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FACILITY: Sacred Heart Hospital	MANUAL(S): Medical Staff
TITLE: Practitioner Health Issues	ORIGINATING DEPARTMENT: Medical Staff
SUPERCEDES: June 1, 2007	POLICY NUMBER: none

I. POLICY:

Sacred Heart Hospital and its Medical Staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a member of the Medical Staff or Allied Health Professional is impaired. Impairment may result from a physical, psychiatric, or emotional condition.

The Medical Staff ~~Credentials~~Practitioner Health Committee will be responsible for addressing Practitioner Health issues involving members of the Sacred Heart Hospital Medical Staff or Allied Health Professionals.

The ~~Credentials~~Practitioner Health Committee shall recommend to the Credentials Committee, Medical Staff Executive Committee and the ~~Chief Operating Officer~~CEO additional educational materials beyond this policy that address practitioner health and emphasize prevention, diagnosis, and treatment of physical, psychiatric, and emotional illness.

Practitioners who are suffering from an impairment that affects their ability to practice are encouraged to voluntarily bring the issue to the ~~Credentials~~Practitioner Health Committee so that appropriate steps can be taken to protect patients and to help the practitioner to practice safely and competently.

To the extent possible, and consistent with quality of care concerns, the ~~Credentials~~Practitioner Health Committee will handle impairment matters in a confidential fashion. The identity of the affected practitioner will remain confidential except as limited by law, ethical obligation, or when the health and safety of a patient is threatened. The ~~Credentials~~Practitioner Health Committee shall keep the ~~Chief Operating Officer~~CEO or authorized designee, Credentials Committee and the President of the Staff apprised of matters under review.

II. **PURPOSE:** To identify and manage matters of individual practitioner health that is separate from the Medical Staff disciplinary function.

III. **DEFINITION:** For the purpose of this policy, “practitioner” refers to all Medical Staff members and Allied Health Professionals granted privileges to practice at Sacred Heart Hospital.

IV. GUIDELINES/PROCEDURES

I. Mechanism for Reporting and Reviewing Potential Impairment

A. Any individual with concerns that he or she or another member of the Medical Staff or Allied Health Professional may be impaired in any way that may affect his or her practice at the Hospital shall provide a written report to the ~~Chief Operating Officer~~CEO, the President of the Medical Staff, and the Chairperson of the ~~Credentials~~Practitioner Health Committee or

their respective authorized designee. The report shall include a factual description of the incident(s) that led to the concern.

Duty to report: 2009 Wisconsin Act 382 (Section 5, 448.115)

A physician who has reason to believe any of the following about another physician shall promptly submit a written report to the Medical Examining Board. The other physician is

- Engaging in or has engaged in acts that constitute a pattern of unprofessional conduct
- Engaging in or has engaged in acts that creates an immediate or continuing danger to one or more patients or to the public
- Is or may be medically incompetent
- Is or may be mentally or physically unable safely to engage in the practice of medicine or surgery

- B. If, after discussing the incident(s) with the individual who filed the report, the ~~Chief Operating Officer~~CEO, the President of the Medical Staff, and/or the Chairperson of the ~~Credentials~~Practitioner Health Committee believes there is enough information to warrant a review, the matter shall be referred to the ~~Credentials~~Practitioner Health Committee.
- C. The ~~Credentials~~Practitioner Health Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention. Activities of investigation, monitoring, and review may be delegated by the ~~Credentials~~Practitioner Health Committee to an ad hoc committee made up of ~~Credentials~~Practitioner Health Committee members and other members of the Medical Staff selected to carry out this function. The ad hoc committee reports and makes recommendation to the ~~Credentials~~Practitioner Health Committee.
- D. As part of its review, the ~~Credentials~~Practitioner Health Committee may meet with the individual(s) who prepared the report.
- E. If the ~~Credentials~~Practitioner Health Committee has reason to believe that the practitioner is or might be impaired, the Committee or designated members shall, meet with the practitioner. At this meeting, the practitioner will be told that there is a concern that he or she may have an impairment affecting his or her practice. The nature of the concern will be described but the identity of the informant will remain confidential.
- F. As part of its review, the ~~Credentials~~Practitioner Health Committee may request that the practitioner be evaluated by an outside organization and have the results of the evaluation provided to it. A Consent for Release of Information to the ~~Credentials~~Practitioner Health Committee is attached as **Appendix A**.
- G. Depending upon the severity of the problem and the nature of the impairment, the ~~Credentials~~Practitioner Health Committee has the following options available to it:
1. recommend that the practitioner voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment;
 2. recommend that appropriate conditions or limitations be placed on the practitioner's practice;
 3. recommend that the practitioner voluntarily agree to refrain from exercising some or all privileges in the Hospital until rehabilitation or treatment has been completed or an

accommodation has been made to ensure that the practitioner is able to practice safely and competently;

4. recommend that some or all of the practitioner's privileges be suspended if the practitioner does not voluntarily agree to refrain from practicing in the Hospital.

H. If the CredentialsPractitioner Health Committee recommends that the practitioner participate in a rehabilitation or treatment program, it should assist the practitioner in locating a suitable program.

I. If the practitioner agrees to abide by the recommendation of the CredentialsPractitioner Health Committee, then a confidential report will be made to the Chief Operating OfficerCEO and the President of the Medical Staff. In the event there is concern by the Chief Operating OfficerCEO and/or the President of the Staff that the action of the CredentialsPractitioner Health Committee is not sufficient to protect patients, the matter will be referred back to the CredentialsPractitioner Health Committee with specific recommendations on how to revise the action.

II. Reinstatement

If, as a result of an impairment, the practitioner voluntarily or involuntarily relinquishes some or all clinical privileges, the following process for reinstatement applies:

A. Upon sufficient proof that a practitioner who has an impairment has successfully completed a rehabilitation or treatment program, the CredentialsPractitioner Health Committee may recommend to the Credentials Committee that the practitioner's clinical privileges be reinstated. In making a recommendation that an impaired practitioner be reinstated, the CredentialsPractitioner Health Committee must consider patient care interests as paramount.

B. Prior to recommending reinstatement, the CredentialsPractitioner Health Committee must obtain a letter from the physician overseeing the rehabilitation or treatment program. (A Consent for Release of Information Pertaining to Evaluation from the physician authorizing this letter is attached as **Appendix B.**) The letter must address the following:

1. the nature of the practitioner's condition;
2. whether the practitioner is participating in a rehabilitation or treatment program and a description of the program;
3. whether the practitioner is in compliance with all of the terms of the program;
4. to what extent the practitioner's behavior and conduct need to be monitored;
5. whether the practitioner is rehabilitated;
6. whether an after-care program has been recommended to the practitioner and, if so, a description of the after-care program; and
7. whether the practitioner is capable of resuming medical practice and providing continuous, competent care to patients.

- C. Before recommending reinstatement, the ~~Credentials~~Practitioner Health Committee may request a second opinion on the above issues from a physician of its choice.
- D. Assuming that all of the information received indicates that the practitioner is capable of resuming care of patients, the following additional precautions shall be taken before the practitioner's clinical privileges are reinstated:
 - 1. the practitioner must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the practitioner's inability or unavailability; and
 - 2. the practitioner shall be required to provide periodic reports to the ~~Credentials~~Practitioner Health Committee from his or her attending physician, for a period of time specified by the Committee, stating that the practitioner is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the Hospital is not impaired. Additional conditions may also be recommended for the practitioner's reinstatement.
 - 3. failure to complete a directed rehabilitation program will result in referral to the ~~Credentials~~Practitioner Health Committee for appropriate action.
- E. The recommendation to reinstate a practitioner's clinical privileges must be approved by the ~~Chief Operating Officer~~CEO in consultation with the President of the Staff and/or the Chairperson of the Credentials Committee. The Board of Directors makes the final decision to reinstate practitioner privileges.
- F. The practitioner's exercise of clinical privileges in the Hospital shall be monitored by the Clinical ~~Department Chair~~Service Chief or by a physician appointed by the Clinical ~~Department Chair~~Service Chief. The nature of that monitoring shall be recommended by the ~~Credentials~~Practitioner Health Committee in consultation with the President of the Medical Staff and the Clinical ~~Department Chair~~Service Chief.
- G. If the practitioner has an impairment relating to substance abuse, the practitioner must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the ~~Chief Operating Officer~~CEO, the President of the Medical Staff, or the Chairperson of the ~~Credentials~~Practitioner Health Committee.
- H. In the event of any apparent or actual conflict between this policy and the bylaws, rules and regulations, or other policies of the Hospital or its Medical Staff, including the investigation, hearing, and appeal sections of those bylaws and policies, the provisions of this policy shall control.

III. Commencement of an Investigation

The Hospital and the Medical Staff believe that issues of impairment can best be dealt with by the ~~Credentials~~Practitioner Health Committee to the extent possible. If, however, the ~~Credentials~~Practitioner Health Committee makes a recommendation, including a recommendation for an evaluation or a restriction or limitation on privileges, and the practitioner refuses to abide by the recommendation, the matter shall be referred to the Medical Staff Executive Committee for an

investigation to be conducted pursuant to the ~~Policy on Medical Staff Appointment, Reappointment and Clinical Privileges (Article III, Part C, Section 2.)~~ Medical Staff Bylaws.

IV. Documentation and Confidentiality

- A. The original report and a description of any recommendations made by the ~~Credentials~~ Practitioner Health Committee should be included in the practitioner’s credentials file. If, however, the review reveals that there was no merit to the report, the report shall be noted as such and retained in a confidential quality file. If the review reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the practitioner’s ~~confidential quality credentials~~ file and the practitioner’s activities and practice shall be monitored until it can be established whether there is an impairment that might affect the practitioner’s practice. The practitioner shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her ~~confidential quality credentials~~ file.
- B. The ~~Chief Operating Officer~~ CEO or the President of the Medical Staff shall inform the individual who filed the report that follow-up action was taken.
- C. Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this policy.
- D. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the practitioner or others, the ~~Chief Operating Officer~~ CEO, the President of the Medical Staff, and/or the Chairperson of the ~~Credentials~~ Practitioner Health Committee may contact law enforcement authorities or other governmental agencies.
- E. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and the Wisconsin peer review statute, Wis. Stat. Ann. Sections 146.37 and 146.38, or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore the committees, subcommittees and/or individuals charged with making reports, findings, recommendations, or investigations pursuant to this policy shall be considered acting on behalf of the Hospital and its Board of Directors when engaged in such activities.
- F. All requests for information concerning the impaired practitioner shall be forwarded to the ~~Chief Operating Officer~~ CEO for response.
- G. Nothing in this policy precludes immediate referral to the Medical Staff Executive Committee (or to the Hospital Board of Directors) or the elimination of any particular step in the policy in dealing with conduct that may compromise the safety of patient care.

ATTACHMENTS:

Appendix A – Consent for Release of Information Pertaining to Evaluation

Appendix B – Consent for Release of Information

Reviewed & Endorsed by:	Revised	New
February 13, 2012 Medical Staff Credentials Committee		June 1, 2011
February 17, 2012 Medical Staff		

Executive Committee		

APPENDIX A

CONSENT FOR RELEASE OF INFORMATION PERTAINING TO EVALUATION

I hereby request that _____ [the Facility/Physician Evaluator] provide Sacred Heart Hospital (“the Hospital”) and its ~~Credentials~~Practitioner Health Committee with all information relevant to your evaluation of my ability to care for patients safely, to competently fulfill the responsibilities of Medical Staff/Allied Health Professional appointment and to relate cooperatively to others in the Hospital.

I also request that the Hospital and its ~~Credentials~~Practitioner Health Committee provide _____ [the Facility/Physician Evaluator] with a copy of any information which it believes supports the need for the evaluation and any other information that _____ [the Facility/Physician Evaluator] might request.

I release from liability and grant absolute immunity to, and agree not to sue, _____ [the Facility/Physician Evaluator], the Hospital and its ~~Credentials~~Practitioner Health Committee and any individual on the Hospital’s Medical Staff who is involved in reviewing my practice, for providing the information set forth above.

_____ Date _____ Signature of Affected Individual

APPENDIX B

CONSENT FOR RELEASE OF INFORMATION

I hereby request that Dr. _____ [physician overseeing treatment] provide Sacred Heart Hospital (“the Hospital”) and its ~~Credentials~~Practitioner Health Committee with information pertaining to my rehabilitation or treatment program. Specifically, this information should include:

- (a) the nature of my condition;
- (b) whether I am participating in a rehabilitation or treatment program;
- (c) whether I am in compliance with all the terms of the program;
- (d) to what extent my behavior and/or conduct needs to be monitored;
- (e) whether I am rehabilitated;
- (f) whether an after-care program has been recommended for me and, if so, a description of the after-care program; and
- (g) whether I am capable of resuming medical practice and providing continuous competent care to patients.

I also request that Dr. _____ provide the Hospital and its ~~Credentials~~Practitioner Health Committee with periodic reports relating to my ongoing rehabilitation or treatment and my ability to treat and care for patients in the Hospital.

I release from liability and grant absolute immunity to, and agree not to sue, Dr. _____ for providing the information set forth above.

Date

Signature of Affected Individual