

**PRACTITIONER IMPAIRED, DISRUPTIVE AND WELLNESS  
MEDICAL STAFF MANUAL**

**ATRIUM MEDICAL CENTER**

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# ATRIUM MEDICAL CENTER

## IMPAIRED PRACTITIONERS AND DISRUPTIVE PRACTITIONERS MEDICAL STAFF MANUAL

### 1. IMPAIRED PRACTITIONERS

#### 1.1 Introduction

Pursuant to the Medical Staff Bylaws, an Impaired Practitioner Committee ("IPC") has been established to investigate reports of Practitioners who may be suffering from an impairment that affects their ability to practice their profession. An "impaired Practitioner" is defined as a Practitioner whose practice is adversely affected by a suspected physical and/or mental impairment<sup>1</sup> and/or substance abuse. The IPC shall investigate all such reports as provided in this manual and make recommendations for treatment and/or corrective action as appropriate to the situation. The IPC shall act pursuant to this Medical Staff Manual for Impaired Practitioners ("Manual").

All alleged incidents of impairment will be measured against uniform standards of performance and conduct, even though the appropriate reasonable accommodation will vary from case to case. In developing this Manual, the Hospital is aware that an impairment may not always be amenable to rehabilitation or to other reasonable accommodation. Although it is the intent of the Hospital to work with Practitioners who suffer from an impairment and to reasonably accommodate them, this shall be done in the context of the Hospital's primary purpose which must always be to care for the needs of the patient in an efficient, productive, competent, and cooperative manner.

This Manual is being implemented to provide general guidelines for dealing with Practitioners who suffer from a mental or physical impairment or substance abuse problem such that the impairment or problem affects their ability to practice their profession and/or to otherwise function in a hospital setting. The purposes of the Manual are to help the affected Practitioner recover from the impairment, to protect the patients of the affected practitioner, to protect the integrity and credibility of the Hospital, and to assist the Hospital in meeting its obligations to its patients, other appointees of the Medical Staff, and Hospital personnel.

The definition of "impairment" given above is independent of any legal definition of "impairment" or "disability" under state or federal civil rights laws and refers only to a condition that precludes a Practitioner from conducting his or her practice with reasonable skill and safety. Likewise, the purpose of this Manual is not to address any obligation or effort on the part of the Hospital to comply with state or federal laws other than the Hospital's obligation to its patients and its Practitioners to provide guidance on handling a potentially impaired Practitioner.

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<sup>1</sup> Physical and mental impairment includes impairment due to the aging process, loss of motor skills, or an irreversible medical illness.

Nothing in this Manual should be construed as requiring that a Practitioner be evaluated by the IPC prior to or as a condition precedent to any action which might otherwise be taken pursuant to the Medical Staff Bylaws or Related Manuals.

This does not preclude the imposition of corrective action pursuant to the Medical Staff Bylaws, Related Manuals, and Fair Hearing Plan because the affected Practitioner is being investigated by or cooperating with the IPC, nor does this Manual preclude an authorized individual from summarily suspending a Practitioner, pursuant to the Medical Staff Bylaws and Related Manuals, based upon information which the authorized individual learns as a result of being a member of the IPC. Nor shall the individual imposing such suspension be precluded from continuing as a member of the IPC with respect to the Practitioner in question.

Terms used in this Manual shall have the same meaning as that set forth in the Medical Staff Bylaws and Related Manuals unless a different definition is provided in this Manual.

## **1.2 Composition of IPC**

The Medical Staff Executive Committee ("MEC") shall establish, as a subcommittee of the Quality Improvement Council, an IPC to convene whenever a written or oral report of suspected impairment is received by the MEC, the President of the Hospital ("CEO"), the President of the Medical Staff ("President"), or the IPC Chair. The committee shall be comprised of no less than three (3) members--the President of the Medical Staff or his designee, the CEO or his designee, and the Chair of the Quality Improvement Council. In addition, the Chair of the Department in which the affected Practitioner has clinical privileges shall be appointed to the IPC and shall serve as long as the affected Practitioner is involved in procedures subject to this Manual. To the extent any member of the committee has a conflict of interest, the IPC Chair shall designate another individual to serve as a temporary member of the IPC. At the discretion of the IPC Chair, ad hoc members may be appointed to the IPC. If the Practitioner with suspected impairment is the President of the Medical Staff, Chair of the Quality Improvement Council or Department Chair, then the Vice President of the Medical Staff would be added to the committee in place of the Practitioner with suspected impairment. The IPC is convened to deal with an individual Practitioner with suspected impairment. Each report of a Practitioner with suspected impairment would require a separate IPC be selected and convened. The IPC members shall choose their chair by majority vote.

## **1.3 Duties of IPC**

The IPC shall review and investigate reports and other writings referred to it that are related to the suspected impairment of any and all appointees of the Medical Staff and shall take such actions as are authorized pursuant to this Manual.

The IPC shall report to the MEC on an as needed basis. The IPC shall report to the Credentials Committee with respect to reappointments of Practitioners to the Medical Staff. Such reports shall include:

- (a) whether the Practitioner is presently being investigated by the IPC for impairment problems that have the potential to or do adversely affect his or her ability to practice his or her profession;
- (b) whether the Practitioner has been requested to seek treatment or consultation in connection with the impairment;
- (c) whether the Practitioner has been referred to the MEC for corrective action; and
- (d) if the IPC has made recommendations to the Practitioner, the status of the Practitioner's compliance with such recommendations.

If the IPC believes corrective action to be warranted, the IPC shall make such recommendation to the MEC consistent with this Manual and the Medical Staff Bylaws and Related Manuals.

#### **1.4 Meetings**

The IPC shall meet on an as needed basis. It shall maintain minutes of its meetings; however, it need only place such information in the minutes as the IPC deems advisable.

#### **1.5 Confidentiality & Immunity**

All letters, reports, minutes, or other writings submitted to or generated by the IPC shall be treated as confidential peer review documents to the full extent permitted by law.

The identity of individuals providing information to the IPC, whether in writing or verbally, shall be maintained as confidential peer review information to the full extent permitted by law.

Confidentiality as to the identity of the Practitioner involved shall be maintained in all reports by means of a numerical code. Access to the numerical code shall be provided only to those individuals who are required to have such information.

It is the intent of the Hospital and the Medical Staff that the members of the IPC and all individuals providing information to the IPC shall be deemed to be engaged in a peer review activity and are entitled to immunity to the full extent permitted by law.

Throughout the report and investigation process of suspected impairment concerns, all parties involved shall maintain the confidentiality of the information and not discuss the matter with anyone other than as needed to fulfill their obligations under this Manual.

#### **1.6 Investigation & IPC Action**

If an individual has a good faith belief that a Practitioner may be impaired, the individual should submit a written report to the IPC Chair that sets forth the facts supporting the individual's belief that the Practitioner may be impaired in such a way that his or her practice

is adversely affected. The report shall include a description of any incident(s) that led to the belief that the Practitioner's ability to provide healthcare services to his or her patients may be impaired. The individual submitting the report need not have proof of the impairment, but must state the facts leading to the suspicions. Upon receipt of such report, whether oral or written, the following procedure shall be followed:

- (a) If the report was received by an IPC member other than the Chair, it shall be forwarded to the IPC Chair for review and action pursuant to this Manual.
- (b) The IPC Chair shall review the report and discuss it with the individual who submitted the report.
- (c) The IPC Chair shall present the letter to the IPC at a special meeting if the situation so demands, to determine if sufficient information exists to warrant an investigation.
- (d) If the IPC determines that an investigation should be instituted, the IPC Chair shall direct that an investigation be instituted and a report thereof prepared. The IPC Chair may appoint two members of the IPC to conduct such investigation and to prepare a report for submission to the IPC. The IPC Chair may also direct that the President, a standing committee of the Medical Staff, an outside consultant, or another individual or individuals, as appropriate under the circumstances, conduct the investigation and prepare the report.
- (e) In conducting the investigation, the individual or entity responsible for the investigation may contact department chairs, other appointees of the Medical Staff, and Hospital personnel, as necessary, in order to properly prepare a report with respect to the Practitioner's condition and how such condition, if any, is affecting patient care, the Practitioner's relationships with other appointees of the Medical Staff, or such other matters as the IPC deems relevant. The Practitioner may also be interviewed if such an interview is believed to be appropriate to the situation. Such investigation shall be conducted as confidentially and as discreetly as is possible under the circumstances. The interview shall be conducted as a confidential peer review proceeding, and, only individuals who are members of the IPC and the Practitioner shall participate in the meeting.
- (f) Upon completion of the investigation, a written report shall be prepared setting forth the findings as to whether the Practitioner has an impairment that adversely affects his or her ability to provide healthcare services and, if so, making recommendations as to what actions should be taken by the IPC.
- (g) At its next regularly scheduled meeting or at a special meeting if the situation so demands, the IPC shall reach a decision as to what action, if any, should be taken by the IPC with respect to the Practitioner at issue.
- (h) If, after the investigation, it is found that sufficient evidence exists that the Practitioner is impaired as defined in this Manual, the IPC Chair or his or her designee shall meet personally with the Practitioner. The Practitioner should be told

that the results of an investigation indicate that he or she suffers from an impairment that adversely affects his or her practice. The meeting shall be conducted as a confidential peer review proceeding, and, only individuals who are members of the IPC and the Practitioner shall participate in the meeting.

The same procedure as set forth above shall be followed if an anonymous writing is submitted to the IPC or if information is otherwise brought to the attention of the Chair of the IPC or any member thereof sufficient to warrant an investigation. In the case of information having been provided to the Chair of the IPC or a member thereof, the individual receiving such information shall set down in writing the facts giving rise to the belief that an investigation is warranted and the circumstances under which such facts were received.

If the IPC concludes that there is reason to believe that the Practitioner is impaired as defined in this Manual, the IPC has the authority to take any or all of the following actions, depending upon the severity of the problem and the nature of the impairment:

- (aa) Recommend that the Practitioner submit to a physical and/or mental examination by a physician, or other qualified individual, who is chosen by the IPC to determine the Practitioner's ability to perform the functions required by his or her practice and who shall submit a report to the IPC containing, at a minimum, the following information:
  - (1) whether the Practitioner is suffering from an impairment to the detriment of his or her practice;
  - (2) the nature and scope of the impairment;
  - (3) whether such impairment is treatable and, if so, recommendations as to the proper course of treatment;
  - (4) the Practitioner's present ability to continue to practice in a hospital setting; and
  - (5) whether any limitations should be placed on the Practitioner with respect to his or her practice.
- (bb) Recommend to a Practitioner believed to be suffering from an alcohol- or drug-related impairment that he or she undertake rehabilitation through an approved treatment provider;<sup>2</sup>
- (cc) Recommend that the Practitioner seek counseling;
- (dd) Recommend that the Practitioner request a leave of absence pursuant to the Medical Staff Bylaws and Related Manuals;
- (ee) Recommend to the MEC that corrective action be taken against the Practitioner pursuant to the Medical Staff Bylaws and Related Manuals; or

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<sup>2</sup> An approved treatment provider shall be one recognized and approved by the Ohio State Medical Board. If such a provider does not exist, then it shall be a provider chosen by the IPC.

- (ff) Take any other action consistent with the purposes of this Manual and the Medical Staff Bylaws or other Related Manuals, including appropriate restriction of privileges or summary suspension if the Practitioner does not agree to any recommendations regarding discontinuance, limitation, or restriction of his or her practice.

Unless corrective action is recommended, the IPC shall not be required to obtain the approval of the MEC with respect to any arrangements agreed to by the IPC and the Practitioner.

If the matter cannot be handled internally, or jeopardizes the safety of the Practitioner or others, the Hospital shall seek the advice of legal counsel to determine whether any conduct must be reported to law enforcement authorities or other governmental agencies and what further steps must be taken.

The original report and a description of the actions taken are to be maintained by the IPC in separate files on Practitioners referred to the committee for consideration for a period of six (6) years or three (3) recredentiailling periods. The results of any medical tests and/or examinations must be maintained on separate forms and in separate medical files that are treated as confidential with restricted access. These files will be accessible to the Credentials Committee whenever evaluating a Practitioner for reappointment or changes in clinical privileges. If the IPC determines that there is no merit to the initial report, all investigatory reports and medical records obtained as part of the investigation will be sealed and maintained by the IPC Chair for eventual destruction consistent with the Hospital's record retention policy. If the IPC concludes that there may be merit to the report but that the facts are insufficient to warrant immediate action, the IPC Chair shall maintain the complete file for two (2) years or one (1) recredentiailling period, and the Practitioner's activities and practice will be monitored until it can be established that there is, or is not, a reasonable belief that an impairment exists.

The IPC Chair, or an individual designated by the Chair, shall inform the individual who filed the report that follow-up action was taken.

In the event of any apparent or actual conflict between this Manual and any of the Hospital or Medical Staff Governing Documents, except those due process rights set forth in the Medical Staff Bylaws, and other Related Manuals, the provisions of this Manual shall control.

## **1.7 General Guidelines With Respect To Treatment**

The IPC shall encourage rehabilitation when appropriate and shall assist the affected Practitioner in locating a rehabilitation program or properly qualified individual to treat the affected Practitioner. The Practitioner shall be financially responsible for the costs of his or her rehabilitation/treatment. A Practitioner shall not be reinstated until it is established, to the Hospital's satisfaction, that the Practitioner has successfully completed a program in

which the Hospital has confidence. In considering an impaired Practitioner for reinstatement, patient care issues will be considered paramount.

**(a) Clinical Privileges**

If an affected Practitioner's Clinical Privileges have not been the subject of corrective action, the Practitioner must apply for a Leave of Absence in the following circumstances:

- (1) if the Practitioner agrees to participate in an approved inpatient rehabilitation program; or
- (2) if the Practitioner's treating physician recommends that the Practitioner not treat patients for a period of time while undergoing treatment.

The fact that a treating physician has opined that the affected Practitioner may continue to treat patients while undergoing treatment shall not preclude the IPC from recommending to the MEC that corrective action be taken limiting such Practitioner's Clinical Privileges.

**(b) Reports From Treatment Provider**

If an affected Practitioner participates in a rehabilitation program or otherwise undergoes treatment with respect to his or her impairment, the Practitioner shall agree to execute all necessary releases in order that reports from the treatment provider can be submitted to the IPC which include, at a minimum, the following information:

- (1) whether the Practitioner is participating in a program or other course of treatment and, if so, the nature of the program or course of treatment;
- (2) whether the Practitioner has complied with the terms of the program or other course of treatment;
- (3) if applicable, whether the Practitioner attends AA meetings or other similar meetings regularly;
- (4) whether monitoring of the Practitioner's behavior and conduct is necessary and, if so, recommendations with respect to such monitoring;
- (5) whether, in the opinion of the treatment provider, the Practitioner has been rehabilitated or has otherwise recovered from the mental or physical impairment;
- (6) whether, in the opinion of the treatment provider, the Practitioner is in need of additional treatment and, if so, the scope of such treatment; and
- (7) whether, in the opinion of the treatment provider, the Practitioner is capable of providing continuous competent care to his or her patients and of resuming practice in a Hospital setting.

The fact that a treatment provider submits information favorable to the Practitioner shall not preclude the IPC from obtaining a second opinion, if the IPC believes such opinion necessary, or from recommending to the MEC that the Practitioner not be reinstated or be reinstated with restrictions or limitations on his or her practice at the Hospital. Nor shall it preclude the MEC from obtaining such an opinion prior to reinstating such Practitioner's Clinical Privileges. The IPC shall be solely responsible for selecting a Practitioner to provide a second opinion, and the costs associated with obtaining such second opinion shall be borne by the Hospital.

## **1.8 Reinstatement of Clinical Privileges**

Upon completion of a rehabilitation program or such other treatment as is necessary with respect to the impairment at issue, the Practitioner must request, in writing, termination of the Leave of Absence and/or reinstatement of his or her Clinical Privileges, as appropriate, pursuant to the Medical Staff Bylaws and Related Manuals. Such request shall be forwarded to the IPC which may require that the Practitioner agree to any or all of the following requirements as a condition of termination of the Leave of Absence and/or to reinstatement of Clinical Privileges:

- (1) to provide the IPC with the name of one or more Practitioners on the Medical Staff of the Hospital who are willing to assume responsibility for the care of the Practitioner's patients in the event the Practitioner is unable or unavailable to care for them;
- (2) to agree to attend weekly recovery meetings (Alcoholics Anonymous, Narcotics Anonymous, etc.), at which the Practitioner's attendance is recorded, and a written record of such attendance submitted to the IPC on a monthly basis;
- (3) to agree to submit to random blood and/or urine testing, if appropriate to the impairment, with the results of such testing to be submitted to the IPC. The cost of such testing shall be borne by the Hospital. The IPC shall determine the method by which the specimen is to be collected and the manner in which the testing is to be done. If the specimens for such testing are not submitted in accordance with the IPC's time requirements, the Practitioner's Clinical Privileges shall be automatically suspended until compliance has been established to the satisfaction of the IPC;
- (4) to agree to other monitoring requirements as are deemed appropriate by the IPC;
- (5) to agree to execute any and all releases necessary to insure that information is provided to the IPC;
- (6) to provide the IPC with copies of any and all aftercare contracts between the Practitioner and the treatment provider; and
- (7) to execute a contract between the Practitioner and the Hospital setting forth the monitoring process which shall be adhered to by the Practitioner and the IPC.

The Practitioner's exercise of clinical privileges in the Hospital shall be monitored by the department chair or by a Practitioner appointed by the department chair. The nature of that monitoring shall be determined by the IPC after its review of all of the circumstances.

### **1.9 Refusing IPC Recommendation**

If the IPC determines that there is a reasonable basis for believing that the affected Practitioner is impaired, and if the IPC has recommended a course of treatment but the affected Practitioner has refused to accept the IPC's recommendation or to otherwise comply with the requirements of this Manual, such refusal shall be immediately reported by the IPC to the MEC, the CEO, and, if required, to the Ohio State Medical Board or other appropriate licensing agency.

### **1.10 Reporting Requirements**

Any reporting that is required by state and federal law of actions taken with regard to an impaired Practitioner or information related to an impaired Practitioner shall first be approved by the Hospital's Board of Trustees or their designee. Any reports of criminal activity required under state or federal law shall be reported immediately to the CEO for reporting to the appropriate authorities.

## **2. DISRUPTIVE PRACTITIONERS**

### **2.1 Introduction**

The Medical Staff adopts this Impaired Practitioners and Disruptive Practitioners Medical Staff Manual ("Manual") to assist the Medical Staff in dealing with Practitioners who have engaged in disruptive behavior at the Hospital and to provide a procedure for action whenever there are grounds to suspect that a Practitioner has engaged in disruptive conduct in the Hospital. All Practitioners appointed to the Medical Staff agree, as a condition of their appointment, to abide by the Hospital and Medical Staff Governing Documents (which include the Hospital and Medical Staff Bylaws, Rules and Regulations, Policies and Related Manuals).. All appointees are further required to work cooperatively with other Medical Staff appointees and Hospital employees and to participate in the discharge of Medical Staff responsibilities. To that end, the Hospital requires all individuals associated with the Hospital, including employees of the Hospital, Medical Staff appointees, and independent contractors with clinical privileges who provide services at the Hospital, to conduct themselves in a professional and cooperative manner in the Hospital.

Nothing in this Manual should be construed as precluding the Hospital from taking formal disciplinary action on the basis of a single incident at any time throughout the process set forth in this Manual. Rather, this Manual is intended to address those situations in which the MEC or the Board, in its sole discretion, believe that confrontation in lieu of initiation of formal disciplinary proceedings may be sufficient.

## **2.2 Composition of Disruptive Practitioners Committee**

The Medical Staff Executive Committee ("MEC") shall establish, as a committee of the Quality Improvement Council, a Disruptive Practitioners Committee ("DPC") to convene whenever a written or oral report of suspected disruptive behavior is received by the Medical Staff Leadership or the CEO. The DPC is an investigatory subcommittee of the Quality Improvement Council designed to insure impartial review of alleged disruptive behavior. The committee may make recommendations to the MEC but corrective action can only be taken by the MEC pursuant to Medical Staff Bylaws. The committee shall be comprised of the President of the Medical Staff ("President"), the President of the Hospital ("CEO"), and the Chair of the Quality Improvement Council, the Chair of the Department in which the alleged disruptive Practitioner has clinical privileges. To the extent any member of the committee has a conflict of interest, the DPC Chair shall designate another individual to serve as a temporary member of the DPC. At the discretion of the DPC Chair, ad hoc members may be appointed to the DPC.

In the event the President of the Medical Staff is not available the Vice President of the Medical Staff may be appointed as the designee. If the CEO is unavailable he will appoint a designee from the Executive Leadership Team. In the event the Department Chair is unavailable the Vice Chair of the Department will be appointed to serve. If the Chair of the Quality Improvement Council is unavailable then the Vice Chair of the Quality Improvement Council shall be appointed in his place. The Department Chair shall be appointed to the DPC to serve as long as the affected Practitioner is involved in procedures under this Manual. If the Practitioner with suspected disruptive behavior is the President of the Medical Staff, Chair of the Quality Improvement Council or a Department Chair, then the Vice President of the Medical Staff would be added to the committee in place of the Practitioner with suspected disruptive behavior. The DPC members shall choose their chair by majority vote.

## **2.3 Duties of DPC**

The DPC shall review and investigate any reports referred to it that are related to suspected disruptive behavior of any and all appointees to the Medical Staff and shall take such actions as are authorized pursuant to this Manual.

The DPC shall report to the MEC on an as needed basis. The DPC shall report to the Credentials Committee with respect to reappointments of Practitioners to the Medical Staff. Such reports to the Credentials Committee shall include:

- (a) the status of any reports of disruptive incidents that affect the Practitioner's relations with others providing services in the Hospital and the safety of others, including patients; and
- (b) whether the Practitioner has been referred to the MEC for corrective action.

If the DPC believes corrective action is warranted, the DPC shall make such recommendation to the MEC consistent with this Manual and the Medical Staff Bylaws and other Related Manuals.

## **2.4 Meetings**

The DPC shall meet on an as needed basis and shall maintain minutes of all meetings.

## **2.5 Confidentiality & Immunity**

All letters, reports, minutes, or other writings submitted to or generated by the DPC shall be treated as confidential peer review documents to the full extent permitted by law.

The identity of individuals providing information to the DPC, whether in writing or verbally, shall be maintained as confidential peer review information to the full extent permitted by law.

Confidentiality as to the identity of the Practitioner involved shall be maintained in all reports by means of a numerical code. Access to the numerical code shall be provided only to those individuals who are required to have such information.

It is the intent of the Hospital and the Medical Staff that the members of the DPC and all individuals providing information to the DPC shall be deemed to be engaged in a peer review activity and are entitled to immunity to the full extent permitted by law.

Throughout the report and investigation process of suspected disruptive behavior, all parties involved shall maintain the confidentiality of the information and not discuss the matter with anyone other than as needed to fulfill their obligations under this Manual.

## **2.6 Definition of Disruptive Behavior**

Disruptive behavior includes, but is not limited to, the following:

- (a) impertinent or inappropriate comments to patients or entries in medical records or other official documents that impugn the quality of care delivered by Medical Staff appointees, nurses, or other healthcare workers or otherwise go beyond the bounds of fair professional conduct;
- (b) sexual, ethnic, or other types of harassment, whether verbal or physical in nature;
- (c) criticism presented in such a way as to intimidate, humiliate, belittle, or impute incompetence of others;
- (d) refusal to participate and cooperate in departmental affairs or to do so in a disruptive manner;

- (e) repeated or deliberate violation of departmental rules or policies or Hospital or Medical Staff Governing Documents;
- (f) unprofessional, pejorative, or abusive behavior toward patients, members of their families, nurses, colleagues, and other employees, including refusing to listen to patient's or their family's legitimate questions and requests;
- (g) imposing requirements on nursing staff that have nothing to do with better patient care, but serve only to burden the nurses with "special" techniques and procedures; and
- (h) severe personality disorder or impairments that affect the Practitioner's ability to provide healthcare services in the Hospital, including substance abuse.

## **2.7 Reports of Disruptive Behavior**

When a Practitioner fails to meet his or her obligations of Medical Staff appointment or engages in disruptive behavior, the following procedure described in this Manual shall be followed.

- (a) If any individual working in the Hospital reasonably believes that a Practitioner is engaging in disruptive behavior, he or she should advise their respective Vice President, the CEO or Medical Staff Leadership, preferably by a written report. Documentation of disruptive conduct is critical since it is ordinarily not one incident that justifies disciplinary action, but rather a pattern of conduct.
- (b) The report should include the following information to the extent available:
  - (1) The date and time of the perceived disruptive behavior;
  - (2) The name of the patient or employee(s) involved, if the behavior affected or involved a patient or employee in any way;
  - (3) The circumstances that precipitated the situation;
  - (4) A description of the disruptive behavior, limited to factual, objective language as much as possible;
  - (5) The consequences, if any, of the disruptive behavior as it relates to patient care or Hospital operations; and
  - (6) Any action taken to remedy the disruptive behavior at the time of its occurrence, including the date, time, place, action taken, and name(s) of those intervening.

- (c) All reports of disruptive behavior should be made in writing, ideally within twenty-four (24) hours of the incident. Reports should be sent in a confidential mailing to any of those individuals listed in 2.7(a).
- (d) Within twenty-four (24) hours of receipt of the report, the DPC should document the receipt of the report in an occurrence log and present a copy of the report to the appropriate Department Chair. If the report involves a department chair, the President of the Medical Staff is notified. The Practitioner alleged to be disruptive will be notified of the report by the Department Chair or President of the Medical Staff as soon as possible after the report is received.

## **2.8 Investigation of Reports of Disruptive Conduct**

- (a) The DPC Chair and/or his or her designee shall review the report, interview the Practitioner, and collect any other information necessary - including the Department Chair's assessment and intervention to date to classify the incident. After discussion with the DPC, the incident will be classified as follows and the Practitioner will be notified of action.
- (b) The following classifications will be used:
  - (1) Non-Substantiated: This classification will include all incidents in which the claim is false or results from a misinterpretation of events.
    - (i) If the report of disruptive behavior is found to be false, the report and any documentation of the investigation shall be immediately destroyed.
    - (ii) If the incident results from a misinterpretation of event or a claim that after initial investigation cannot be validated, the report of investigation shall be placed in a sealed file by the DPC Chair and retained for two (2) years or one (1) recertification cycle.
  - (2) Minor Incident: This classification will include single incidents that do not represent an immediate threat to patient, employee, or Medical Staff appointee safety. The Practitioner should be notified of this finding, but no formal action is required. The report of the investigation shall be submitted to the MEC for inclusion in the Practitioner's peer review file where it will be maintained for two (2) years or one recertification cycle.
  - (3) Major Incident: This classification will include the following categories of incidents: (a) a single incident that represents an immediate threat to the safety of a patient, employee, or Medical Staff appointee or others in or affiliated with the Hospital; or (b) the third in a series of significant Minor incidents within a reappointment period or other period of time that indicate a pattern of disruptive behavior. The Practitioner in question shall be notified, as well as the MEC and Quality Improvement Council

Chair, and formal action shall be initiated under the corrective action provisions of the Medical Staff Bylaws and Related Manuals if determined appropriate by the MEC.

## **2.9 Meeting with Disruptive Practitioner After Investigation**

- (a) If an incident is classified as Minor, one or more members of the DPC shall meet with the Practitioner in a collegial manner that is designed to be helpful to the Practitioner. This informal discussion should emphasize that such conduct is inappropriate and that if such conduct continues more formal action pursuant to the corrective action provisions of the Medical Staff Bylaws and Related Manuals will be taken. The meeting shall be conducted as a confidential peer review proceeding. Only individuals who are members of the DPC and the Practitioner shall participate in the meeting. This meeting should be documented in writing and included in the Practitioner's peer review file for the period outlined in Section 2.8(b)(2). A follow-up letter shall also be delivered to the Practitioner either personally or by certified mail reviewing the concerns discussed and reminding him or her that a requirement for continued appointment to the Medical Staff is that a Practitioner act professionally and in a cooperative manner. Practitioner has the right to submit a letter of explanation or rebuttal to be filed with this action in the Peer Review file.
- (b) At any time during the investigation or meeting with the Practitioner to discuss the investigation or its findings, if it is determined that the basis for the disruptive behavior, whether classified as Minor or Major, is an impairment that affects the Practitioner's ability to provide healthcare services in the Hospital, a report summarizing the investigation and findings, as well as any meetings with the Practitioner, shall be submitted to the Impaired Practitioner Committee for action pursuant to this Manual.
- (c) If it appears that a pattern of disruptive conduct is developing, such that the second Minor incident has occurred in a two (2) year period/one (1) recredentialling cycle, at least two (2) members of the DPC shall meet with the Practitioner to discuss the Medical Staff's concerns. At that meeting, the Practitioner shall be advised that any additional inappropriate behavior shall be handled through the corrective action process provided in the Medical Staff Bylaws and Related Manuals. This meeting constitutes a "final warning" to the Practitioner prior the initiation of formal corrective action pursuant to the Medical Staff Bylaws and Related Manuals The meeting is to be conducted as a confidential peer review proceeding. Only individuals who are members of the DPC and the Practitioner shall participate in the meeting. Documentation of the meeting shall be entered in the Practitioner's Peer Review file. The Practitioner has the right to submit letter of explanation or rebuttal to be filed in the Peer Review file. A follow-up letter shall be delivered to the Practitioner either personally or by certified mail reiterating the essential points of the meeting. A single additional incident following the meeting described above shall result in

the initiation of formal corrective action pursuant to the Medical Staff Bylaws and Related Manuals.

- (d) If a single incident classified as Significant (Major) occurs, such that there is an immediate threat of harm to a patient or others in the Hospital, the matter shall be referred directly to the MEC for the initiation of corrective action pursuant to the provisions in the Medical Staff Bylaws and Related Manuals.

## **2.10 Documentation Under Disruptive Practitioner Manual**

- (a) All documentation pursuant to this Manual and the procedures followed hereunder, including letters, notes, documentation of meetings, minutes, or other writings, shall be treated as confidential peer review documents and shall be maintained in the Practitioner's peer review file and/or in such other peer review committee files for a period of six (6) years or three (3) recertification periods for major incidents and two (2) years or one (1) recertification cycle for minor incidents. In the event that the report of disruptive behavior is found to be false, the report and any documentation of the investigation shall be immediately destroyed.
- (b) In every case the Practitioner will be granted the opportunity to submit additional information to his/her peer review file.

## **3. PRACTITIONER HEALTH AND WELLNESS**

### **3.1 Purpose**

The purpose of the Physician Health and Wellness section of this manual is to provide for the identification and management of matters of individual health for licensed independent practitioners (LIP). This process is separate from actions taken for disciplinary purposes.

The Medical Staff and Administration have an obligation to protect patients, employees, medical staff members and others in the Hospital from harm. Therefore this section describes a process that provides for the following:

- Education about LIP health
- Prevention of physical, psychiatric or emotional illness
- Facilitates self reporting, confidential diagnosis, treatment and rehabilitation of LIP's suffering from impairing conditions
- Helps LIP's in retaining and regaining professional functioning while protecting patients and others.

It should be noted that if at any time during the diagnosis, treatment or rehabilitation phase of the process it is determined that a practitioner is unable to safely perform the privileges as granted, the matter will be forwarded to the Medical Executive Committee

for appropriate corrective action in accordance with state and federal reporting requirements.

### **3.2 Education of LIP and Hospital Staff**

There will be education provided by the Hospital to LIP's and staff regarding the recognition and identification of illness and impairment of LIP's. The education shall focus on:

1. Hospital determined "at-risk" criteria for illness or impairment identification
2. The process of self referral
3. Confidentiality regarding referrals and for informants
4. Describe resources for LIP's for appropriate evaluation, diagnosis and treatment of the condition or concern
5. Describing confidentiality of the LIP seeking referral (or who was referred) for assistance, except as limited by law, ethical obligation, or when the health and safety of a patient is threatened
6. Describing the evaluation of the credibility of a complaint, allegation, or concern
7. Providing monitoring of the affected LIP and the safety of the patients until the rehabilitation or any disciplinary process is complete and periodically thereafter, is required
8. Describing the reporting requirement to the appropriate committee, instances in which a LIP is providing unsafe patient treatment.

The referral process and investigation, monitoring and reporting requirements under this section will utilize the processes outlined in the Impaired Practitioner and Disruptive Practitioner sections of this Medical Staff Manual.

### **3.3 Risk Factors**

The following is a non-inclusive list of licensed independent practitioner (LIP) general risk factors related to illness and impairment. This list is meant to provide education only on the risk factors facing LIP's related to illness and impairment.

1. Personality and behavioral changes-unreasonable behavior
2. Mood swings
3. Ability/tendency to self prescribe
4. Frequent complaints by patients to staff regarding LIP's behavior, altercations with patients or hospital personnel
5. Unavailable for orders/consults/discussions (especially at night)
6. Often late, absent or ill
7. Alcohol on breath
8. Slurred speech or incoherent on phone
9. Extreme fatigue/sleep deprivation
10. Obsessive-Compulsive behaviors

11. Deteriorating professional performance
12. Deteriorating relationship with patients and staff (hospital/office)
13. Increased malpractice issues and/or concerns
14. Patterns of disruptive behavior or referrals through disruptive practitioner process.

Impaired Practitioner Policy:

Adopted by the Medical Staff on 8-17-94

Approved by the Board of Trustees on 9-22-94

Revisions to former Section 19.2 approved by Board of Trustees 10-18-96

Revisions, renumbering and deletion from Rules & Regulations into IPC/DPC Manual adopted by Medical Staff on 9/30/99

Approved by Board of Trustees on 10/28/99

Disruptive Practitioner Policy

Adopted by the Medical Staff on 10-19-94

Approved by the Board of Trustees on 12-8-94

Revisions to Section 20.2 and 20.8(a) and (b)(3) approved by the Board of Trustees on 10/18/96

Revisions, renumbering and deletion from the Rules & Regulations into IPC/DPC Manual adopted by Medical Staff on 9/30/99

Approved by Board of Trustees on 10/28/99

Revisions to Article 3 recommended by MEC 9/6/05

Approved by the Board of Directors 9/21/05

Resolution to adopt facility name change approved 12/9/07

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