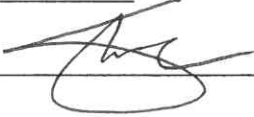




Department: Administration Policy Number: HHS- 1123-A  
Attachments: \_\_\_\_\_

Policy Title: Impaired Provider Policy

Date: 0/24/2008 Revised: \_\_\_\_\_

Approved by:  Date: 10/31/13

**Policy Statement:**

The MLBHS shall maintain a Medical Staff Health Committee to which any member of the medical staff, employee, patient, or guest may refer concerns about a potentially impaired practitioner. The committee will evaluate such concerns and ensure follow up and referrals as appropriate and consistent with applicable regulations.

**Purpose:**

To define the MLBHS policy and procedures for addressing potential impairment among physicians, dentists, and other practitioner medical staff.

**Procedure:**

**Establishment of Panel:**

- A panel of personnel available to evaluate reports of suspected impairment will be established under the auspices of the Medical Staff Bylaws.
- Any Panel member who is asked to participate in an evaluation and who feels that it is inappropriate to participate, must request and will receive immediate refusal from services during the evaluation.

**Reports of suspected impairment:**

- Reports about an individual who may be an impaired provider are encouraged and accepted from physicians, nurses, other personnel, patients, and family members; reports may be written or oral. Anonymous reports are discouraged, but will be accepted.
- Reports of suspected impairment shall be submitted immediately to the Commissioner of Health and Human Services.

**Imminent Harm:**

- The Clinical Director may direct the immediate withdrawal of the individual from patient care or other activities pending further evaluation, if the situation appears to represent a threat to the safety of patients or others.

**Evaluation of reports of suspected impairment:**

- Upon receipt of an anonymous or source identified report of suspected impairment the commissioner will direct the member of the Quality assurance to perform a preliminary evaluation of the report to determine if further evaluation is warranted.

- The evaluation of reports will include but not limited to determining the existence of the other current or prior anonymous and source-identified reports about the provider, make inquiry of relevant staff in position to be familiar with the provider's recent practice history, and should include discussing the issue with the provider him or herself.
- The preliminary evaluation should be completed within two business days. The evaluation results shall be discussed with the Commissioner or his designee. The two shall determine if further evaluation is warranted.

**Evaluation Panel:**

- When the results of the preliminary evaluation indicate that further evaluation is indicated, the office of the commissioner shall appoint two additional members from the panel to perform the evaluation. When the three-person evaluation panel is constituted, one of the members shall be from the same department as the health care provider about whom the report has been received, and two shall be from other departments.
- If the provider who is the subject of the evaluation has not been previously informed, an evaluation panel member shall inform the provider of the nature of the allegations, and provide a copy of this policy. The provider will be informed that every reasonable effort will be made to maintain confidentiality, but a member of the panel will be inquiring about his history and performance (depending upon the nature of the allegation) from selected colleagues.
- The Panel shall complete its evaluation within eight business days.
- Then Panel shall notify the Commissioner's office of the results of the evaluation, along with any recommendations that the panel member might have.
- As soon as possible after the completion of the written report, the conclusion shall be communicated to the provider.
- If no impairment has been found, that information shall be provided the panel. Further investigation and appropriate action will be taken if the original report appears to have been made in bad faith or with malice.
- If impairment is found, the commissioner may:
  1. Require a condition such a formal evaluation by a physician reevaluation of prescribed doses of a medication indicated for a medical condition, random drug/or alcohol screening for a specified period and/or continued treatment for impairment, may be recommended or imposed and/or
  2. Restrict or terminate provider pursuant to the medical bylaws.