PURPOSE:
To establish a mechanism for any individual working in the hospital with a reasonable suspicion that a practitioner appointed to the medical staff is impaired. The Hospital has an obligation to protect patients and others from harm. In this regard, the Medical Staff and Hospital leadership have designed a process to provide education about health issues related to practitioners and others with clinical privileges. The process addressed physical, psychiatric, or emotional illness and facilitates confidential diagnosis, treatment and rehabilitation of individuals who suffer from potentially impairing conditions.

POLICY/PROCEDURE:
It is the policy of this hospital to properly investigate and act upon concerns that an individual who is a member of the Medical Staff or who has clinical privileges is suffering from impairment. The Hospital will conduct its investigation and act in accordance with pertinent state and federal laws. An “Impaired Individual” is one who is unable to perform the clinical privileges that have been granted with reasonable skill and safety to patients or perform other Medical Staff duties because of physical, mental, emotional or personality disorders, including deterioration through the aging process or loss of motor skills, or excessive use or abuse of drugs including alcohol. All practitioners through the application/reapplication process and according to the Medical Staff bylaws are required to report information about their ability to perform the clinical privileges they are requesting. Any individual with clinical privileges is responsible for reporting any change in his/her abilities to the Physicians Health Committee, that may impact their ability to render quality patient care or perform clinical privileges at the time they become aware of the change. A physician may self-refer to a recognized treatment program as defined by WV Board of Medicine or state law.

If any individual working in the hospital has a reasonable suspicion that a practitioner appointed to the Medical Staff is impaired the following steps will be taken. If any of the designated report
recipients is the impaired practitioner, the report shall not be made to him/her. If the department chair is the practitioner at issue, the President of the Medical Staff shall perform his or her duties under this policy, or shall designate a person to do so.

1. A written report shall be given to the Department Chair, the Medical Staff President, the Director of Quality Improvement, and the CEO. The Vice President of Medical Staff will substitute and hear complaints if the impaired practitioner should be the Medical Staff President. The report shall include a description of the incident(s) that led to the belief that the physician may be impaired. The report must be factual. The individual making the report does not need to have proof of the impairment, but must state the facts leading to suspicions.

2. The Department Chair or his/her designee shall discuss the report with the individual filing the report and the practitioner involved. The Department/Division Chair shall then discuss his/her findings with the President of the Medical Staff, the Director of Quality Improvement and the CEO, or their designees, to determine if there is enough information to warrant further investigation. If further investigation is felt to be necessary, the Medical Staff President and/or the CEO shall pursue at least one of the following:
   - Form an ad hoc committee of the medical staff.
   - Engage an outside consultant
   - Direct a review by another individual or individuals appropriate under the circumstances.
   - Take immediate action regarding the practitioner’s privileges if patient health and/or safety or that of the hospital staff is felt to be jeopardized.

   If after the investigation, the report documents sufficient evidence that the practitioner is impaired, the President of the Medical Staff and/or CEO shall meet personally with that practitioner or designate another appropriate individual to do so.

3. The President of the Medical Staff, CEO, or the Director of Quality Improvement, in their discretion may require any practitioner who is under investigation or for whom there is reasonable cause to believe that he or she is chemically impaired, to immediately submit a urinalysis or blood test for substance abuse. Failure to comply with the requirement will be cause for action regarding the practitioner’s privileges; and may result in precautionary suspension pending resolution of the issue.

4. The practitioner should be told if the results of an investigation indicate that the practitioner suffers from an impairment that affects his or her practice. The practitioner should not be told who filed the report, nor the specific incidents contained in the report. Confidentiality of the reporting party will be maintained at all times; unless so mandated by the hospital’s legal counsel or court mandate.

5. Depending upon the severity of the problem and the nature of the impairment, at least one of the following options should be exercised.
   - Require the practitioner to undertake a rehabilitation program as a condition of continued appointment and clinical privileges.
Impaired Practitioners or Other Individual with Clinical Privileges

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- Impose appropriate restrictions on the practitioner’s hospital practice.
- Immediately suspend the practitioner’s privileges in the hospital until rehabilitation has been accomplished if the practitioner does not agree to discontinue practice voluntarily.

6. If the matter cannot be handled internally, or jeopardizes the safety of the practitioner or others, the hospital shall seek the advice of hospital counsel to determine whether any conduct must be reported to law enforcement authorities or other governmental agencies and what future steps must be taken.

7. The original report and a description of the actions taken by the Medical Staff President and/or CEO should be included in the physician’s Peer Review File, unless the investigation reveals that there is no merit to the report, in which case, the report will be destroyed. 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 confidential portion of the practitioner’s Peer Review File and the practitioner’s activities and practice shall be monitored until it can be established that there is, or is not, an impairment problem.

8. The Medical Staff President and/or the CEO shall provide a written report on the outcome of the investigation to the practitioner and provide appropriate follow-up to the complainant within 45 days of receipt of the complaint.

9. Throughout this process, all parties should avoid speculation; conclusions, gossip and any discussion of this matter with anyone outside those described in the policy. Confidentiality of the physician seeking referral or referred through this policy for assessment or treatment shall be protected at all times, except as limited by law, ethical obligation or when the safety of a patient is threatened.

10. The Medical Executive Committee shall be fully apprised of the report and recommendation. If the report and recommendations are accepted by the Medical Executive Committee and the Medical Executive Committee recommendation to the Board of Trustees results in “adverse” action to the practitioner, as defined in the Medical Staff Bylaws, the practitioner shall be notified of his or her right to a hearing.

11. In the event of any actual or apparent conflict between this policy and any part of the Medical Staff Bylaws, Rules and Regulations, or other policies of the hospital or its Medical Staff, including the due process, hearing and appeals procedures, then the provisions of this policy shall control.

REHABILITATION:

1. Hospital and Medical Staff Leadership should assist the practitioner in locating a suitable rehabilitation program. A practitioner will not be reinstated until it is established, to the hospital’s satisfaction, that the practitioner has successfully completed a program, which the hospital has approved. In any event, the facility will make every effort to utilize those programs approved by the WV State Board of Medicine.

REINSTATEMENT:
1. Upon sufficient proof that a practitioner who has been found to be suffering from impairment has successfully completed rehabilitation program, the medical staff may consider that practitioner for reinstatement of privileges. Practitioners at all times have the obligation to prove their current competence and ability to practice, and reinstatement will be granted only upon a clear showing satisfactory to the hospital staff and board, of such competence and ability to practice without creating risks to patients and/or staff.

2. In considering an impaired practitioner for reinstatement, the hospital and its Medical Staff Leadership must consider patient care interests paramount.

3. The hospital must first obtain a letter from the physician director of the Rehabilitation program where the physician was treated. The physician must authorize the release of this information. That letter shall state:
   - Whether the practitioner is participating in the program.
   - Whether the practitioner is in compliance with the terms of the program.
   - Whether the practitioner attend AA/NA meetings regularly (if appropriate).
   - To what extent the practitioner’s behavior and conduct are monitored.
   - Whether, in the opinion of those doctors, the practitioner is rehabilitated.
   - Whether an after care program has been recommended to the practitioner and, if so, a description of the after care program.
   - Whether, in his or her opinion, the practitioner is capable of resuming medical practice and providing continuous, competent care to patients.

4. The practitioner must inform the hospital of the name and address of his or her primary care physician, and must authorize that physician to provide the hospital with information regarding his or her condition and treatment. The hospital has the right to require an opinion from other physician consultants of choice.

5. The hospital needs to know from the primary care physician the precise nature of the practitioner’s condition, and the course of treatment as well as the answer to the questions posed above as stated under number 3.

6. Assuming all the information received indicates that the practitioner is rehabilitated and capable of resuming care of patients, the hospital must take the following addition precautions when restoring clinical privileges.
   - The practitioner must identified two, similarly privileged physicians who are willing to assume responsibility for the care of his or her patients in the event of his/her inability or unavailability.
   - The practitioner shall be required to obtain periodic reports for the hospital from his or her primary care physician – for a period of time specified by the CEO and Medical Staff President – stating that the practitioner 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.
   - As a condition of reinstatement, the impaired individual’s credentials will be verified including at a minimum, licensure, DEA, malpractice insurance, specialty boards certification if applicable. Additionally, the NPBD, OGI and GSA List will be queried.
hospital may re-verify any other qualification or competency if there is reasonable belief that it may have been adversely affected by the circumstances related to impairment.

7. The practitioner’s exercise of clinical privileges in the hospital shall be monitored by the department chief or by a physician appointed by the department chief. The nature of that monitoring shall be determined by the Credentials Committee after its review of all the circumstances.

8. The practitioner must agree to submit to an alcohol or drug and screening test (if appropriate to the impairment) at the request of the Medical Staff President, Director of Quality Improvement, CEO, Department Chief or a designee of the above suspects that the physician may be under the influence of drugs or alcohol.

9. All requests for information concerning the impaired practitioner shall be forwarded to the Medical Staff President and/or CEO for response.

10. Failure to complete a rehabilitation process will be grounds for adverse recommendations on clinical membership and privileges by the Medical Executive Committee to the Board of Trustees. The practitioner will be notified of the adverse recommendation, cause for recommendation and right to hearing and appeals process as defined in the Medical Staff bylaws.

PHYSICIANS HEALTH COMMITTEE:
The Physicians Health Committee, a subcommittee of the Medical Executive Committee shall be established to receive all reports from monitors of impaired physicians, assess the quality and adequacy of the recovery/monitoring program, report to the Credentials Committee and assist all impaired physicians to re-integrate into the Medical Staff. The committee shall coordinate education on impairment for the Medical Staff. The membership of the Physicians Health Committee shall be appointed by the Medical Staff President to serve a period of one year, with successive years at the approval of the Medical Executive Committee. The committee shall include a majority of members who are also members of the Credentials Committee and Medical Executive Committee including the President-Elect. The chairman of the Physician Health Committee shall be a member of the Credentials Committee. The committee shall meet as needed at the call of the chairman.

TESTING:
In the event that a test is requested or conducted in accordance with the investigation into or the monitoring of an impaired physician, the test will be conducted to include but not limited to the following specific drugs. Testing shall be in accordance with the Mandatory Guidelines for Federal Workplace Drug Programs, Subpart A1.2, and Subpart B2.2, 2.3, 2.4 and 2.7.

1. Alcohol 40 milligrams/dL (Blood Alcohol)
2. Marijuana Metabolites 100ng/ml
3. Cocaine Metabolites 300ng/ml
4. Opiate Metabolites 300 ng/ml
5. Amphetamines 1000 ng/ml
6. Benzodiazepine 300 micrograms/mL  
7. Barbiturates 300 micrograms/mL  
8. Meperidine – There is no present screening procedure available so the presence of the drug is considered a positive.

References:  
Health Care Quality Improvement Act –1986  
AMA Definition of Impairment  
Americans with Disabilities Act (ADD)  
The Joint Commission Standard(s) MS 2.6  
WV Medical Practice Act/Physicians Health Act  
Developed: 12/2000

Reviewed/Revised Dates: 01/03, 06/04, 11/04, 10/07, 10/09