I. PURPOSE:
This policy outlines the procedure related to practitioner conduct and impairment issues for members of the Sacred Heart Hospital Medical Staff and Allied Health Professional Staff.

II. SCOPE:
Except as otherwise provided herein, this policy is not intended to override or to interfere in any way with the corrective action or credentialing process set out in the Medical Staff Bylaws. This policy applies to all members of the Medical Staff and Allied Health Professional Staff of Sacred Heart Hospital.

All matters under this policy shall be handled on a confidential basis.

III. RESPONSIBILITY:
The responsibility for assuring the professionalism and wellness of the Medical Staff and Allied Health Professional Staff is that of the Medical Staff Leadership. This includes the officers of the Medical Staff and the Vice President for Medical Affairs.

IV. METHODS

PART 1: PRACTITIONER CONDUCT

1. All appointees of the Medical Staff and Allied Health Professional Staff agree, as a condition of their appointment, to abide by the Medical Staff Bylaws, Medical Staff Rules and Regulations, Medical Staff Policies and all other lawful standards, policies and rules of the Hospital. All appointees are further required to work cooperatively with other Medical Staff and Allied Health Professional appointees and Hospital employees and to participate in the discharge of their responsibilities. To that end, the Hospital requires that all appointees to conduct themselves in a professional and cooperative manner in the Hospital.

2. Disruptive conduct by a Medical Staff Member or Allied Health Professional is behavior which adversely impacts on the quality and safety of patient care and includes, but is not limited to: verbal and/or physical abuse of colleagues, hospital personnel, patients or patient family, sexual harassment, and threatening or intimidating behavior exhibited during interactions with colleagues or hospital personnel, patients or patient family. Examples of disruptive conduct are set forth in applicable Hospital policy # GEN_662.
PART 1: PRACTITIONER CONDUCT (CONTINUED):

3. Any Medical Staff Member, Allied Health Professional, employee or agent of the hospital, or patient or patient family member may file a report regarding disruptive conduct. Reports should be submitted to the Vice President for Medical Affairs, the President of the Medical Staff or the practitioner’s Department Chairperson.

4. Single minor incidents of disruptive conduct, warranting a discussion with the involved practitioner, will be handled by the Vice President for Medical Affairs, President of Medical Staff or Department Chairperson.

5. Notification of significant or repetitive incidents involving Medical Staff or Allied Health Staff, including trends identified through the quality improvement process, will be reported to the Vice President for Medical Affairs, the President of the Medical Staff or the practitioner’s Department Chairperson.

6. Reports should be in writing and should include documentation of the conduct, in as much detail as possible:
   a. the date and time of the behavior in question;
   b. the circumstances which precipitated the situation;
   c. whether the behavior involved a patient and if so, the patient’s medical record number;
   d. a description of the behavior, including factual, objective and observed acts;
   e. the consequences, if any, of the behavior as it relates to patient care and/or hospital operations;
   f. a record of any action taken to remedy the situation including date, time, place, action and name(s) of those intervening;
   g. corroboration by another individual if possible.

7. The Vice President for Medical Affairs, President of Medical Staff and/or Department Chairperson may use collegial steps (i.e., counseling, warnings, and meetings with the practitioner) that can be taken to address concerns about inappropriate conduct by practitioners. When meeting with the practitioner, it will be emphasized that if the behavior continues, more formal action may be taken, including referral to the Credentials Committee. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required.

8. If the behavior in question warrants further review, the Vice President for Medical Affairs, President of Medical Staff or Department Chairperson will refer the matter to the Credentials Committee.

9. When patient and/or staff safety is in jeopardy, precautionary suspension procedures, as outlined in the Bylaws of the Medical Staff, may be indicated pending this process.
PART 2: PRACTITIONER IMPAIRMENT

1. It is the policy of Sacred Heart Hospital to maintain an environment that provides a mechanism for identifying practitioners who may be impaired and assisting such practitioners to obtain assistance while preserving the quality of care and treatment provided to patients. The goal is full rehabilitation of the practitioner. Self-reporting to the medical staff officers or the Physicians Health Program of the Pennsylvania Medical Society is encouraged. Except as otherwise provided herein, this policy is not intended to override or to interfere in any way with the corrective action or credentialing process set out in the Medical Staff Bylaws. Employed professionals will be subject to this policy as well as the policies of the Hospital.

2. An impaired practitioner is one who may be unable to practice medicine with reasonable skill and safety because of physical or mental illness including deterioration through the aging process or loss of motor skill, excessive use or abuse of alcohol or other substances, or any other significant concern that impacts on the practitioner’s practice.

3. Information on impairment, including signs and symptoms, will be provided to the Medical Staff and Allied Health Professional Staff on the Medical Staff webpage at:

4. If any individual working at Sacred Heart Hospital has a reasonable suspicion that a practitioner is impaired, the following steps should be taken:

   a. The individual who suspects the practitioner of being impaired must give an oral or, preferably, written report to the Vice President for Medical Affairs, the President of the Medical Staff or the practitioner’s Department Chairperson. The report must be factual and shall include a description of the incident(s) that led to the belief that the practitioner might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.

   b. If, after discussing the incident(s) with the individual who filed the report, the Vice President for Medical Affairs, the President of the Medical Staff or the practitioner’s Department Chairperson believes there is enough information to warrant review, a request will be made to the Credentials Committee.

   c. As part of its review, the Credentials Committee shall have the authority to meet with the individual(s) who prepared the report.

   d. If the review by the Credentials Committee produces sufficient evidence that the practitioner is impaired, the Vice President for Medical Affairs, the President of the Medical Staff or the practitioner’s Department Chairperson shall meet personally with that practitioner or designate another appropriate individual to do so. The practitioner shall be told that the results of the review indicate that the practitioner suffers from an impairment that affects his or her practice. The practitioner should not be told who filed the report.

   e. The Credentials Committee shall also have the authority to request that the practitioner be evaluated by an outside organization such as the Physicians Health Program of the Pennsylvania Medical Society and that the results of the evaluation be provided to the Committee. If a practitioner refuses to obtain an evaluation requested by the Credentials Committee, the practitioner may be referred to the outside organization.
PART 2: PRACTITIONER IMPAIRMENT (CONTINUED):

f. If it is determined that immediate action must be taken, summary suspension or restriction of admitting and/or clinical privileges may be imposed pursuant to the Medical Staff Bylaws.

g. The hospital 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 must be taken.

h. The original report and a description of the actions taken should be included in the practitioner’s peer review file. If the review reveals that there is no merit to the report, the report shall 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 peer review file and the practitioner’s activities and practice shall be monitored until it can be established whether there is an impairment problem.

i. The Vice President of Medical Affairs, President of the Medical Staff, or the practitioner’s Department Chairperson shall inform the individual who filed the report that follow up action was taken.

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

5. Treatment and Monitoring:

a. If the practitioner is referred to the Physicians Health Program of the Pennsylvania Medical Society (PHP), the practitioner is required to comply with the monitoring agreement and to immediately notify the Credentials Committee of any program status change or monitoring agreement change. Also, with any such change, the practitioner must request direct communication of the PHP program to the Credentials Committee of the same.

b. If medical or psychiatric treatment is necessary to rehabilitate the medical staff member or allied health professional, the following apply:
   1. Neither the Department Chairperson nor a member of the Credentials Committee will provide the treatment.
   2. The Credentials Committee must approve the treating physician(s) and the treatment program.
   3. If requested, the practitioner will consent to the Credentials Committee receiving regular reports from the treating physician(s) and/or treatment program.

c. If the practitioner does not complete the rehabilitation program as outlined, the Credentials Committee will refer the matter to the Medical Executive Committee for further action.

6. Reinstatement:

a. When considering an impaired practitioner for reinstatement of membership and/or privileges, the Board and the Medical Staff leadership must consider patient care interests to be paramount.

b. The practitioner shall be required to comply with any reasonable conditions imposed by the Medical Staff Leadership.
V. REFERENCES
1) American Medical Association Opinion 9.045 Physicians With Disruptive Behavior
2) American Medical Association Opinion 9.031 Reporting Impaired, Incompetent, or Unethical Colleagues
3) The Joint Commission, Leadership Chapter, LD.03.01.01
4) The Joint Commission, Medical Staff Chapter, MS.11.01.01
5) Sacred Heart Hospital Policy #GEN_662 Disruptive Behavior

VI. EXCEPTIONS
There are no exceptions to this policy.

Disclaimer Statement
This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, please consult with Risk Management/Patient Safety and/or Legal Services.

Revised Date:
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Typist: Tammy Hummel
Impaired Practitioner Information Sheet

An impaired practitioner is one who may be unable to practice medicine with reasonable skill and safety because of physical or mental illness including deterioration through the aging process or loss of motor skill, excessive use or abuse of alcohol or other substances, or any other significant concern that impacts on the practitioner’s practice.

Statistics show that healthcare practitioners may have a higher than average risk of developing debilitating personal problems. Research suggests that 12-14 percent of all practicing physicians are, or will become, impaired during their careers. Considering the degree of responsibility entrusted to healthcare practitioners, the number of impaired practitioners is cause for concern. The medical field entails high-risk situations, performance under pressure and in many situations, easy access to addictive pharmaceuticals.

Healthcare practitioners are not only advocates for the health of their patients, they are also important guardians of the health of their fellow providers and themselves. However, they are often the last to recognize impairment problems in themselves or peers, recognize the degree of impairment, or when identified, are hesitant to seek help.

Signs and Symptoms of Impairment:
- Decrease in quality of care; careless medical decisions
- Complaints from staff, patients, families
- Changes in handwriting; wrong dates, word reversals, dosage errors
- Increased conflicts with colleagues/staff
- Cynical, fault-finding remarks; sarcastic, complaining, antagonistic behavior
- Missed appointments, meetings, dropping of committees
- Changes in work habits; erratic productivity
- Erratic work history, 'job hopping'
- Changes in cognition
- Motor coordination changes
- Increased accidents
- Increased healthcare problems
- Deterioration in physical appearance and grooming
- Smell of stale alcohol, mouthwash or strong cologne
- Isolation, mistrust, abandonment of old friends, family problems & conflicts
- Increased secrecy
- Embarrassing behavior at social functions
- Loss of enthusiasm, negative attitudes

If you are concerned about a possibly impaired member of the Medical Staff or Allied Health Professional Staff, you are encouraged to contact the Vice President of Medical Affairs at 610-776-5476, the President of the Medical Staff or the practitioner’s Department Chairperson. If you are concerned about a possibly impaired healthcare professional employed by the hospital, you are encouraged to contact the Employee Health Office at 610-776-4982.

All communications will be kept confidential.