

DELTA COUNTY MEMORIAL HOSPITAL

IMPAIRED PRACTITIONER PEER REVIEW PLAN

I. PURPOSE

The Medical Staff is committed to supporting, assisting, and protecting its membership from the consequences of physical, emotional, or chemical impairment. Our responsibility is to provide an environment in which any medical staff member with impairment can receive support and rehabilitation. This Plan supports the successful careers of our members and strives to produce an environment in which excellent patient outcomes are regularly achieved.

II. SCOPE

The focus of this plan includes practitioners' physical and mental health issues, and substance abuse behaviors that have the potential to affect patient care negatively. This plan establishes mechanisms for receiving and evaluating reports of possible practitioner impairment before patient care is compromised. Early reporting of concerns can allow for prompt intervention and correction of any confirmed problems, before disciplinary action is required. In the event that the impairment jeopardizes patient care, patient-protective measures will be implemented simultaneously with the assessment of validity.

The reporting mechanisms are explained to all new physicians at orientation and this plan is included in their application package. Reports will lead to confidential, objective and effective analysis of the concerns raised. Early corrective actions to control the impairment will be designed to eliminate the need for disciplinary actions against either the practitioner's privileges or membership.

III. DEFINITION

An impaired practitioner within this plan is an individual currently subject to compromised performance as a result of a physical illness lasting (or expected to last) longer than one month, as a result of erratic emotional behavior or repeated interpersonal conflicts when performing routine clinical duties, impairment of cognition or judgment, or as a result of abusing alcohol, legal drugs, illegal drugs, or other substances.

IV. ISSUES

Reliable mechanisms must be in place for confidential self-referral and confidential or anonymous third-party reporting. These mechanisms will be available to both practitioners and staff as a channel for reporting questionable behaviors. To provide such mechanisms for support and rehabilitation, the following concerns will be addressed.

Fairness is provided through careful scrutiny of reported concerns **before** a decision is made to proceed with a confidentiality-protected, in-depth assessment. Unsubstantiated reports **will not** become a part of the practitioner's peer review, whether or not the concern has led to an investigation. The unsubstantiated report will be kept in the Risk Manager's files for two years and then destroyed.

To promote both self-reporting and participation by the practitioners, confidentiality for reports and the information generated must be assured at every level of the process in compliance with State and Federal statutes. All notes and letters generated through this process will be treated in the same manner as any peer review considerations, and afforded the same degree of legal protection. The outcome of a referral will not be available to the individual providing the report, except in the case of self-reports, or with the permission of the individual being assessed. Even under circumstances such as changes in privileges, the source of the decision will continue to be treated as confidential peer review information.

V. PROCESS

A. REFERRALS

Practitioners are encouraged to self-report as soon as they become aware of any impairment. Any other individuals with information are also encouraged to report their concerns confidentially.

As part of the peer review process, concerns addressing a practitioner's potential impairment should be communicated to either the Chief of Staff, the Administrator, the Chief Clinical Officer, or the Risk Manager. Reports may be via telephone, in person or written. Referrals must contain:

1. The name of the individual being assessed and the nature of the concern
2. The date and time of the questionable actions or conduct, or when the medical condition became known
3. Whether the condition, actions or conduct involved a patient in any way (if so, the name of the patient must be supplied)
4. The basis for questioning the actions or conduct, or for the concern with regard to a medical condition
5. Whether any action was taken at the time the questioned condition, action or conduct became known

When someone other than the practitioner is making the referral, it is useful for the reporting individuals to identify themselves so further information can be gathered for assessing the validity of the report.

B. INITIAL ASSESSMENT

Reports from all sources will be forwarded to the Medical Executive Committee, including any preliminary information that can be gathered from other sources such as Peer Review cases from Medical Service Committees, Incident Reports, etc. in order to assess the reasonableness of the concern. For purposes of confidentiality, any reference to the practitioner of concern in the minutes of the MEC meetings shall be by number rather than by name.

If the Medical Executive Committee members feel after reviewing the reports, the concern has potential validity, then further inquiries will be conducted. To provide complete and fair information, the practitioner who is the subject of the concern will be contacted for comments.

C. INVESTIGATION

If the conclusion from the initial assessment is that the concern has potential validity, then this information will be discussed with the Hospital Administrator. Concurrence between the MEC and the Administrator about the need for an investigation is required before an in-depth investigation can begin.

The next step will be to seek agreement from the practitioner under review. If concurrence is achieved, a plan for management of the disability can be promptly designed between the practitioner and the MEC without the need for further validation.

If the practitioner does not agree with the concern, then a Review Panel will be convened. The MEC will appoint a three-member panel, which will include two peers and a representative of Administration, since it is the ultimate responsibility of the Administration and the Board to accept the findings and implement any action plan. The Review Panel's work should be completed to the extent possible within four weeks. Outside resources can be used to form the Review Panel in order to avoid conflicts of interest, and for independent medical, psychological or psychiatric exams. The decision to use outside resources will be made by the Administrator after consultation with the MEC.

D. ACTIONS

Non-punitive measures to stabilize the situation, protect any patients at risk, and foster recovery for the practitioner are the aim of this plan. Failure or refusal of a practitioner to cooperate with a review initiated under this plan may result in precautionary or automatic suspension of medical staff appointment and clinical privileges and/or the matter may be processed under the corrective action process outlined in the Medical Staff Bylaws and the Rules for Hearing. Failure or refusal of a practitioner to cooperate with a review initiated under this plan may also, in the discretion of the MEC and the Administrator, be deemed to be a waiver of all procedural rights outlined in the Medical Staff Bylaws and the Rules for Hearing.

If the practitioner of concern continues patient care during the assessment and investigation of the concern, then some form of interim patient care monitoring will be implemented as soon as is practical. In the interest of confidentiality, the MEC will develop the monitoring plan after consultation with the practitioner of concern. This monitoring will remain in effect until a definitive conclusion is reached regarding the report of a concern.

E. REPORT

The Review Panel shall make whatever report it deems appropriate to the MEC for review and action. The report of the panel shall refer to the affected practitioner by number rather than name, and may suggest:

1. That a discussion be conducted with the affected practitioner to determine his/her level of awareness of the implications of the condition or action, and what remedial steps he/she has taken;
2. That immediate intervention be conducted;
3. That conditions and/or limitations be imposed on the affected practitioner's medical staff appointment and/or clinical privileges;
4. Other action or recommendation as deemed appropriate by the Review Panel; or
5. That the allegations be dismissed as without substance

The report of the Review Panel does not constitute an adverse action or recommendation, and does not entitle the affected practitioner to any of the procedural rights outlined in the Medical Staff Bylaws or the Rules for Hearing.

F. ACTION OF THE MEDICAL EXECUTIVE COMMITTEE

The MEC shall review the report of the Review Panel, and may request additional information and/or an interview with the practitioner of concern. The MEC may also defer action and refer the matter back to the Review Panel for further review.

After the MEC completes its review, it may take action which may include, but is not limited to:

1. Terminating the review and dismissing the matter;
2. Issuance of a formal letter of admonition or reprimand;
3. Imposition of requirements of training, education, consultation or observation;
4. Imposition of requirements for physical and/or psychological examination and/or evaluation;
5. Imposition of requirements for treatment and/or monitoring; or
6. Such other actions deemed appropriate by the MEC.

Any actions taken by the MEC in this regard shall go before the Board of Directors for final approval.

If, after the Review Panel's finding of reasonable concern, the practitioner of concern does not reach a prompt agreement with the MEC regarding a plan for rehabilitation and long-term monitoring, then the Administrator and the President of the Board of Directors will be notified, and the Medical Staff Bylaws and Rules and Regulations for disciplinary action will be implemented in place of this assistance plan.

If disciplinary action is sought, then full due process will be available as stated in the Medical Staff Bylaws and the Rules for Hearing. However, during the period required for due process, any restrictions of privileges or membership deemed necessary will continue.

In the interest of confidentiality, the specific long-term plan for monitoring patient safety and the progress of rehabilitation for the practitioner of concern will be supervised by the Chief of Staff or the designee of the Chief of Staff.

G. COMPLETION OF REQUIREMENTS/APPELLATE ACTION

Once the affected practitioner believes he/she has completed the requirements of the MEC, the affected practitioner may submit a request for termination of the requirements. The MEC shall review such request to determine whether the requirements, limitations and/or restrictions should be terminated. The recommendation of the MEC for approval or denial shall go before the Board of Directors for its decision. If the MEC and the Board deny the request for termination of the requirements in whole or in part, the affected practitioner shall be notified by certified mail, and shall be given ten (10) days to notify the MEC in writing whether he/she will continue to comply with the requirements, or whether he/she wishes to exercise his/her right to appellate review under the terms of Article VII, Section 7.3 of the Medical Staff Bylaws.

Medstaff/Bylaws//Impaired
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