consultants of its choice.
16. The LSC leadership shall request the primary care Health Care Provider to provide information regarding the precise nature of the Health Care Provider's condition, the course of treatment and the answers to the questions posed above in 14 (e) and (g).
17. Assuming all information the LSC receives indicates that the Health Care Provider is rehabilitated and capable of resuming patient care, the LSC leadership may take the following additional precautions when restoring clinical privileges:
 - a. Have the Health Care Provider identify two Health Care Providers who are willing to assume responsibility for the care of his or her patients in the event that he or she becomes unable or unavailable to care for them; and

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- b. The Health Care Provider may be required to provide LSC with periodic report(s) from his/her primary care physician or treating physician – for a period of time specified by the MEC – stating that the Health Care Provider is continuing treatment as appropriate, and that his or her ability to treat and care for patients in the facility is not impaired.
18. The Medical Director or a physician appointed by the Medical Executive Committee shall monitor the Health Care Provider’s exercise of clinical privileges in the LSC. The Medical Executive Committee shall determine the nature of that monitoring after reviewing all of the circumstances.
 19. The Health Care Provider must agree to submit to an alcohol and drug screening test (if appropriate to the impairment) at the request of a member of the facility leadership.
 20. All requests for information concerning the impaired Health Care Provider shall be forwarded to the MEC President or his/her designee for response.
 21. In the event there is an apparent or actual conflict between this policy and the bylaws, rules and regulations, or other policies of the LSC or the Medical Staff – including the due process sections of those bylaws and policies – the provisions of this policy shall supersede such bylaws, rules, regulations or policies.