

Yale New Haven Hospital: MEDICAL STAFF

POLICY ON MEDICAL STAFF HEALTH
Committee on Medical Staff Health

I. PREAMBLE

Members of the Medical staff who conduct medical care activities must be in control of their manual dexterity and skills, mental faculties, and judgment. Lack of such control (generally termed “impairment”) has many causes, some of which may be preventable or subject to rehabilitation at some stage.

The implications and consequences of impairment can be considerable, especially in an environment in which medical care activities and the education of physicians are conducted. Yale-New Haven Hospital (“YNHH”) recognizes its responsibility to provide an optimal environment for patient care, education and research.

The goals of this policy are to educate and prevent health problems if possible, to identify those who have them through self-referral or report, and to remediate and rehabilitate to the extent possible.

II. PURPOSES

The goals of this policy as noted above are undertaken while at the same time emphasizing patient and staff safety. The attainment and balancing of these primary goals requires the accomplishment of additional or related objectives including:

- A. The development of measures (e.g. educational programs) to assist Medical Staff and trainees to recognize the signs and symptoms of potential or actual impairment.
- B. The identification of those individuals who are or may be impaired together with a recommendation or requirement for evaluation, treatment and/or rehabilitation.

This policy is NOT intended to supplant the routine methods that are used to handle concerns about attending and trainee colleagues. Expressions of concern for others, accompanied by referrals if needed, will continue and are appropriate. This policy should be used when there are heightened levels of concern about a colleague’s health and the impact that might have or may be having on patient care. The procedures in this policy may be used when normal methods have not been successful, or when other methods of addressing concerns are not appropriate or are not readily available.

III. DEFINITIONS AND SCOPE

A. DEFINITIONS

The following are definitions and explanations of certain terms as used in this statement of policy:

1. An *impaired provider* is one who is unable to practice his/her profession (medicine, dentistry, podiatry, advanced practice nursing, etc.) with reasonable skill and safety because of a physical or mental illness, including deterioration through the aging process, loss of motor skill, or excessive use or abuse of drugs, including alcohol.
2. *Impairment* refers to any condition, regardless of cause, which interferes with the individual's ability to function as normally expected. Impairment may exist in one or in multiple domains, including, but not limited to, psychomotor activity and skills, conceptual or factual recall, integrative or synthetic thought processes, judgment, attentiveness, demeanor, and attitudes as manifested in speech or actions.

Two kinds of observations reasonably lead to the conclusion that an individual is or may be impaired: the individual manifests deterioration in the level of function as compared to that previously observed, or the individual does not function at a level normally expected under the prevailing circumstances.

3. *Resident* refers to an individual enrolled in any post-MD Yale-New Haven Medical Center physician or dental training program regardless of where the individual is practicing. It also refers to any individual enrolled in any other physician or dental training program and rotating at YNHH. The term "resident" is intended to include individuals variously called post-doctoral associates, fellows or any other equivalent term. Residents are considered part of the Medical staff.
4. *Medical Staff* consists of all physicians, dentists, podiatrists and all affiliated health care providers who are privileged to care for patients in the Hospital as provided in the YNHH Medical Staff Bylaws.

B. SCOPE

Where possible, impairment as a condition will be considered an illness for which rehabilitation may be recommended or required as a condition of further membership on the Medical staff. However, impairment due to age or irreversible medical illness or other factors may not be subject to rehabilitation. In these cases, the sections of the policy dealing with rehabilitation and reinstatement to the Medical Staff are not applicable.

This policy will apply to all members of the Medical Staff of YNHH.

IV. PROVISIONS AND PROCEDURES

Notwithstanding any provisions below, providers are encouraged to self-report potential or actual impairment to the Chair of the Committee on Medical Staff Health (described below) or the Chief of Staff. If evaluation and treatment has not yet taken place, the Committee Chair or Chief of Staff may assist in making a confidential referral, or the physician may self-refer for evaluation and treatment.

The provider and the Chief of Staff, in consultation with the provider and the provider's treater, will discuss and implement any necessary leave of absence, temporary or permanent reduction in privileges, and/or treatment and reporting requirements.

Any necessary reporting will occur as described in Section IV(B) and records will be maintained as described in IV(C).

A. REPORTING AND EVALUATION OF SUSPECTED IMPAIRMENT

A

B 1. **Establishment of a Panel:**

A Panel of personnel available to evaluate reports of suspected impairment will be established under the auspices of the Medical Staff Bylaws and the Office of the Chief of Staff (hereinafter called the "Panel"). The Chiefs and Associate and Assistant Chiefs, if any, will be required to submit several names of health care providers, both University and Community based, who understand the confidentiality requirements associated with appointment to the Panel, and are able and willing to serve at short notice when evaluations are required. The Medical Staff Committee on Medical Staff Health, which is a Medical Board Committee and will oversee the process established under this Policy, will select two names from each of the lists to constitute the Panel and notify those health care providers of their appointment and responsibilities. The Medical Staff Health committee may also appoint two affiliated health care providers to the Panel. Panel members will undergo orientation to this policy and to the resources available to them during the conduct of the evaluation. Panel members will serve for three years, and may be reappointed twice.

The Medical Staff Health Committee will designate at least six members of the Panel who will be responsible for conducting the preliminary evaluations (see below), with subsequent service as chair of the Evaluation Panel.

Any Panel member who is asked to participate in an evaluation, and who feels that it is inappropriate to participate, must request and will receive immediate recusal from service during that evaluation.

2. **Reports of suspected impairment:**

Reports about an individual who may be an impaired provider are encouraged and accepted from physicians, nurses, other hospital personnel, patients and family members; reports may be either written or oral. Oral reports will be documented by the recipient of the report. Anonymous reports are discouraged, but will be accepted. During the evaluation, the identity of the person filing the report (if known) need not be and normally will not be divulged. Reports may be made

to representatives of the management staff, the legal staff, representatives of the Chief of Staff's office, the Chiefs and Associate Chiefs of the clinical services, graduate medical education directors, patient service managers or clinical advisors, or anyone else in a supervisory capacity.

Reports of suspected impairment shall be submitted immediately to the Chair of the Committee on Medical Staff Health, the Office of the Chief of the Medical Staff or the Department of Legal Affairs. Representatives of the Chief of Staff and Department of Legal Affairs are available 24 hours per day through the page operator if the situation reported is urgent.

3. **Imminent Harm:**

The Chief of Staff, Associate Chief of Staff, Clinical Chief or Service Director may direct the **immediate** withdrawal of the individual from patient care or other activities pending further evaluation, if the situation appears to represent a threat to the safety of patients or others. In addition, the summary suspension provisions in the Medical Staff Bylaws are applicable if needed. Appeal of these decisions, if any, will be through the provisions of the Medical Staff Bylaws. Direct urgent evaluation and intervention may be indicated if the individual appears to represent a threat to himself or herself.

4. **Evaluation of reports of suspected impairment:**

Preliminary Evaluation:

Upon receipt of an anonymous or source-identified report of suspected impairment, the Office of the Chief of Staff will select one member of the Panel to perform a preliminary evaluation of the report to determine if further evaluation is warranted. The evaluation of reports will include but need not be limited to determining the existence of other current or prior anonymous and source-identified reports about the provider, making inquiry of relevant staff in a position to be familiar with the provider's recent practice history, and should include discussing the issue with the provider him or her self.

The preliminary evaluation should be completed within two business days. The evaluation results shall be discussed with the Chief of Staff or his designee. The two shall determine if further evaluation is warranted (see below). In general, if either believes that the report may be valid or that further evaluation is warranted, the matter will continue on. Regardless of the conclusion of the preliminary evaluation, Form A (attached) will be completed. If the evaluation does not proceed to the Evaluation Panel, the provider will be notified. Records will be retained in accordance with Section 4(C) below.

It is recognized that in some cases, an adequate preliminary evaluation has already been performed prior to the referral of the report. If in the discretion of the Chief of Staff such an evaluation has been completed and further evaluation is required, the Chief of Staff may refer the matter directly to an Evaluation Panel.

Evaluation Panel:

When the results of the preliminary evaluation indicate that further evaluation is indicated, the office of the Chief of Staff shall appoint two additional members from the Panel to perform the evaluation. When the three-person Evaluation Panel is constituted, one of the members shall be from the same department as the health care provider about whom the report has been received, and two shall be from other departments. There shall be at least one University and one community based health care provider on each panel. The Panel member who has conducted the preliminary evaluation shall be the chair of the Evaluation Panel.

If the provider who is the subject of the evaluation has not been previously informed, an Evaluation Panel member shall inform the provider of the nature of the allegations, and provide a copy of this policy. The provider will be informed that every reasonable effort will be made to maintain confidentiality, but a member of the Panel will be inquiring about history and performance (depending upon the nature of the allegation) from selected colleagues and/or practice partners.

The Evaluation Panel shall have the authority to determine the scope of the evaluation based on the nature of the allegations, and information revealed in the preliminary evaluation.

The Evaluation Panel shall complete its evaluation within additional eight business days.

The Panel shall notify the Chief of Staff of the results of the evaluation, along with any recommendations that the Panel members might have. Form B (attached) shall be used for this report. After the completion of the Form, all written notes made by the Panel during the evaluation will be destroyed.

As soon as possible after the completion of the written report, the conclusion shall be communicated to the provider. The written report ordinarily will not be provided either to the complainant or to the provider.

a. If no impairment has been found, that information shall be provided by the Panel Chair. Further investigation and appropriate action will be taken if the original report appears to have been made in bad faith or with malice.

In the following two circumstances, the Panel Chair and the Chief of Staff will meet with the provider.

b. If impairment cannot be ruled out, the Chief of Staff will define any recommended or required referral for medical or therapeutic evaluation, treatment and/or rehabilitation, along with recommendations or requirements for clinical monitoring until the Hospital is satisfied that impairment is not present.

c. If impairment is found, the Chief of Staff may

1. Require as a condition of continued membership on the medical staff verification by an appropriate health care provider that the Medical staff member is fit to work, and can practice his/her profession with reasonable skill and safety. Conditions, such as a formal evaluation by a physician, reevaluation of prescribed doses of a medication indicated for a medical condition, random drug and/or alcohol screening for a specified period, and/or continued treatment for impairment, may be recommended or imposed and/or;
2. Restrict or terminate Medical staff membership pursuant to the Medical Staff Bylaws.

A member of the Medical Staff will be subject to mandatory testing for the presence of illegal or legally controlled substances and/or alcohol if and when there is reasonable evidence to conclude that the individual is impaired as a result of chemical substance abuse.

If the individual to be tested refuses to consent to testing, such refusal shall be documented in the departmental and/or Medical Staff file, and may be grounds for suspension or revocation of Medical staff privileges. For those members of the Medical staff who are employed by YNHH, refusal may also be grounds for discipline, up to and including termination from employment.

Conditions of continued membership on the Medical Staff may be in addition to any action that may be taken by the Medical Staff member's employer and/or by the relevant Connecticut licensing board.

B. FURTHER ACTIONS AND CONSEQUENCES

Connecticut law requires that a Hospital report to the Health Department circumstances in which a physician is or may be unable to practice medicine with reasonable skill and safety, or in which privileges have been suspended or revoked. Reporting to the Department of Consumer Protection, Drug Control, and/or the National Practitioner Data Bank may also be required depending upon the circumstances. The Chief of Staff or other appropriate person shall make these reports when indicated.

Other than the reports specified above, and those required to other personnel to accomplish any required clinical monitoring of patient care, and as required by law, information about the investigation will be kept confidential.

If the impaired Medical staff member is a YNHH employee, that individual will be subject to the Hospital's customary procedures in Human Resources.

C. RECORD KEEPING

A confidential file shall be maintained that contains:

1. The original report of the incident;
2. The completed Form A, and Form B, if any;
3. Any actions taken;
4. Any report made to the State of Connecticut or other regulatory agency.

If the provider is directed for additional evaluation, testing and/or treatment, the file will also contain:

5. Periodic reports from the treater which specify that treatment/testing is ongoing;
6. Reports, if appropriate, that the provider is non-compliant with the recommendations, or that progress is not satisfactory;
7. Any recommendations for changes in privileges or status of the provider;
8. Notification that treatment/testing recommendations have been completed successfully, along with recommendations for any ongoing maintenance evaluation.

These records shall be maintained separate from the standard Medical staff file, except that if privileges have been reduced or changed, the Medical staff file will reflect those changes (such as a leave of absence).

If the provider is a resident, the file may be maintained by the Director of Graduate Medical Education or the Program Director. Where this policy is in conflict with the policy adopted through the GME process, the provisions of the GME process will prevail.

Files will be maintained indefinitely or until the Hospital becomes aware that the provider has retired permanently from practice.

D. TIME FRAMES

Reasonable efforts will be made to adhere to the time frames and deadlines found in this policy. However, if the Preliminary Evaluation or the Panel Evaluation cannot be completed within the time frame, the Chief of Staff will be notified and a new deadline established. An extension of this kind may be considered because, for example, of the temporary unavailability of an individual who has important information.

VI. EDUCATION

At the time of initial credentialing, each applicant shall receive a copy of this policy. At each recredentialing cycle, each member of the Medical Staff will be provided with a bulletin dealing with Medical Staff member health issues. Residents and medical students will be informed of Physician Health matters at the time of their orientation. This policy will be placed in the Resident manual, which every resident receives at orientation. Program Directors will include material relevant to Physician Health in their residency and fellowship curricula. Hospital departments may offer educational sessions during the academic year to appropriate groups of attendings and trainees.

There will be a yearly article in the Medical Staff Bulletin addressing this subject.

Peter N. Herbert, MD
Chief of Staff

Adopted 6-6-01 by vote of the Medical Board;
Revised and adopted by vote of the Medical Board: June 5, 2002

FORM A: REPORT OF PRELIMINARY EVALUATION

Medical Staff Health

Instructions: Complete the entire form. The spaces provided may be expanded so that record-keeping can be complete.

Evaluation of: _____
(name of provider)

Report of suspected impairment was: _____ anonymous
_____ non-anonymous: _____
(identify source)

Date report received:

Date evaluation completed:

Evaluated by: _____
(name of panel member)

Nature of suspected impairment (brief description or attach initial complaint if received in writing or reduced to writing).

Summarize what was done to investigate (include names of those interviewed, date, and brief summary of each interview):

Date discussed with Chief of Staff:

Disposition:

_____ Not referred to Evaluation Panel

Rationale:

_____ Referred to Evaluation Panel

_____ Date communicated to provider

FORM B: REPORT OF EVALUATION PANEL
Medical Staff Health

Evaluation of: _____
(name of provider)

Attach completed FORM A
Evaluation Panel Members (designate Chair)

- 1.
- 2.
- 3.

Date Panel Evaluation began:

Summarize investigation (including names of those interviewed and by whom, date, and brief summary of each interview – this space may be expanded or additional pages may be attached):

Conclusions:

_____ No impairment found; date this was communicated to provider: _____

_____ Impairment cannot be ruled out

_____ Impairment substantiated

If impairment cannot be ruled out or is substantiated, specify type:

Suggestions and/or recommendations to the Chief of Staff, if any:

Date referred by Panel Chair to Chief of Staff:
Date of meeting with provider:
Actions recommended or required by the Chief of Staff: