

POLICY

SUBJECT: Management of the Impaired Clinician

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Facility: All Madonna Facilities

Level of Care: All Levels of Care

System: Quality/Risk Management

Department: Risk Management

POLICY:

This policy pertains to members of the medical staff and credentialed allied health providers who care for patients.

The purpose of this policy is to inform Madonna Rehabilitation Hospital (MRH) managers and the medical staff about the management of the impaired provider process, address prevention of physical, psychiatric or emotional illness and to facilitate confidential diagnosis, treatment and rehabilitation of those practitioners who suffer from a potentially impairing condition.

Protection of Patients: MRH has an obligation to protect patients from harm. The medical staff and leadership will be cognizant of a clinician's health and will have a process in place that will identify physical, psychiatric or emotional illnesses, and facilitate a confidential diagnosis of physicians who suffer from a potentially impairing condition.

The purpose of this process is assistance and rehabilitation for the impaired practitioner, rather than discipline, to aid a clinician in retaining or regaining optimal professional functioning, consistent with the protection of patients.

Action Upon Determination: If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a clinician is unable to safely perform the privileges he or she has been granted, the matter is forwarded to the Senior Medical Director for review and appropriate corrective action in accordance with Madonna's Medical Staff Bylaws, Rules and Regulations.

Other facility policies continue to apply to Madonna employed licensed providers. For example, Leaves of Absence (policy 362) and Drug Free Work Place (policy 381).

PROCESS:

1. Education of Staff: Education of the medical staff and allied health professionals about the illness and impairment recognition issues specific to licensed practitioners:
 - a. Licensed practitioners will be provided with a link to the Nebraska Licensee Assistance Program website and specifically the LAP (Licensee Assistance Program) Brochure.
<http://www.lapne.org/uploads/brochure/NE-LAP-Brochure-green.pdf>
 - b. Licensed practitioners will be issued this policy at the time of initial appointment and reappointment to the medical staff.
2. Referral of the Impaired Clinician:
 - a. Clinicians are allowed to self-refer to a program for assistance for psychiatric, emotional or physical problems; assistance in the self-referral may be obtained from the Senior Medical Director.
 - b. Any individual within the organization has the responsibility to report concerns regarding unsafe treatment by clinicians. These reports are to be made directly to the Senior Medical Director, a member of the Medical Executive Committee (MEC) or the Director of Quality and Risk Management.
 - c. All complaints, allegations or concerns regarding the potential impairment of a clinician will be thoroughly investigated and evaluated for validity, including involvement of the practitioner.
 - d. The affected clinician will be referred to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern.
3. Confidentiality
The confidentiality of the individual will be strictly maintained, with the following exceptions:
 - a. State and federal regulatory limitations (if applicable);
 - b. Ethical obligations;
 - c. When maintaining confidentiality threatens the safety of a patient or patients;
 - d. In all instances, every effort to protect the confidentiality of the individual referred for assistance, will be made.
4. Credibility of a Complaint
An evaluation of the credibility of a complaint, allegation, or concern, will be made by the Senior Medical Director and the Director of Quality and Risk Management. In cases of known or suspected impairment due to physical, mental illness or chemical dependence, the Senior Medical Director will request an assessment by an appropriate professional internal or external resource and or LAP if indicated.

5. Physical and/or Mental Illness

In cases of known or suspected impairment due to physical and/or mental illness, the Senior Medical Director, on behalf of the MEC may request the Madonna CEO or Madonna COO to authorize a physical examination. Such examination will be requested customarily after a clinician has undergone surgery or sustained illnesses or injuries which have a reasonable risk of impairing professional functioning. Examples are intracranial surgery, cardiopulmonary bypass, surgery, severe trauma, hospitalization requiring intensive care, psychiatric hospitalization, and use of neuroleptic medication or chemical dependency rehabilitation. This list is not meant to be comprehensive and is intended only to clarify the types of conditions around which a reasonable and good faith concern for impairment may be raised.

6. Hospitalization or Treatment

The occurrence of hospitalization or treatment is a basis for inquiry only and is not conclusive of impairment. The fitness for duty examination will be tailored to the clinical circumstances and may involve a physical examination, imaging studies, neuropsychological testing or other indicated measures.

7. Monitoring

As part of the intervention, the clinician will be referred to an appropriate treatment facility and the clinician's progress will be monitored by the appropriate authority. The method of monitoring will be determined by the Senior Medical Director and/or the MEC. Monitoring will continue until the person or persons responsible for oversight are able to verify that the impairment for which the clinician was referred to the program:

- a. No longer exists and,
- b. No longer impacts the quality of patient care provided by the clinician.

8. All Allegations

All Allegations, concerns or complaints will be brought before the MEC, following a preliminary fact finding by the Director of Quality and Risk Management, to be investigated and evaluated. Any clinician under investigation may provide information to the MEC that he/she feels may clarify any allegation, concern or issue brought before the MEC.

9. Medical Executive Committee Report

The MEC will submit its report through the Senior Medical Director to the CEO for necessary action. If it is determined that a person is physically and/or mentally incapable of performing the duties of the assignment, the appropriate course of action shall be taken, in accordance with Madonna Medical Staff Bylaws, Rules and Regulations.

10. Requests for Disciplinary Action

While the goal of this process is to provide assistance rather than disciplinary action, in some instances, the Senior Medical Director or Medical Executive Committee may recommend to the Governing Board that discipline of the clinician is a necessary action to improve or resolve quality of patient care issues. Any requests for disciplinary action will be forwarded through the Senior Medical Director and to the CEO, COO and Governing Body for approval and be in accordance with Madonna Medical Staff Bylaws, Rules and Regulations.

11. Mandatory Reporting of Corrective Actions

MRH shall strictly adhere to any state or federally mandated reporting requirements.