Impaired Practitioner

Policy

Definition paraphrased from the American Medical Association – The impaired physician (practitioner) is one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or abuse of prescription drugs, or the use of illegal drugs or alcohol.

If any individual working within a Carolinas Medical Center – NorthEast (CMC-NorthEast) facility has a reasonable suspicion that a physician appointed to the medical staff is impaired, the following steps should be taken:

1. The individual should give an oral or written report to the President, Vice-President - Operations, Chief Medical Officer, or President of the Medical Staff immediately upon suspicion. The report should be factual and include a description of incidents leading to the belief of impairment. The individual making the report does not need to have proof of impairment, but must state facts leading to the suspicion.
2. The President of the Medical Staff will conduct a prompt investigation and evaluate validity while maintaining confidentiality.
3. If the investigation produces sufficient evidence of impairment, the President shall meet with the physician or delegate a designate to do so. The physician will be told the results of the investigation but does not need to be told the specific incidents contained in the report.
4. Depending upon the severity of the problem and the nature of the impairment, the hospital Board of Directors has the following options:
   - Require the practitioner to undertake a rehabilitation program as a condition of continued appointment and clinical privileges.
   - Impose appropriate restrictions on the practitioner and his/her practice.
   - Immediately suspend the practitioner's privileges in the hospital until rehabilitation has been accomplished, if the practitioner does not agree to discontinue voluntarily.
5. The hospital Board of Directors shall seek the advice of hospital counsel to determine whether any conduct must be reported to law enforcement authorities or other government agencies and what further steps should be taken.
6. The original report and a description of the actions taken by the President or the medical staff president should be included in the physician’s peer review file. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the
confidential peer review file and the physician’s activities and practice shall be monitored until it can be established whether there is an impairment problem.

7. The President or medical staff president shall inform the individual who filed the report that follow-up action was taken.

8. Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussion of this matter with anyone outside those described in this policy.

Rehabilitation

9. Hospital and medical staff leadership shall assist the physician in locating a suitable rehabilitation program. The hospital shall not reinstate a practitioner until it is established, to the hospital’s satisfaction, that the practitioner has successfully completed a rehabilitation program in which the hospital has confidence.

Reinstatement

10. Upon sufficient proof that a practitioner who has been found to be suffering an impairment has successfully completed a rehabilitation program, the hospital Board of Directors may consider reinstating to the medical staff.

11. When considering an impaired practitioner for reinstatement, the hospital and its medical staff leadership must consider patient care interests to be paramount. The hospital must first obtain a letter from the physician director of the rehabilitation program where the practitioner was treated. The practitioner must authorize the release of this information. The letter from the director of the rehabilitation program shall state:
   (a) whether the practitioner is participating in the program;
   (b) whether the practitioner is in compliance with all of the terms of the program;
   (c) whether the practitioner attends program meetings regularly (if appropriate);
   (d) to what extent the practitioner’s behavior and conduct are monitored;
   (e) whether, in the opinion of the rehabilitation program physician, the practitioner is rehabilitated;
   (f) whether an after-care program has been recommended to the practitioner, and if so, a description of the program and ;
   (g) whether, in the program director’s opinion, the practitioner is capable of resuming medical practice and providing continuous, competent care to his/her patients.

12. The practitioner must inform the hospital of the name and address of his or her primary care physician, and must authorize the physician to provide the hospital with information regarding his or her condition and treatment. The hospital has the right to require an opinion from other physician consultants of its choice.
13. The hospital shall request the primary care physician to provide information regarding the precise nature of the practitioners’ condition, the course of treatment, and the answers to the questions posed in 11 (e) and (g).

14. Assuming all information the hospital receives indicates that the practitioner is rehabilitated and capable of resuming patient care, the hospital must take the following additional precautions when restoring clinical privileges.

   a. the practitioner must identify two physicians who are willing to assume responsibility for the care of his or her patients in the event that he or she is unable or unavailable to care for them;
   b. the hospital shall require the practitioner to provide the hospital with periodic reports from his or her primary care physician – for a period of time specified by the President and the medical staff president – stating that the practitioner is continuing treatment or therapy, as appropriate, and that his or her ability to treat and care for patients is not impaired.

15. The department chair or a physician appointed by the department chair shall monitor the practitioner’s exercise of clinical privileges in the hospital. The Credentials Committee shall determine the nature of that monitoring after reviewing all of the circumstances.

16. The practitioner must agree immediately to submit to an alcohol or drug screening (if appropriate to the impairment) at the request of a member of hospital administration or a physician who suspects that the practitioner may be under the influence of drugs or alcohol. A nurse or staff member who suspects impairment should immediately implement the chain of command policy.

17. All requests for information concerning the impaired practitioner shall be forwarded to the President for response.