

 <small>*Excludes Rex Healthcare</small>	Name of Policy	IMPAIRED PHYSICIANS
	Policy Number	I-3
	Date This Version of Policy Effective	February 2008
	Department Responsible for Review	Director's Office

POLICY

This policy provides a process for evaluating whether or not a physician on the Hospitals medical staff or housestaff is impaired, as defined below. If it is determined that the staff member is impaired, the policy provides a procedure which fairly protects patient and physician.

For the purpose of this policy and procedure, an “impairment” shall mean a condition which is, or may be, adversely affecting patient care at the Hospital, including, but not limited to: alcoholism/alcohol abuse, other drug addiction, sexual misconduct and/or harassment, physical or medical conditions, psychiatric disorders, emotional disorders or behavioral disorders.

The objectives of the policy are to place the highest priority on the protection of the patient’s right to competent medical care; to promote prompt, effective, comprehensive evaluation and referral possible physician impairment; to allow concerned individuals to function as an advocate for colleagues who may be in need of help, and to maintain an appropriate level of concern for the sensitive and confidential nature of the process inherent in the activities of the UNC Physicians’ Health and Effectiveness Committee.

For policies affecting impaired hospital employees other than physicians, refer to UNC Hospitals Human Resources Management Policies and Procedures Manual.

PROCEDURE

- I. UNC Physicians Health and Effectiveness Committee
 - A. Members of the UNC Physicians Health and Effectiveness Committee shall be appointed by the Chief of Staff subject to approval by the Executive Committee. The Chair of the committee shall be appointed by the Chief of Staff. The committee shall meet on an ad hoc basis, and should report at least annually to the Executive Committee at least one (1) month prior to the regular Medical Staff meeting, so that the committee report may be noted in the permanent files with notations of any action which the Executive Committee may have taken on committee recommendations.
 - B. The UNC Physicians Health and Effectiveness Committee will advertise its existence, objectives and processes, by the distribution of written policy and procedures and by presentations at appropriate forums, such as departmental meetings.
 1. Reporting of potential physician impairment situations shall be encouraged through education of the medical staff, stressing that

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the referral process respects the anonymity of the referred individual, seeks to assist colleagues in need of help, and is essential to preserving the quality and ethical basis of our medical practices.

2. Educational background literature will review the epidemiology of substance abuse, other drug addiction, sexual misconduct and/or harassment, psychiatric disorders and behavioral disorders, and point out some of the situations that would suggest the need for referral.

II. Preliminary Report and Investigation

If any individual working in the Hospital has a reasonable suspicion that a physician appointed to the medical staff or housestaff is impaired or has a physical, medical, psychiatric, emotional or behavioral condition that could affect his clinical practice, the following steps should be taken:

- A. The individual shall initiate a discovery process by contacting the Legal Department, at which time the individual will be informed of the process of submitting an oral or written report to the UNC Physicians Health and Effectiveness Committee. The report does not have to include conclusive proof of impairment, but shall include a factual description of the incident(s) leading to the individual's belief that the physician may be impaired.
- B. Tasks undertaken directly under the aegis of the UNC Physicians' Health and Effectiveness Committee include discovery, screening and fact finding, referral to the UNC Hospitals Medical Staff Credentials Committee if necessary, and referral to the North Carolina Physicians Health and Effectiveness Program (NCPHEP) if necessary.
- C. The acknowledgement by a physician applicant to the Medical Staff or House Staff of an existing physical, medical, psychiatric, emotional, or behavioral condition that could affect clinical practice will be referred to the UNC Physicians Health and Effectiveness Committee for investigation, screening and fact finding.

III. Screening and Fact Finding

- A. An ad hoc Physicians Health and Effectiveness subcommittee consisting of the Committee Chair, the Chair of the Department of Social Medicine, a representative of the Credentials Committee, and at least one other member of the standing committee will meet and review the data which led to the initiation of the discovery process. The individual physician under consideration by the committee will be apprised of the committee's activities and will be required to meet with the subcommittee or a designee of the subcommittee.
- B. The representative of the Credentials Committee sitting on the Health and Effectiveness Committee shall participate in the initial confidential review of the current competence of the individual physician. Referral of the

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case to the Chair of the Credentials Committee for further review shall be performed when any member of the Health and Effectiveness Subcommittee feels that such review is necessary.

- C. The Credentials Committee shall notify appropriate Hospital officials and initiate procedures to restrict, suspend, revoke or modify the physician's clinical privileges **only if** the practitioner's activities or professional conduct are considered to be detrimental to patient care, to be lower than the standards and aims of the medical staff or to be disruptive to the operations of the Hospitals.
- D. Depending on the nature and severity of the impairment and the problems presented, at any time in the process, the ad hoc subcommittee can exercise any of four options:
 - 1. Continued monitoring of the behavior of the referred individual without action.
 - 2. Further confidential assessment of the reported situation by the subcommittee as required to validate or discard the concern which prompted the referral.
 - 3. Prompt referral to the North Carolina Physician's Health Program (NCPHP) for comprehensive evaluation and consideration of a treatment plan.
 - 4. Urgent referral of the situation to the Chief of Staff's office and/or President's office for consideration of immediate suspension of privileges and removal from all patient care activities in circumstances which might compromise the quality of patient care.
- E. If the subcommittee finds that there is no merit to the report, the report and findings shall be placed in the Hospitals Legal Department to provide protection to the physician in the event of future inquiries. No reference to such a report will be made in the physician's files.

IV. Referral

- A. If the UNC Physicians Health and Effectiveness subcommittee deems that sufficient evidence exists to warrant a more thorough evaluation of aberrant behavior, the involved physician shall be referred to the NCPHP. The referral process will remain confidential. However, once the recommendation to refer is made, the referral is considered mandatory. Any individual who refuses the program evaluation will be reported to the Chief of Staff for consideration of immediate suspension of privileges and removal from all patient care activities.
- B. All information and referrals received by the NCPHP are confidential and nonpublic. NCGS 90-21.22 provides immunity from liability for members performing activities in good faith.

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V. Assessment and Treatment

- A. The UNC Physicians Health and Effectiveness Committee believes that assessment, treatment and monitoring functions are best done through the auspices of the NCPHP. The program has established methods of referral and treatment, has proven its efficacy, and has the authority to sanction through notification to the North Carolina Board of Medical Examiners. Utilizing this program removes the UNC Hospital and Medical School systems from the necessity of independent case management and monitoring.
- B. The NCPHP goals are to identify all impaired physicians in the State of North Carolina, to assist them in preserving their health, and to help them return to treating patients in the most effective manner, or to help them move into their chosen alternative. Confidentiality and anonymity are key elements of the Program.
- C. Tasks delegated to the NCPHP include:
 - 1. Comprehensive fact finding and assessment
 - a. Hold file if there is not an indication for entry into a treatment program
 - b. Establish agreement on the need for treatment and the specifics of the therapeutic program
 - 2. Treatment
 - 3. Monitoring
 - 4. Reporting
 - a. Successful enlistment and progress toward recovery will be reported to the UNC Physicians Health and Effectiveness Committee
 - b. Noncompliance or recidivism will be reported to both Chair of the UNC Physicians Health and Effectiveness Committee and to the North Carolina Board of Medical Examiners

VI. Monitoring and Reporting

The progress of the physician who has been referred to the NCPHP shall be monitored on a regular basis in accordance with accepted practices in the field of addictionology or other appropriate, accepted fields. The UNC Physicians Health and Effectiveness committee through its Chair will receive regular reports on the referred physician's progress towards recovery. Program interventions would ultimately lead to one of three outcomes:

- A. Recovery, leading to discharge of the physician from the supervised treatment program.
- B. Recidivist activity, which will require one or more of the following referrals:
 - 1. To the UNC Health and Effectiveness committee for consideration of another referral to NCPHP
 - 2. Direct referral to the NCPHP for consideration of further intervention

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3. To the Chief of Staff's and President's office for immediate revocation of privileges
 4. To the NC Board of Medical Examiners for consideration of revocation of Licensure
- C. Immediate report to the Board of Medical Examiners for appropriate action if:
1. The physician presents an imminent danger to the public or to him/her self
 2. The physician refuses to cooperate with the program, refuses to submit to treatment, or is still impaired after treatment and exhibits professional incompetence
 3. It reasonably appears that other grounds for disciplinary action exists (Refer to Section VI, Policies Chapter of the NCPHP Manual – Reporting Individual Cases to the Board).

VII. Application of Policy

In the event of any apparent or actual conflict between this policy and the Medical Staff Bylaws, Rules and Regulations, or other Hospital, medical staff and/or housestaff policies, the provisions of this policy shall control.

VIII. Due Process

If action on clinical privileges or medical staff membership is taken, physician may utilize Medical Staff Policy on Appointment and Corrective Action. If action on status as member of house staff is taken, physician may utilize House Staff Appeals Procedure. Any member of the medical staff or housestaff who feels unjustly treated as a result of the operations or activities of the North Carolina Physicians Health Program may present grievances to the North Carolina Medical Society Mediation Committee or to the North Carolina Medical Board for appropriate action.