LUTHERAN HOSPITAL OF INDIANA
FORT WAYNE, INDIANA

MEDICAL STAFF POLICY
IMPAIRED PHYSICIAN

AMA Definition of Impairment: "The inability to practice medicine with reasonable skill and safety to the patient by reason of physical or mental illness or alcoholism or drug dependency." "Evidence of impairment includes observation of slurred speech, confusion, unsteady gait, tremulousness, failure to answer pages, and the perception of an odor of alcohol or alcohol on the breath. Objective evidence of consumption is the presence of any alcohol in the blood and/or a positive qualitative urine drug screen."

Should any Medical Staff hospital personnel, patient or patient's family expresses a reasonable concern that a member of the Medical Staff is impaired, the following procedures are recommended:

1. A written report of the specific concerns and behaviors shall be given to the Chief Medical Officer, Medical Staff President, or Chairman of the Physician-In-Need (PIN) Committee.

2. If the report raises a concern that a physician may have a problem, the individual receiving the report will interview its author(s). If a concern persists following that interview, the physician involved will also be interviewed.

3. In the case of the Acutely Impaired Physician:

    a. When hospital personnel, a patient or a patient's family expresses concern that a physician appears acutely impaired, the Nursing Supervisor must be contacted immediately. The Chief Medical Officer or his/her designee will be contacted immediately to come to the hospital.

    b. Physicians seeking self referral should immediately contact the Chief Medical Officer.

    c. The physician in question will be informed of and provided a copy of the Hospital policy and procedure in suspected impairment and the physician will be requested to wait until the Chief Medical Officer or designee arrives. At that time, a urine drug screen and blood alcohol will be obtained from the physician. The physician shall be informed as to his/her right to consult with his/her legal counsel. Every attempt will be made to follow the standard chain-of-custody procedure. The Chief Medical Officer or designee will arrange for immediate coverage for the physician's patient(s).

    d. Samples shall be submitted as John Doe or Director/designee's name.

    e. Should the urine screen, blood alcohol be positive, or if the Chief Medical Officer/designee determines the physician to be otherwise psychiatrically and/or physically impaired, the physician in question will be asked to cease patient care until further notice and make temporary arrangements to cover his practice. The Chief Medical Officer shall have the prerogative to exercise some discretion in determining whether a physician is impaired to the extent that it could adversely affect his/her ability to provide safe, effective and appropriate care to his/her patients.

    f. All information is to be given to the hospital Physician-In-Need Committee to be reviewed within three business days. The physician in question should be apprised of this review. The Committee shall review all information and interview the physician in question.

4. If the initial report and/or interviews lack sufficient information to warrant further action initially, they will be kept in the physician's confidential peer review file only to be reconsidered if there is a repeat complaint.

5. However, if the reports and interviews prove substantial, the Physician-In-Need Committee will be convened to review them. If the Committee concurs, it may be recommended to the physician that he/she be interviewed by the Coordinator for the Indiana State Medical Association – Physicians Assistance Program (ISMA-PAP), and that individual will be contacted.

6. If as a result of that interview the physician is recommended to undergo a formal evaluation by a qualified facility or a qualified physician approved by the ISMA-PAP, the physician must consent to undergo the evaluation and follow the treatment recommendations that result as a condition of continued appointment and clinical privileges at Lutheran Hospital.

7. If treatment is recommended, the physician will sign a contract with ISMA-PAP agreeing to treatment. When treatment is completed, a second long-term contract will be negotiated between ISMA-PAP and the physician which will cover but is not limited to the following:

   a. Periodic random urine screens if appropriate to the impairment.
   b. Attendance at regular Alcoholics/Narcotics Anonymous meetings if appropriate to the impairment.
   c. Attendance at Caduceus meetings appropriate to the impairment.
   d. Periodic meetings with an approved physician advocate.
   e. Continued therapy as recommended by the treating physician.
   f. Other items appropriate to the impairment.
   g. Approval to send regular reports to the Chief Medical Officer documenting contract compliance.

8. Failure to comply with the request for evaluation, recommendation for treatment, or the terms of the contract with ISMA-PAP will result in a report to the Executive Committee of the Hospital Medical Staff and possibly the Indiana Medical Licensing Board.

9. The Chief Medical Officer, Medical Staff President, or Chairman of the Physician-In-Need Committee shall inform the individual who filed the original report that follow-up action was taken.

10. Treatment and rehabilitation:

   a. If treatment or rehabilitation is recommended to the physician, he/she will request a medical leave of absence and discontinue his/her practice in the Hospital voluntarily.
   b. If the physician refuses to discontinue practice voluntarily, his/her privileges will be immediately suspended until treatment and rehabilitation have been accomplished.

11. Rehabilitation/Reinstatement:

   a. Upon completion of program of treatment and rehabilitation as recommended by the evaluating physician/institution, the Chief Medical Officer, Medical Staff President, and Chairman of the Physician-In-Need Committee may consider the physician for resumption of his clinical practice.

b. In considering an impaired physician for reinstatement, patient care interests must be paramount.

c. A letter must be obtained from the Physician Director of the treatment/rehabilitation program where the physician was treated verifying that the physician participated in the program, was in compliance with the treatment plan, regularly attended assigned meetings, and to answer the question whether the physician is now in his/her opinion rehabilitated and capable of resuming medical practice and providing continuous competent care to his/her patients.

d. Periodic reports from the monitoring body (ISMA-PAP) should be reviewed by the Chief Medical Officer and kept in the physician's confidential peer review file for the duration of his/her contract.

12. In the case of physical, psychiatric or emotional illness:

If it is determined that the physician suffers from an acute or ongoing physical, psychiatric, or emotional illness or injury that is not drug or alcohol related and could be reasonably accommodate through rehabilitation or treatment, the following are guidelines for rehabilitation or treatment and reinstatement:

a. If applicable, Hospital and Medical Staff leadership shall assist the physician in locating a suitable rehabilitation program or treatment plan. A physician who may benefit from counseling or rehabilitative services, but whose illness or injury is not believed to interfere with his/her ability to competently and safely perform his/her clinical privileges or the duties of Medical Staff membership, may be referred for assistance while still actively practicing at the hospital. In cases where the physician's ability is believed to be undermined, the physician shall be allowed a leave of absence if necessary. A physician who is determined to have an illness or injury which requires a leave of absence for rehabilitation or treatment shall not be reinstated until it is established, to the satisfaction of the Physician-in-Need Committee, the MEC and the Board, that the physician has successfully completed any necessary rehabilitation or treatment in which the hospital has confidence.

b. Upon sufficient proof that a physician who has been found to be suffering from an illness has successfully completed treatment or has been cleared for return to practice by his/her treating physician (as applicable), that physician may be considered for reinstatement to the Medical Staff.

c. In considering a physician for reinstatement, the hospital and Medical Staff leadership must consider patient care interests paramount.

d. If requested by the Physician-in-Need Committee, the physician must provide the name and address of his or her primary care physician, and must authorize that physician to provide the hospital with information regarding his or her condition and treatment. The Committee has the right to require an opinion from other physician consultants of its choice.

e. Assuming all of the information received indicates that the physician is rehabilitated or recovered and capable of resuming care of patients, the Physician-in-Need Committee, MEC and the Board may take the following additional precautions when restoring clinical privileges:

(1) the physician must identify another physician who is willing to assume responsibility for the care of his or her patients in the event of his or her inability or unavailability; and

(2) the physician may be required to obtain periodic reports for the committee from his or her primary physician, for a period of time specified by the committee, stating that the physician is continuing treatment or therapy, as appropriate, and that his or her ability to treat and care for patients in the hospital is not impaired.

f. The physician's exercise of clinical privileges in the hospital shall be monitored by the clinical service chairperson or by a physician appointed by the clinical service chairman. The nature of that monitoring shall be determined by the committee after its review of all of the circumstances.

g. All requests for information concerning the impaired physician shall be forwarded to the Chief Medical Officer or his designee for response.

13. The Chief Medical Officer shall report to the Medical Staff leadership any instances in which a physician is providing unsafe treatment.

14. Education regarding factors that promote well-being and those that lead to impairment, focusing on prevention and management, shall be presented to the Medical Staff on an annual basis.

Approved/Reviewed/Revised by Executive Committee: 2/3/97; 7/12/99; 7/2/01; 7/7/03; 8/1/05; 8/6/07; 8/31/09; 7/11/11; 7/1/13; 1/5/15
Approved/Reviewed/Revised by Board of Trustees: 2/11/97; 8/10/99; 7/10/01; 7/24/03; 8/3/05; 8/15/07; 9/8/09; 7/12/11; 7/16/13; 1/13/15

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