

Policy # HVL.ORG.192	Policy Name Medical Staff Health - Impairment
Policy Location AH Hendersonville	Responsible Department Clinical Improvement
Policy Owner/Executive Owner Gretchen Nicholson (PR-Ofc Clb Impv Med Staff Dir)	Original Creation Date 11/28/2018
Policy Effective Date 05/10/2023	Policy Review Date 11/28/2018

I. SCOPE: This policy applies to all Practitioners credentialed and privileged as medical staff at AdventHealth Hendersonville.

II. PURPOSE:

The purpose of this policy is to provide a process by which Practitioner impairment is identified and managed, including but not limited to:

1. Educating the practitioner regarding available resources for evaluation, testing, and/or treatment
2. Referring the practitioner for evaluation, testing, and/or treatment
3. Monitoring the practitioner’s recovery, and
4. Assessing the practitioner’s ability to exercise their clinical privileges

Patient safety is of paramount concern in enforcing this policy. Practitioners and the Hospital will work collaboratively to recognize and address situations where Practitioner impairment may adversely affect the Practitioner’s ability to safely exercise his/her clinical privileges, and/or pose a risk of imminent danger to the health and/or safety of any individual, and/or to the orderly operation of the hospital.

III. POLICY

The Medical Staff of AdventHealth Hendersonville is committed to providing patients with safe care. The delivery of safe care can be compromised if a Practitioner is suffering from an impairment. Impairment may result from mental or physical causes, substance abuse, or a cognitive issues.

It is the intent of the Hospital to facilitate confidential evaluation, testing, and/or treatment of Practitioners who suffer from a potentially impairing condition, with a goal to aid the Practitioner in retaining or regaining optimal professional functioning, consistent with protection of patients. If at any time during the evaluation, testing, and/or treatment phase of the process, it is determined that a Practitioner is unable to safely exercise the clinical

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privileges he or she has been granted, immediate actions will be taken to ensure the safety of patients.

A. CONFIDENTIALITY

The identification, testing, initial assessment, counseling, and/or treatment of a Practitioner in accordance with this policy is confidential, except as needed to carry out the functions of the Hospital and the Medical Staff and to comply with all reporting requirements required by federal and state law.

B. DUTY TO REPORT

All Practitioners have the duty to report suspected Practitioner impairment to a Designated Official, including the duty to self-report.

C. EDUCATION

Education of the Medical Staff and other Hospital staff about recognizing illness and impairment of health care Practitioners shall be conducted biennially.

IV. PROCEDURE/GUIDELINES:

A. SELF-REPORTING PRACTITIONER

1. Affected Practitioners who believe they suffer from a potentially-impairing condition will immediately verbally notify a Designated Official.
 - a. The Designated Official will immediately inform the Director of Medical Staff Services and the Chief Medical Officer.
 - b. The Designated Official will record the self-report of impairment and provide a written account to the Medical Staff Office within two days.

B. REPORTING A PRACTITIONER

1. Any individual who has reason to believe that a Practitioner suffers from a potentially impairing condition shall report said belief to a Designated Official. (See Appendix A: Recognizing Impairment).
2. The report shall include a factual description of the incident(s) that led to the concern. Every effort will be made to preserve the confidentiality of the reporting individual, except as limited by law, ethical obligation or when the safety of a patient is threatened.
3. At any point that there is an emergent concern about the safety of a patient, staff shall use Universal Safety Language to STOP patient care. It is expected that care will be interrupted, and attention will be focused on the issue, with support from the unit supervisor and/or other leaders, as appropriate, per the Speak Up for Safety -

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Stop the Line policy. Care will resume when the safety concern is resolved with appropriate review and response. Any individual who uses this policy in good faith will not be penalized or subject to retaliation for acting in accordance.

4. In appropriate circumstances, the Medical Executive Committee may refer the affected Practitioner whose potentially impairing condition has become known through the peer review and/or risk management processes.

C. IMMEDIATE INITIAL ASSESSMENT

1. After discussing the incident(s) with the individual who filed the report or following a practitioner's self-report, the Designated Official will immediately determine the credibility of the concern and/or determine what immediate action is necessary.
2. The Designated Official, at his/her discretion, may conduct an in-person interview of the suspected impaired Practitioner or self-reporting Practitioner. The Practitioner must agree to participate in the interview if requested by the Designated Official.
3. The Designated Official will notify the President, Chief Medical Officer, and Director of Medical Staff Services of the reported impairment as soon as practical, if not already aware.
4. **If the Designated Official determines that the Practitioner's suspected or self-reported impairment adversely affects the Practitioner's ability to safely exercise his/her clinical privileges and/or poses a risk of danger to the health and/or safety of any individual, and/or to the orderly operation of the hospital, then:**
 - a. The Designated Official will ask the Practitioner to immediately and voluntarily refrain from exercising their clinical privileges and to submit to any other requirements as outlined in this policy. The Practitioner may subsequently request a medical Leave of Absence, as outlined in the Medical Staff Bylaws.
 - b. If the Practitioner declines to voluntarily refrain from exercising his/her clinical privileges or refuses to submit to any other requirements outlined in this policy, then the Designated Official will place the Practitioner on an immediate Precautionary Suspension in accordance with the Medical Staff Bylaws.
 - c. If the Practitioner's medical Leave of Absence, Precautionary Suspension, or election to refrain from exercising his/her clinical privileges results in any immediate patient care needs, the Designated Official will contact the Practitioner's clinical Department Chair to arrange appropriate coverage.
5. If the Designated Official determines that the suspected impairment or self-reported impairment does NOT adversely affect the Practitioner's ability to safely exercise his/her clinical privileges, and/or pose an imminent threat to the health and/or safety of any individual, and/or to the orderly operation of the hospital, but that further review of the situation is warranted, then the Designated Official will refer the involved Practitioner to the Credentials Committee for further review.

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- a. The Credentials Committee may initiate a non-disciplinary course of action with the goal of assistance and rehabilitation.

D. IMMEDIATE SUBSTANCE USE TESTING

1. If preliminary assessment by the Designated Official indicates that a Practitioner's suspected impairment or self-reported impairment involves alcohol or substance use, the Designated Official will require the practitioner to submit to immediate substance use testing.
2. If the Practitioner refuses to cooperate with the request for alcohol and substance use testing, then the Designated Official will place the Practitioner on an immediate Precautionary Suspension in accordance with the Medical Staff Bylaws.

E. REFERRAL FOR EVALUATION

1. If mental, physical, or cognitive impairment is suspected as a result of safety events or declining clinical performance, the Performance Improvement (peer review) Committee or Credentials Committee may recommend that a practitioner undergo alcohol and substance use testing, fitness for duty evaluation, competency assessment, mental health evaluation, and/or cognitive assessment.
 - a. The Performance Improvement (peer review) Committee or Credentials Committee may elect to recommend the health care provider(s) or agencies who will complete the recommended evaluations and will determine the time frame for any evaluation or testing to be completed. (See Appendix B)
 - b. The cost incurred for recommended evaluations and/or testing will be the responsibility of the Practitioner.
 - c. Refusal of a Practitioner to undergo recommended evaluations and/or testing will be grounds for Precautionary Suspension.
2. If the results/reports received from any evaluations or testing confirm an impairment that adversely affects the Practitioner's ability to safely exercise his/her clinical privileges, and/or poses an imminent threat to the health and/or safety of any individual, and/or to the orderly operation of the hospital, then the Performance Improvement Committee (peer review) or Credentials Committee will make a recommendation to the MEC for further action, including but not limited to:
 - a. Referral of the Practitioner for additional evaluation, courses, and/or treatment programs offered by:
 - i. a source within the Hospital
 - ii. a source external to the Hospital (i.e. the North Carolina Physicians Health Program, Center for Personalized Education for Practitioners (CPEP), inpatient or outpatient rehabilitation program, or course related to disruptive behavior or professional boundaries.)
 - b. Place the practitioner on a medical leave of absence.

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c. Impose restrictions to the practitioner's clinical privileges

The cost of any courses and/or treatment programs mandated by the MEC will be the responsibility of the Practitioner.

F. COMPLIANCE

1. If a Practitioner fails or refuses to cooperate with a requested in-person interview or complete any required evaluation, testing, courses, treatment, or other conditions of this policy within the mandated time frames, then the President or Chief of Staff will place the Practitioner on an immediate Precautionary Suspension in accordance with the Medical Staff Bylaws.
 - a. The Credentials Committee evaluate the Practitioner's failure to comply and will make a recommendation to the MEC concerning the continuation of the Practitioner's clinical privileges and medical staff appointment.

G. REQUESTS FOR REINSTATEMENT

1. Any Practitioner who requests reinstatement of clinical privileges following a medical Leave of Absence or who notifies the Medical Staff Office of their intent to resume the exercise of clinical privileges after voluntarily refraining from the exercise of clinical privileges must follow the procedures set forth in the Credentialing policies, and must provide the following to the Credentials Committee upon request:
 - a. Written correspondence from the health care provider(s) directly involved in the practitioner's treatment, recovery, and/or rehabilitation program, which must include the following (see Appendix C):
 - i. Whether the Practitioner was participating in the treatment, recovery, and/or rehabilitation program;
 - ii. Whether the Practitioner complied with all terms of the treatment, recovery, and/or rehabilitation program;
 - i. Whether, in the opinion of the provider(s), the Practitioner successfully completed the treatment, recovery, and/or rehabilitation program;
 - i. Documentation of any recommended after-care program, if applicable
 - ii. Whether, in the opinion of the provider(s), the Practitioner is capable of safely exercising his/her clinical privileges.
2. A release on a form provided and/or approved by the Medical Staff Office to allow the Medical Staff Office to contact the Practitioner's personal primary care physician, and other personal consultants, if applicable.
3. An agreement to submit to any condition for testing and/or monitoring as outlined in this policy.
4. Before recommending reinstatement, the Credentials Committee may request a second opinion on the above issues from a physician of its choice.

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5. The Medical Staff Office will immediately notify the Chief of Staff when a Practitioner intends to resume the exercise of his/her clinical privileges after voluntarily refraining from the exercise of his clinical privileges. The Chief of Staff will take action in accordance with the Medical Staff Bylaws.

H. COMMENCEMENT OF AN INVESTIGATION

1. The Hospital and the Medical Staff believe that issues of impairment can best be assessed and managed by the Performance Improvement or Credentials Committees to the extent possible. If, however, the Performance Improvement or Credentials 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 to the Medical Executive Committee for commencement of an investigation, pursuant to the Bylaws/Credentialing Policy.
2. If the results/reports received from any evaluations or testing confirm an impairment that adversely affects the Practitioner's ability to safely exercise his/her clinical privileges, and/or poses an imminent threat to the health and/or safety of any individual, and/or to the orderly operation of the hospital, then the Performance Improvement Committee (peer review) or Credentials Committee will make a recommendation to the Medical Executive Committee for commencement of an investigation, pursuant to the Bylaws/Credentialing Policy.

I. DOCUMENTATION AND CONFIDENTIALITY

1. The original report and a description of any recommendations made by the Performance Improvement or Credentials Committees shall be included in the Practitioner's credentials 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 Practitioner's confidential peer review file and the Practitioner's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the Practitioner's practice. The Practitioner shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his/ her credentials file.
2. The President or the Chief of Staff shall inform the individual who filed the report that follow-up action was taken.
3. 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.
4. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the Practitioner or others, the President or his/her designee may contact law enforcement authorities or other governmental agencies.

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5. Nothing in this policy precludes immediate referral to the Medical Executive Committee (or to the Board) or the elimination of any particular step in the policy in managing conduct that may compromise patient care.

V. DEFINITIONS

1. **"Practitioner"** means a physician, Advanced Practice Provider (APP), Allied Health Provider (AHP), or any other provider granted clinical privileges at the Hospital
2. **"Designated Official"** means the President/CEO, Chief Medical Officer, Department Chair or Section Chief, Chief of Staff, Credentials Committee Chair, Performance Improvement Committee Chair, Chairperson of the Board, or their qualified designee.
3. **"Impairment"** or **"Impaired"** means the inability of a Practitioner to practice with reasonable skill and safety because of a:
 - a. Mental Disorder
 - b. Physical Illness or Condition
 - c. Alcohol or Substance Use abuse while on duty, and/or
 - d. Cognitive Issue
4. **"Mental Disorder"** means a syndrome characterized by a disturbance in cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
5. **"Physical Illness or Condition"** means a pathological change and/or dysfunction other than a Mental Disorder or Cognitive Issues
6. **"Alcohol and Substance"** means including but not limited to alcohol, tobacco, cannabis (marijuana), stimulants, hallucinogens, opioids, any other controlled substance as defined by law, and includes any and all legal substances that could impact a practitioner's ability to practice.
7. **"Cognitive Issue"** means compromised memory, verbal comprehension, executive functioning, attention, and/or problem solving.

VI. EXCEPTION(S): N/A

VII. REFERENCE(S): NA

VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):

[Stop the Line/Chain of Command](#)

[AH Hendersonville Bylaws](#)

See next page for supporting documentation/forms

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APPENDIX A RECOGNIZING IMPAIRMENT

Mental Impairment (Primarily mood or affective disorders)

Possible symptoms:

- Erratic behavior patterns, mood swings
- Extreme or bizarre behavior E.g. - Risk-taking behavior
- Low or elevated self-esteem
- Poor impulse control, hasty, impatient
- Easily agitated, irritable
- Psychosomatic, hypochondriasis
- Paranoia
- Depressed/flat or manic affect
- Inappropriate affect (laughing when others are crying)
- Insomnia or hypersomnia
- Isolative, withdrawn
- Distorted thinking, delusional, hallucinations, disconnected thoughts
- Denial minimizes having problems
- Suicidal ideation or previous attempt
- Misses work frequently or is late frequently
- Passive-aggressive and/or manipulative behavior
- Anxiety

Physical Impairment (Possibly due to an injury, disease symptoms that effect muscles and nerves. E.g. Parkinson's Disease, Cerebral Palsy, Multiple Sclerosis, Stroke/CVA, etc.)

Possible symptoms:

- Appears unable to see when others have no difficulty.
- Weak or restricted grip (hand shake).
- Tremors, hands shake, deterioration of fine motor skills.
- Unsteady gait.
- Frequent loss of balance, diminished equilibrium.
- Cannot raise arms above head, bend and touch toes, etc.
- Muscle, bone, nerve or tendon damage

Cognitive (Possibly due to an underlying health condition, including Dementia)

Possible symptoms:

- Memory loss
- Difficulty in communication; word-finding
- Difficulty carrying out tasks
- Repeating oneself; asking the same question multiple times
- Disorientation to time and place
- Confusion
- Difficulty with decision making and reasoning
- Problems with focus, concentration, and attention
- Poor judgment
- Difficulty understanding, interpreting, and navigating the environment
- Difficulty solving problems
- Decline in self-care

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- Changes in personality, mood, and behavior
- Fear, frustration, and agitation
- Changes in the coordination and control of body movements

Alcohol or Substance Abuse (Use of mood-altering substances)

Possible symptoms (any ALONE may NOT signal impairment):

- Smell of alcohol (or excessive fragrance or breath spray to conceal)
- Red-faced and/or prominent capillaries on cheeks and nose
- Bloodshot or glassy eyes. Excessive use of eye drops to conceal it, wearing sunglasses indoors
- Constricted or dilated pupils
- Sweating when otherwise comfortable
- Self-medicating or medical problems and not seeking help
- Memory lapses, inability to account for whereabouts
- Slow, slurred, or pressured speech
- Avoids close contact, interaction or eye contact with others.
- Lying
- Erratic behavior patterns, mood swings, inappropriate affect
- Tremors
- Does not answer when on-call or does not return pages
- Misses work or is late frequently
- Defensive, minimizing or denial regarding alcohol/drug consumption
- Persistent financial, marital, or familial problems
- History of alcohol or substance abuse in family
- Possession of alcohol or drugs at work

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**APPENDIX B
CONSENT FOR RELEASE OF INFORMATION PERTAINING TO EVALUATION**

I hereby request that _____ [the Facility/Physician Evaluator] provide AdventHealth Hendersonville (“the Hospital”) and its Performance Improvement and/or Credentials Committee with all information relevant to your evaluation of my ability to care for patients safely, to competently fulfil the responsibilities of medical staff appointment and to relate cooperatively to others in the Hospital.

I also request that the Hospital and Credentials Committee provide _____ [the Facility/Physician Evaluator] with a copy of any information which it believes supports the need for the evaluation and any other information that _____ [the Facility/Physician Evaluator] might request.

I release from liability and grant absolute immunity to, and agree not to sue, _____ [the Facility/Physician Evaluator] and the Hospital, the Credentials Committee, Performance Improvement Committee, Medical Executive Committee or any physician on the Hospital’s medical staff who is involved in reviewing my practice for providing the information set forth above.

Signature of Practitioner

Date

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**APPENDIX C
CONSENT FOR RELEASE OF INFORMATION**

I hereby request that Dr. _____ [physician overseeing treatment] provide AdventHealth Hendersonville (“the Hospital”) and its Performance Improvement Committee and/or Credentials Committee with information pertaining to my rehabilitation or treatment program. Specifically, this information should include:

- iii. Whether I participated in the treatment, recovery, and/or rehabilitation program;
- iv. Whether I complied with all terms of the treatment, recovery, and/or rehabilitation program;
- ii. Whether, in the opinion of the provider(s), I successfully completed the treatment, recovery, and/or rehabilitation program;
- iii. Documentation of any recommended after-care program, if applicable
- iv. Whether, in the opinion of the provider(s), I am capable of safely exercising my clinical privileges.

I also authorize Dr. _____ provide the Hospital and its Performance Improvement and/or Credentials Committee with periodic reports relating to my ongoing rehabilitation or treatment and my ability to treat and care for patients in the Hospital.

I release from liability, grant absolute immunity to and agree not to sue Dr. _____ for providing the information set forth above.

Signature of Practitioner

Date

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