



## Carolinus HealthCare System

### **PHYSICIAN HEALTH POLICY**

#### **POLICY STATEMENT:**

Carolinus HealthCare System and its Medical Staffs are committed to providing patients with quality care and are aware of their obligation to protect patients from harm. It is recognized that the delivery of quality care could potentially be compromised if a member of a medical staff of a Mecklenburg County Facility of Carolinus HealthCare System is suffering from a physical, psychiatric, emotional or substance abuse related illness. In this regard, it is the intent of the organization and its medical staffs to provide education that addresses prevention of physical, psychiatric, emotional or substance abuse related illness and a process that facilitates the confidential diagnosis, treatment, and rehabilitation of members of the medical staffs who suffer from a potentially impairing condition.

The focus of the process outlined herein is identification of impairment, assistance and rehabilitation, rather than discipline, with the goal being to aid members of the medical staffs in retaining or regaining optimal professional functioning, consistent with protection of patients. If, at any time during the diagnosis, treatment, or rehabilitation phase it is determined that a physician is unable to safely perform the privileges he or she has been granted, the matter will be forwarded to medical staff leadership for appropriate correction action in conjunction with the Medical Staff Bylaws. In addition, any state or federally mandated reporting requirements will be adhered to.

#### **EDUCATION:**

Periodically, education regarding physician health and related issues will be made available to the medical staff and other organization staff. Such education will address prevention of physical, psychiatric, emotional or substance abuse related illness, as well as impairment recognition issues specific to physicians and dentists and may be provided by the North Carolina Physicians Health Program or other applicable programs.

#### **PHYSICIAN HEALTH COMMITTEE:**

There shall be standing Medical Staff Committee for physician health and effectiveness at each Mecklenburg County Facility of Carolinus HealthCare System. The Physician Health Committee shall be deemed to be a medical review committee and shall be afforded all state and federal protections so long as the Committee functions within the parameters set forth by state and federal law. The composition and function shall be as follows:

1. **COMPOSITION:** The Committee shall be composed of three (3) to five (5) Medical Staff members, plus a designated Administrative Officer. The Chairman and members shall be selected by the President of the Medical Staff, with the concurrence of the President of the Hospital. Tenure of committee services shall be a minimum of two (2) years. Members of the Committee may be reappointed at (2) year intervals.
2. **DUTIES:** The Committee shall:
  - a) Support the approved Physician Health Policy of Carolinus HealthCare System.
  - b) Perform in an advocacy/advisory role in identifying the impaired physician.
  - c) Support the North Carolina Physicians Health Program, or other applicable programs, by referral of impaired physicians once appropriate steps have been taken at the hospital level.
  - d) Provide on-site intervention, support, counsel, and follow-up on acute episodes by an impaired physician.
  - e) Meet on an as needed basis to review specific complaints to determine appropriate action, meeting with the subject physician when necessary.

## **CRITERIA / MECHANISM FOR REPORTING AND REVIEWING POTENTIAL IMPAIRMENT**

1. Members of the Medical Staff that have a concern that a member of the medical staff is impaired in any way that may affect his or her practice at the Hospital, shall provide a written report to the President of the Hospital, the President of the Medical Staff, the Chairman of the Credentials Committee, the Chief of the appropriate Department, or any member of the Physician Health Committee. The report shall include a description of the incident(s) that led to the concern and must be factual in nature. Every effort shall be made to preserve the confidentiality of the physician so referred, except as limited by law, ethical obligation or when the safety of a patient is threatened. Examples of impairment may include, but not be limited to, the following:
  - a) Physical disability/illness affecting the individual's ability to carry out Hospital duties effectively, responsibly, and safely.
  - b) Mental disability affecting the physician's ability to carry out Hospital duties effectively and responsibly.
  - c) Substance abuse/misuse.
  - d) Disruptive or erratic behavior identified as being a dramatic change in the individual's demeanor or normal activity which affects his/her ability to provide quality patient care, or which affects the abilities of those around him/her.

Hospital Staff Observation - Reports of impairment suggesting one or more of the delineated disabilities stated above may be made by the Hospital staff to their supervisor. Following review by the supervisor and signature, the report will be forwarded to the President of the Hospital and the Medical Staff Office.

2. The person receiving the report may immediately refer the report to the Physician Health Committee for review. If they so choose, the person receiving the report may discuss the incident(s) with the individual who filed the report and review any additional relevant information for the purpose of determining whether the report is credible. If it is determined that the report is not credible, the issue will be closed. The individual about whom the report was made will be notified for the purposes of information, but will not be told who submitted the report. If it is determined the report is credible, the matter will be referred to the Physician Health Committee. The Physician Health Committee shall follow-up on any such referral in an expeditious manner. The individual about whom the report was made will be notified of such referral.
3. The Physician Health Committee shall have the authority to meet with the individual(s) preparing the report and to review additional relevant information for the purpose of determining whether there is reason to believe the individual about whom the report has been made is or might be impaired. If it is determined that no impairment exists and that no additional follow-up with the affected practitioner is needed, the affected practitioner will be so notified. If it is determined that there is or might be an impairment or that additional follow-up is needed, the affected practitioner will be so notified and a meeting with the Physician Health Committee will be scheduled.
4. At the meeting, the physician will be advised of the nature of the concern that he or she might be suffering from an impairment that affects his or her practice. The physician should not be told who filed the initial report, but should be advised of the nature of the concern. A summary of this meeting and its outcome will be documented by the Committee Chairman, signed by the physician and placed in the physician's confidential peer review file.
5. If it is determined that a potential impairment exists, the Physician Health Committee will have any or all of the following options available to it:
  - Recommend that the physician be referred to the North Carolina Physicians Health Program, or other appropriate program, for evaluation and have the results of the evaluation made available to the Committee;
  - Recommend that the physician voluntarily take a Leave of Absence, during which time he or she would obtain appropriate evaluation and/or treatment necessary to address and resolve the impairment;

- Recommend that appropriate conditions or limitations be placed on the physician's practice until appropriate evaluation and/or treatment has been completed;
  - Recommend that the physician voluntarily agree to refrain from exercising some or all privileges in the Hospital until appropriate evaluation and/or treatment has been completed or an accommodation has been made to ensure that the physician is able to practice safely and competently;
  - Recommend that some or all of the physician's privileges be suspended if the physician does not voluntarily agree to adhere to the Committee's recommendation;
  - Such other recommendations as the Committee deems necessary or appropriate.
6. If the physician agrees to abide by the recommendation of the Physician Health Committee, then a confidential report will be made to the President of the Hospital, the President of the Medical Staff, the Chairman of the Medical Executive Committee, the Chairman of the Credentials Committee and the Chief of the appropriate Department. If the physician is unwilling to abide by the recommendation of the Physician Health Committee, the issue will be referred to the Credentials Committee, Medical Executive Committee or Board for formal investigation as outlined by the Bylaws of the Medical Staff.

### **SELF-REFERRAL**

Any practitioner shall have the right to refer themselves to the Physician Health Committee for assistance. Such referral can be accomplished through contacting any member of the Physician Health Committee.

### **REINSTATEMENT:**

1. Upon sufficient proof that the individual has successfully completed evaluation and/or treatment necessary to address and resolve the impairment, the Physician Health Committee may recommend that the individual's clinical privileges be reinstated. In making this recommendation, patient care interests must be considered as paramount.
2. Prior to making a recommendation for reinstatement, the Physician Health Committee must obtain a letter from the physician overseeing the evaluation and/or treatment program. The letter must address the following:
  - The nature of the individual's condition;
  - Whether the individual is participating in rehabilitation or treatment program and a description of the program;
  - Whether the individual is in compliance with all of the terms of the program;
  - To what extent the individual's behavior and conduct need to be monitored;
  - Whether the individual is rehabilitated;
  - Whether an after-care program has been recommended to the individual and, if so, a description of the after-care program;
  - Whether the individual has the ability to perform the clinical privileges currently granted to him/her; and
  - Whether the individual is capable of resuming medical practice and providing continuous, competent care to patients.
3. Before recommending reinstatement, the Physician Health Committee may request a second opinion on the above issues from a physician of its choice.

4. Assuming that all of the information received indicates that the individual is capable of resuming care of patients, the following additional precautions should be taken before the individual's clinical privileges are reinstated:
  - The individual 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 individual's inability or unavailability; and
  - The individual shall be required to provide periodic reports to the Physician Health Committee from his or her attending physician, for a period of time specified by the Committee, stating that the individual 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 individual's reinstatement.
5. The recommendation to reinstate an individual's clinical privileges must be recommended by the Credentials Committee and Medical Executive Committee in consultation with the President of the Medical Staff and the President of the Hospital, with final approval by the Board of Commissioners.
6. The individual's exercise of clinical privileges in the Hospital shall be monitored by the appropriate Department Chief or by a physician appointed by the Department Chief. The Physician Health Committee, in consultation with the President of the Medical Staff, shall recommend the nature of that monitoring.
7. If the individual is suffering from an impairment relating to substance abuse, the individual must, as condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the President of the Medical Staff, the President of the Hospital, the Chief of the respective department, the Chairman of the Credentials Committee, or any member of the Physician Health Committee.
8. In the event of any apparent or actual conflict between this policy and the Bylaws or other policies of the Hospital or its Medical Staff, including the investigations, hearing and appeal sections of those Bylaws and policies, the provisions of this policy shall control.

#### **COMMENCEMENT OF AN INVESTIGATION:**

Carolinas HealthCare System and the Medical Staff believe that issues of impairment can best be dealt with by the Physician Health Committee to the extent possible. If, however, the Physician Health Committee makes a recommendation, including a recommendation for an evaluation or a restriction or limitation on privileges, and the physician refuses to abide by the recommendation, the matter shall be referred for formal investigation pursuant to the Medical Staff Credentialing Policies and Procedures.

## **DOCUMENTATION AND CONFIDENTIALITY:**

The original report and a description of any recommendations made by the Physician Health Committee should be included in the individual's confidential peer review file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. 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 individual's confidential peer review file and the individual's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the individual's practice. The individual 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 file.

The President of the Medical Staff shall inform the individual who filed the report that follow-up action was taken, but details of the review and outcomes will not be disclosed.

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.

If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the individual or others, the President of the Medical Staff or the President of the Hospital may contact law enforcement authorities or other governmental agencies.

All requests for information concerning the impaired physician shall be forwarded to the President of the Medical Staff for response.