

APPENDIX G

POLICY AND PROCEDURE REGARDING IMPAIRED PHYSICIANS

PURPOSE

The goal of the Medical Staff Physician's Health Committee ("PHC") is to assist the entry of suspected or confirmed impaired Medical Staff members into evaluation, appropriate treatment and/or rehabilitation.¹ The PHC will work with the Pennsylvania Medical Society's Physicians' Health Programs ("PHP") to provide advocacy and support for Physicians in recovery. The PHC is a non-disciplinary body; its activities are collegial in nature and intent and separate from the Medical Staff disciplinary function.

The PHC offers its expertise and resources to all members of the Medical Staff (self-referral is welcomed) and to Administration, including but not limited to the Chief Medical Officer ("CMO") and/or Chairmen of Departments ("Chairmen"), when there is a good-faith concern about the health-related problems of an individual Medical Staff Member. It further seeks to educate the Medical Staff about Physician health, well-being and impairment through presentations at Hospitals and Campus Medical Staff meetings as well as by annual reminders to the Department Chairmen of its purpose and procedures.

DEFINITION AND POLICY

The term "impaired" is used to describe a Physician who is prevented by reasons of illness or other health problems from performing his professional duties at the expected level of skill and competency. Impairment also implies a decreased ability or unwillingness on the part of the affected individual to acknowledge the problem or to seek help to recover. Impairment places the Physician at risk and creates a risk to public health and safety.

The Medical Staff believes that conditions of impairment, including alcoholism and drug addiction, are treatable illnesses. The focus of the PHC is to help members of the Medical Staff identify impaired Physicians, to assist them in acknowledging the nature of their impairment and (where possible) to receive rehabilitative services that will permit them to return to or remain in an active work status.

COMPOSITION AND MEETINGS

The PHC shall be a committee composed of members representing each of the Hospitals. The PHC Chair will be appointed by the Chair of the MEC.

The PHC shall meet as needed to establish or revise policy and/or to evaluate and make recommendations regarding specific cases when requested by the MEC, Administration, a Chair, the CMO or as required by the Bylaws of the Medical Staff.

DUTIES OF THE PHC

¹ The Medical Staff consists of Physicians, Dentists and Podiatrists.

1. The PHC is the identified body to which information and concerns about the suspected or confirmed impairment of a Medical Staff Member can be referred for evaluation. Referrals can be from the Physician or from other Hospital Staff members. The PHC shall maintain the confidentiality of the referring individual as required by the standards of The Joint Commission except as limited by law or ethical obligation.
2. The PHC receives and evaluates referrals in confidence, seeking corroboration and additional information to allow it to make a recommendation when required.
3. The PHC refers the affected Physicians to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern.
4. The PHC maintains the confidentiality of the Physician seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened.
5. The PHC monitors the affected Physician and the safety of patients until the rehabilitation is complete and periodically thereafter, if required. If at any time during the diagnosis, treatment, rehabilitation, or monitoring phase of the process the PHC determines that a Physician is unable to safely perform the Privileges he had been granted, the matter shall be forwarded to the Medical Staff leadership for appropriate action compliant with any state or federally mandated reporting requirements and the Medical Staff Bylaws.
6. The PHC shall establish a liaison with the PHP and may assist the PHP in monitoring cases managed by the PHP. In those cases, the PHP participant shall provide the PHC Chair, or designee, a copy of the PHP agreement for the PHC's confidential file. For alcohol and substance abuse problems, the resources of the PHP should be employed to ensure careful monitoring through the early years of rehabilitation from problems of alcohol/substance abuse even in cases determined by the PHC to be manageable within the Medical Staff structure.
7. In cases in which any Member of the Medical Staff or of the Administration, which may include the CMO, has requested advice or guidance from the PHC Chair for a matter not yet referred to the MEC, the PHC Chair may recommend an appropriate referral for a voluntary evaluation without involving the PHC membership. If such referral and subsequent evaluation meets the needs of the referring party, no report is required to be submitted to the MEC but such actions must be documented in the confidential files of the PHC. All files of the PHC shall be the property of PHC and shall be maintained and secured by the Medical Staff Office as confidential peer review records.
8. The PHC shall educate the Medical Staff and other Hospital staff about health, well being and impairment recognition issues specific to Physicians. The PHC educational effort shall address Physician-specific at-risk criteria and the prevention of physical, psychiatric and emotional illness.

CONFIDENTIALITY

All discussions, reports and minutes by the PHC shall be considered confidential. Copies of reports, minutes, correspondence (written or verbal), signed by the PHC Chairperson shall be kept in appropriate confidential Medical Staff files. The Chairperson shall be empowered to keep unprocessed materials gathered in the course of the PHC's investigations together with other correspondence of the PHC in the Medical Staff Office in locked files. Information obtained through investigations, minutes, or any correspondence will not be reproduced and disseminated beyond the members of the PHC.

PEER REVIEW PROTECTION

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy and Procedure for Dealing with Impaired Professionals are deemed to be covered by the Pennsylvania Peer Review Protection Act (63 Pa.C.S.A. §425.1 to 425.4), or the corresponding provisions of any federal or state statute providing peer review protection to peer review or related activities. Furthermore, the PHC shall be considered to be acting on behalf of the Hospitals when engaged in such professional review activities and it shall be deemed to be a "professional review body" as that term is defined in the Health Care Quality Improvement Act of 1986.