



TITLE: Practitioner Health and Impairment Policy		
APPLIES TO: St. Mary's Health Care System		DEPARTMENT: Medical Staff
TYPE: C. Departmental	CARE SPECIFICATION: Non-Patient Care	RETIRED: <input type="checkbox"/>
VP APPROVAL: Medical Executive Committee		DIRECTOR/MANAGER APPROVAL: Terri Sartain
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LAST REVISED DATE: 11/14/2023		REVISION HISTORY: 01/10/2012, 8/12/2014 St. Mary's Hospital MEC approved: 11/14/2023 Good Samaritan Hospital MEC approved: 2/5/2024 Sacred Heart Hospital MEC approved: 3/13/2024

PURPOSE:

The Medical Staff is committed to the safety and wellbeing of all providers. This policy is intended to promote safe practices of personal health, including immunization, and to encourage voluntary reporting of impairment ("impairment" is defined under *Potential Health Concerns*, point 2). Because practitioner health issues include a variety of problems from substance abuse to physical or mental illness, all steps outlined in this Policy may not be suitable in every circumstance. For example, when the impairment is due to age, irreversible medical illness, or other factors not subject to rehabilitation, the sections of the Policy dealing with rehabilitation and reinstatement of the practitioner are not applicable. Policy guidelines should not be construed as dictating an exclusive procedure as variations may be warranted, in the discretion of physician leadership, based upon the unique situation of the Hospital and/or provider.

IMMUNIZATION:

It is the policy of Trinity Health and of St. Mary's that all colleagues receive the Influenza and COVID-19 vaccinations, as recommended by the [Centers for Disease Control](#). All practitioners must submit either proof of vaccination or a completed declination form during the initial credentialing process and during each seasonal flu campaign.

TUBERCULIN (TB) SCREENING & EXPOSURE:

During the initial credentialing process, all practitioners must submit documentation of receiving a test for TB within the last 12 months. A Quantiferon blood test will be offered if a negative test is not available. Those having a documented positive test will:

- complete a TB health questionnaire (*Appendix D*)
- submit documentation of a chest x-ray
- submit documentation of being evaluated by their private physician and/or their county health department of their residence.

- submit documentation of appropriate follow-up with confirmation of absence of communicability for placement in the individual's credentialing file.

While prophylactic treatment is strongly encouraged, the practitioner may decline the therapy. Those that decline treatment for latent TB infection will be screened annually for symptoms of TB. In the absence of known exposure or evidence of an on-going TB transmission, practitioners will not undergo TB screening at any interval after baseline.

All TB exposures will follow the Hospital's TB exposure protocol.

POTENTIAL HEALTH CONCERNS:

1. The Hospital and its Medical Staff are committed to providing quality care, which can be compromised if a practitioner is suffering from an impairment.
2. "Impairment" means substance abuse or a physical, mental or emotional condition that adversely affects an individual's ability to practice safely and competently.
3. The Practitioner Health Committee¹ shall recommend educational materials that address Practitioner Health issues and emphasize prevention, diagnosis, and treatment of physical, psychiatric, and emotional illness.
4. To the extent possible, and consistent with quality of care concerns, the Practitioner Health Committee will handle impairment matters in a confidential fashion.

MECHANISM FOR REPORTING AND REVIEWING POTENTIAL HEALTH CONCERNS

5. Practitioners who are suffering from an impairment are encouraged to voluntarily bring the issue to the Practitioner Health Committee so that appropriate steps can be taken to protect patients and to help the practitioner to practice safely and competently.
6. Any individual who is concerned that a practitioner is impaired shall submit a written report to the President of the Medical Staff factually describing the incident(s) that led to the concern.
7. If, after discussing the incident(s) with the individual who filed the report, the President of the Medical Staff believes there is enough information to warrant a review, the matter shall be referred to the Practitioner Health Committee.
8. The President of the Medical Staff shall inform the individual who filed the report that follow-up action was taken, however the specifics of any action shall not be shared in light of their confidential nature.

CONCERNS REQUIRING AN IMMEDIATE RESPONSE

¹ Practitioner Health Committee (PHC) shall be composed of the Medical Staff Officers, the Chief Medical Officer, and the relevant physician leaders of the involved individual.

9. Any individual who is concerned that a practitioner who is on Hospital premises is impaired and poses an immediate threat to the health and safety of patients or to the orderly operation of the Hospital, shall immediately notify the relevant physician leader, the President of the Medical Staff, or their designees.
10. The physician leader and President of the Medical Staff (or their designees) shall immediately assess the practitioner and, if necessary to protect patients, may relieve the practitioner of patient care responsibilities. In that situation, the affected physician's hospitalized patients may be assigned to another individual with appropriate clinical privileges or to the appropriate physician on call. The wishes of the patient(s) shall be considered in the selection of a covering physician. The affected patients shall be informed that their physician is unable to proceed with their care due to illness.
11. Following the immediate response, the physician leader and President of the Medical Staff (or their designees) shall file formal reports as described in this Policy, in order for the question of impairment to be more fully assessed and addressed by the Practitioner Health Committee.

REVIEW BY PRACTITIONER HEALTH COMMITTEE

12. The Practitioner Health Committee shall act expeditiously in reviewing concerns of potential impairment. As part of its review, the Practitioner Health Committee may meet with the individual(s) who filed the initial report.
13. If the Practitioner Health Committee believes that the practitioner is or might be impaired, it can meet with the practitioner. At this meeting, the practitioner can be told that there is a concern that he or she might be suffering from an impairment and advised of the nature of the concern, but should not be told who filed the initial report.
14. The Practitioner Health Committee may request that the practitioner be evaluated by an outside physician or organization and have the results of the evaluation provided to it. A form authorizing the Hospital to release information to the outside physician or organization conducting the evaluation is attached as Appendix A. A form authorizing the outside physician or organization to disclose information about the physician to the Practitioner Health Committee is attached as Appendix B.

PRACTITIONER HEALTH COMMITTEE RECOMMENDATIONS

15. Based on the severity and nature of the impairment, the Practitioner Health Committee may recommend to the practitioner that he or she:
 - a. take a voluntary leave of absence to participate in a rehabilitation program or receive medical treatment; or
 - b. voluntarily refrain from exercising some or all privileges until an accommodation can be made to ensure that the physician is able to practice safely and competently; or

- c. voluntarily agree to conditions or restrictions on his or her practice.

If the Practitioner Health Committee recommends that the practitioner participate in a rehabilitation or treatment program, it shall assist the physician in locating a suitable program.

- 16. If the practitioner does not agree to abide by the Practitioner Health Committee's recommendations, the matter shall be referred to the Executive Committee for an investigation to be conducted pursuant to the Bylaws.
- 17. If the practitioner agrees to abide by the recommendations of the Practitioner Health Committee, a confidential report will be made to the CEO. In the event the CEO is concerned that the action of the Practitioner Health Committee is not sufficient to protect patients, the matter will be referred back to the Practitioner Health Committee with specific recommendations on how to revise the action or it will be referred to the Executive Committee.

REINSTATEMENT/RESUMPTION OF PRACTICE

- 18. Upon sufficient proof that a practitioner has successfully completed a rehabilitation or treatment program, the Practitioner Health Committee may recommend to the Executive Committee and the Board that clinical privileges be reinstated. In making such a recommendation, patient care interests shall be paramount.
- 19. Prior to recommending reinstatement, the Practitioner Health Committee should consider a letter from the physician overseeing the rehabilitation or treatment program. (A form authorizing this letter is attached as Appendix B.) The letter should address the following:
 - a. the nature of the practitioner's condition;
 - b. whether the practitioner is participating in a rehabilitation program or treatment plan and a description of the program or plan;
 - c. whether the practitioner is in compliance with all of the terms of the program or treatment plan;
 - d. to what extent the practitioner's behavior and conduct need to be monitored;
 - e. whether the practitioner is rehabilitated or has completed treatment;
 - f. whether, if applicable, an after-care program has been recommended to the practitioner and, if so, a description of the after-care program; and
 - g. whether the practitioner is capable of resuming medical practice and providing continuous, competent care to patients.
- 20. Before recommending reinstatement, the Practitioner Health Committee may request a second opinion on the above issues from a physician of its choice.

21. Assuming that all of the information received indicates that the practitioner is capable of safely resuming care of patients, the following additional precautions shall be taken before the practitioner's clinical privileges are reinstated:
 - a. the practitioner 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 practitioner's inability or unavailability; and
 - b. the practitioner shall be required to provide periodic reports to the Practitioner Health Committee from his or her attending physician or other treating professionals, for a period of time specified by the Committee, stating that the practitioner 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 reinstatement.
22. If the practitioner has taken a formal leave of absence, the final decision to reinstate clinical privileges must be approved pursuant to the process set forth in the bylaws.
23. The practitioner's exercise of clinical privileges in the Hospital shall be monitored as recommended by the Practitioner Health Committee.
24. If the impairment is related to substance abuse, the practitioner must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the President of the Medical Staff or any member of the Practitioner Health Committee.
25. In the event of any apparent or actual conflict between this Policy and the bylaws, rules and regulations, or other policies of the Hospital or its Medical Staff, including the investigation and hearing and appeal sections of those bylaws and policies, the provisions of this Policy shall control.

DOCUMENTATION AND CONFIDENTIALITY

26. The original report and a description of any recommendations made by the Practitioner Health Committee shall be included in the practitioner's credentials file. If, however, the review reveals that there was no merit to the original report, the report will not be included in the file.
27. 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.
28. If at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the practitioner or others, the Hospital Administration or the President of the Medical Staff may contact law enforcement authorities or other governmental agencies.
29. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are intended to be covered by the provisions of the

Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and the Georgia Peer Review Protection Act, or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the Hospital and its Board of Directors when engaged in such professional review activities and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

30. All requests for information concerning the impaired physician shall be forwarded to the President of the Medical Staff for response.
31. Nothing in this Policy precludes immediate referral to the Executive Committee or the elimination of any particular step in the Policy in dealing with conduct that may compromise patient care.

The authorization and release forms attached as appendices A - C to this Policy are designed to be HIPAA-compliant and should be used together.

APPENDIX A
CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY

I hereby authorize St. Mary's Health Care System (the "Hospital") to provide
_____ [facility performing health assessment] (the "Facility") all
information, both written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow the Facility to conduct a full and complete evaluation of my health status so that the Hospital can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the Georgia peer review law and that the Hospital, the Facility, and others involved in the peer review process are required to maintain the confidentiality of peer review information, pursuant to that state law.

I release from any and all liability, and agree not to sue, the Hospital, or any of its officers, directors, employees or any physician on the Hospital's Medical Staff, or any authorized representative of the Hospital, for any matter arising out of the release of information by the Hospital to the Facility.

I also release from any and all liability, and agree not to sue, the Facility, or any of its officers, directors, employees or authorized representatives, for any matter arising out of the Facility's provision of an evaluation of my health status to the Hospital.

Date

Signature of Physician

APPENDIX B

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] (the "Facility") to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to St. Mary's Health Care System (the "Hospital") and its Medical Executive Committee or Practitioner Health Committee. The information to be released includes, but is not limited to, answers to the questions on the attached Health Status Assessment Form, along with the following:

- (a) the nature of my condition;
- (b) whether I am participating in a rehabilitation program or treatment plan;
- (c) whether I am in compliance with all of the terms of the program or plan;
- (d) to what extent my behavior and/or conduct needs to be monitored;
- (e) whether I am rehabilitated or have completed treatment;
- (f) whether, if applicable, an after-care program has been recommended for me and, if so, a description of the after-care program; and
- (g) whether I am capable of resuming medical practice and providing continuous, competent care to patients.

I understand that the purpose of this Authorization is to allow the Hospital to obtain information that is relevant to my qualifications for medical staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in the Hospital.

I understand that the willingness of the Facility to conduct this assessment or provide treatment does not depend on my signing this Authorization.

OR

Since the Hospital is paying for the health assessment and/or treatment and since the Hospital has conditioned payment for the assessment and/or treatment on receipt of a report, the Facility may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.

I understand that my health information is protected by federal law and that, by signing this Authorization, the information will be disclosed to the parties hereby authorized to receive it and could be disclosed to other parties. However, I also understand that the information being disclosed is protected by state peer review laws and that the Facility, the Hospital, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to those state laws.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Facility has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when the Facility has knowledge of it.

This Authorization expires when my medical staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Facility may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

Date

Signature of Physician

APPENDIX C

HEALTH STATUS ASSESSMENT

CONFIDENTIAL PEER REVIEW DOCUMENT

Please respond to the following questions based upon your assessment of Dr. _____'s current health status (if additional space is required, please attach separate sheet):

1. Does Dr. _____ have any physical, psychiatric, or emotional condition that could affect his/her ability safely to exercise the clinical privileges set forth on the attached list and/or perform the duties of appointment, including response to emergency call? ____ Yes ____ No

If yes, please provide the diagnosis/diagnoses and prognosis: _____

2. Is Dr. _____ currently taking any medication that may affect either clinical judgment or motor skills? ____ Yes ____ No

If yes, please specify medications and any side effects: _____

3. Is Dr. _____ currently under any limitations concerning activities or work load? ____ Yes ____ No

If yes, please specify: _____

4. Is Dr. _____ currently under the care of a physician? ____ Yes ____ No

If yes, please identify: _____

5. In your opinion, is any accommodation necessary to permit Dr. _____ to exercise privileges safely and/or to fulfill medical staff responsibilities appropriately? ____ Yes ____ No

If yes, please explain any such accommodation: _____

Date

Signature of Physician Evaluator

APPENDIX D

Medical Staff Tuberculosis Health Questionnaire

Physician or AHP Name: _____
(please print)

You must provide documentation of receiving a test for tuberculosis during the initial credentialing process or after a known exposure to *Mycobacterium tuberculosis*. A Quantiferon blood test will be provided for you. Please answer the questions at the bottom of this form, sign and date.

1. Quantiferon ordered on _____ (date)

Quantiferon results: ____ Negative ____ Positive ____ Indeterminate.

If the quantiferon is positive or indeterminate, a repeat test will be ordered.

2. Repeat Quantiferon: ____ N/A ordered on _____ (date)

Repeat Quantiferon results: ____ Negative ____ Positive ____ Indeterminate

If the repeat test is positive or indeterminate, a chest x-ray will be ordered.

Chest x-ray (2 view) ordered on _____ (date)

EHS Staff Signature _____ Date _____

BCG Vaccination

A history of previous vaccination with BCG does not change the requirement for Quantiferon testing unless a positive test (quantiferon or PPD) testing is provided to EHS.

Please answer the following questions:

	Yes	No
1. Productive cough for more than 2 weeks		
2. Persistent weight loss without dieting		
3. Persistent low grade fever		
4. Night sweats		
5. Loss of appetite		
6. Coughing up blood		
7. Shortness of breath		
8. Chest Pain		

Signature: _____ Date: _____
(Physician or AHP)