

**Title: Impaired or Dysfunctional Provider**

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Location: Saint Joseph Regional Medical Center (SJRMC)		Department: Medical Staff Office

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**BACKGROUND:**

1. The problem of impairment is complex, and the peer review investigation and hearing process may not be appropriate in this situation. The American Medical Association defines the impaired provider 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.” This policy is intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired provider.
2. Because of the independent nature of most providers’ practices and the serious implications of any disability, impairment is often difficult to identify early and is always difficult for the impaired provider to acknowledge. It is hard to face the problem with a provider. For all these reasons, the problem often goes unaddressed for too long. Nevertheless, it is the obligation of the hospital and medical staff leadership to address it. The following policy provides the framework within which to do it.
3. Because the term “impaired provider” includes a variety of problems, from age to substance abuse to physical or mental illness, the steps provided below will not be suitable in every circumstance. There can be no one policy to cover all situations. Specific needs and varying circumstances preclude a single inflexible mechanism for dealing with all impaired providers. The number and seriousness of incidents involving a provider, for example, may dictate the appropriate response by the hospital. If the “investigation” suggested in the policy is carried out, the individuals conducting the investigation will vary from hospital to hospital, depending upon personalities, circumstances, and the structure of the medical staff. Whatever mechanism a hospital chooses, the risk of patient harm must be of paramount concern. Immediate action may be necessary.
4. One exception to this policy is impairment due to age and irreversible medical illness or other factors not subject to rehabilitation. In such cases, the sections of the policy dealing with rehabilitation and reinstatement of the provider are not applicable.
5. Key factors to keep in mind while dealing with any issue relating to a provider’s illness or disabilities are state reporting statutes and the application of the Americans with Disabilities Act. These policies should, under any interpretation of the law, be legally appropriate, as with all matters with significant legal implications. Legal counsel should be consulted.

**POLICY:** Medical Staff policy regarding impaired providers

1. Report and investigation:
  - A. If any individual working in the hospital has a reasonable suspicion that a provider appointed to the medical staff is impaired, the following steps should be taken:
    - 1) The individual who suspects the provider of being impaired must give an oral or, preferably, written report to the Chief Medical Officer or the Medical Staff Office for presentation to the President of the Hospital or the Medical Staff President (or the Well-Being Committee). The report must be factual and shall include a description of the

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incident(s) that led to the belief that the 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, the President of the Hospital or the Medical Staff President believes there is enough information to warrant an investigation, the President of the Hospital and/ or Medical Staff President shall request that an investigation be conducted by the Centralized Well Being Committee which requires Drug and Alcohol testing of the individual per the Substance Abuse Drug Free Workplace Policy. A report of the test results and investigation findings will be rendered to the Centralized Well Being Committee and the Medical Staff President.
- 3) If the investigation produces sufficient evidence that the provider may be impaired, a member of the Well- Being Committee shall meet personally with that provider or designate another appropriate individual to do so. The provider shall be told that the results of an investigation indicate that the provider may suffer from an impairment that affects his or her practice. The provider should not be told who filed the report, and does not need to be told the specific incidents contained in the report.
- 4) Depending upon the severity of the problem and the nature of the impairment, the Well-Being Committee has the following options:
  - a) if the Physician provider Well-Being Committee believes that the physician provider can continue to treat patients without risk to the well-being of such patients, then the Well- Being Committee shall require the provider to undertake a rehabilitation program as a condition of continued appointment and clinical privileges; or
  - b) if the Well-Being Committee believes that the provider cannot treat patients without risk to the well-being of such patients, the Well-Being Committee shall seek voluntary relinquishment of such privileges and require the provider to undertake a rehabilitation program; or
  - c) recommend corrective action pursuant to Section 8.4 of the Medical Staff Bylaws.
- 5) The hospital shall seek the advice of hospital counsel to determine whether any conduct must be reported to law enforcement authorities or other government agencies, and what further steps must be taken.
- 6) The Well-Being Committee shall inform the individual who filed the report that follow-up action was taken.
- 7) Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy.
- 8) In the event there is an apparent or actual conflict between this policy and other policies of the Medical Staff—the provisions of this policy shall supersede such policies.

**Rehabilitation**

1. If rehabilitation is possible, hospital and medical staff leadership shall assist the provider in locating a suitable rehabilitation program. The Medical Staff shall not reinstate a provider, if such provider's privileges have been reduced, suspended or revoked, until it is established, to the Medical Staff's satisfaction, that the provider has successfully completed a rehabilitation program in which the Medical Staff has confidence.

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**Credentialed Provider as a Patient**

1. Credentialed practitioners cannot provide patient care while currently receiving direct medical care or under the influence of medication altering their cognitive function.
2. To protect our patients, below are circumstance where a credentialed provider or allied health practitioner are not allowed to provide medical care for any patient:
  - A. If a practitioner is currently an inpatient
  - B. If a practitioner is receiving direct medical care as an outpatient that renders him/her unable to respond to an urgent medical situation
  - C. If the practitioner is under the influence of any medications or substance that adversely affects cognitive function.
3. When a practitioner is under direct medical care, he/she is to transfer their patients as soon as possible to call coverage practitioners or to the SJRMC hospitalist adult or pediatric services, if applicable.
4. Hospital staff is not to accept any patient care orders of a practitioner known to be directly receiving medical care or under the influence of any medication or substance that adversely affects cognitive function.
5. A practitioner who is directly receiving medical care shall not;
  - A. round on their patients
  - B. access the medical records for any decision making
  - C. order any labs or tests
  - D. provide any orders for treatment
6. A request for an exception to this policy can be made to the President of the Medical Staff who may consult the practitioner's attending provider for consideration.

**References/Standards:**

- EDUCATION REFERENCE:
  - A. Medical Staff Orientation Binder
  - B. Employee Orientation Material
- RESOURCE REFERENCE
  - A. Indiana State Medical Association Physician Assistance Program
- Policy Origin Date: May 1999 (M)
- Review Date: December 2009, December 2012, December 2015 (M), December 2018
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