

HILLCREST BAPTIST MEDICAL CENTER
POLICY ON PRACTITIONER HEALTH ISSUES

Policy Statement

Because practitioner health issues include a variety of problems from substance abuse to physical or mental illness, the steps outlined in this policy may not be suitable in every circumstance. For example, when the issue is related to age, irreversible medical illness, or other factors not subject to rehabilitation, the sections of the policy dealing with rehabilitation and reinstatement of the practitioner may not be applicable.

The authorization and release forms attached as appendices to this policy are designed to be HIPAA-compliant and should be used together.

This Policy applies to all practitioners who provide patient care services in Hillcrest Baptist Medical Center. For purposes of this Policy, a "practitioner" is defined as a member of the Medical Staff or an allied health practitioner who has been granted clinical privileges.

1. The Medical Center and its Medical Staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a practitioner is suffering from a physical, psychiatric or emotional condition that impairs his or her ability to practice safely and competently.
2. The Practitioner Health Committee shall recommend to the Credentials Committee, the Executive Committee and the Chief Executive Officer additional educational materials beyond this Policy that address practitioner health and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness. The Medical Center shall provide a copy of this Policy to each practitioner at the time of initial appointment or the initial grant of clinical privileges. In addition, the Medical Executive Committee shall periodically incorporate into its activities information regarding illness and impairment recognition issues that are specific to licensed independent practitioners and others with clinical privileges.

Mechanism for Reporting and Reviewing Potential Health Issues

3. Practitioners who are suffering from a health issue that affects their ability to practice are encouraged to voluntarily bring the issue to the Practitioner Health Committee so that appropriate steps can be taken to protect patients and to help the practitioner to practice safely and competently.

4. If any individual has a reasonable concern that a practitioner has a health issue that may affect his or her practice at the Medical Center, a written report shall be given to the Chief Executive Officer, the President of the Medical Staff, the Chairperson of the Credentials Committee, or any member of the Practitioner Health Committee. The report shall include a factual description of the incident(s) that led to the concern.
5. If any individual has a reasonable concern that a practitioner is unable to safely practice due to a health issue and an immediate response is necessary in order to protect the health and safety of patients or the orderly operation of the Medical Center, the individual shall immediately notify the relevant department chairperson and/or the Chief Executive Officer or designee, who shall assess the practitioner to determine whether it appears that the practitioner can safely treat patients. The department chairperson and/or the Chief Executive Officer or designee may request that the practitioner immediately submit to a screening for drugs and/or alcohol by a physician(s) they select. Refusal to submit to the requested screening shall result in temporary relinquishment of all clinical privileges. If a determination is made that the practitioner cannot safely practice, the responsibility for care of the affected practitioner's hospitalized patients can be assigned to another practitioner with appropriate clinical privileges. The wishes of the patient shall be considered in the selection of a covering practitioner. The department chairperson and the Chief Executive Officer, or designee, as well as the individual who notified those individuals, shall all file reports as described in paragraph 4 above.
6. If the practitioner was relieved of his or her patient care responsibilities, or if, after discussing the incident(s) with the individual who filed the report, the Chief Executive Officer, the President of the Medical Staff, the Chairperson of the Credentials Committee, and/or any member of the Practitioner Health Committee believes there is enough information to warrant a review, the matter shall be referred to the Practitioner Health Committee.
7. The Practitioner Health Committee shall act expeditiously in reviewing concerns that are brought to its attention.
8. As part of its review, the Practitioner Health Committee may meet with the individual(s) who prepared the report.
9. If the Practitioner Health Committee has reason to believe that the practitioner's ability to safely practice may be impaired, it shall meet with the practitioner. At this meeting, the practitioner should be told that there is a concern that he or she might be suffering from a health issue that affects his or her practice. The

practitioner should not be told who filed the initial report, but should be advised of the nature of the concern.

10. As part of its review, the Practitioner Health Committee may request that the practitioner's health status be evaluated by an outside organization or individual and have the results of the evaluation provided to it. (An authorization and release for the Medical Center and its Medical Staff leaders to provide information to an outside organization or individual to assist in the evaluation is attached as an appendix. Additionally, an authorization for the disclosure of information to the Practitioner Health Committee, a release from liability, and a Health Status Assessment form are also attached as appendices to this policy.)
11. Depending upon the severity of the problem and the nature of the health issue, and the results of any examination, evaluation or testing, the Practitioner Health Committee has the following options available to it:
 - a. recommend that the practitioner voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation program or receive the necessary medical treatment to address and resolve the health problem;
 - b. recommend that appropriate conditions or limitations be placed on the practitioner's practice;
 - c. recommend that the practitioner voluntarily agree to refrain from exercising some or all privileges in the Medical Center until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the practitioner is able to practice safely and competently; or
 - d. recommend that some or all of the practitioner's privileges be suspended if the practitioner does not voluntarily agree to refrain from practicing in the Medical Center.
12. When the issue involves substance abuse and the Practitioner Health Committee recommends that the practitioner participate in a rehabilitation or treatment program, it should assist the practitioner in locating a suitable program.
13. If the practitioner agrees to abide by the recommendation of the Practitioner Health Committee, then a confidential report will be made to the Chief Executive Officer, the President of the Medical Staff and the Chairperson of the Credentials Committee. In the event there is concern by the Chief Executive Officer, the President of the Medical Staff and/or the Chairperson of the Credentials Committee that the action of the Practitioner Health Committee is not sufficient to protect patients, the matter will be referred back to the Practitioner Health

Committee with specific recommendations on how to revise the action, or it will be referred to the Credentials Committee for an investigation.

14. If it is determined that a practitioner is not in compliance with the recommendations of the Practitioner Health Committee, the matter shall be referred to the Medical Executive Committee for review and consideration of further steps, which may include, but are not limited to:
 - a. a determination that the individual has voluntarily relinquished his or her clinical privileges for failure to provide requested information and/or failure to obtain a medical evaluation requested by appropriate leaders;
 - b. the initiation of an investigation; and/or
 - c. the reporting of the matter to the appropriate state licensing authority and/or National Practitioner Data Bank as circumstances dictate.

For purposes of this section, noncompliance includes, but is not limited to:

- a. failure to complete or cooperate in the agreed-upon evaluation, treatment, and/or rehabilitation program;
 - b. refusal to submit to agreed-upon drug, alcohol, or other substance abuse testing;
 - c. failure to provide requested information regarding the agreed-upon evaluation, treatment, and/or rehabilitation program; and/or
 - d. failure to complete the reinstatement process.
15. If the practitioner refuses to abide by the recommendation of the Practitioner Health Committee, the matter shall be referred to the Credentials Committee for an investigation.

Reinstatement

16. Upon sufficient proof that a practitioner has successfully completed a rehabilitation or treatment program, the Practitioner Health Committee may recommend to the Credentials and Executive Committees that the practitioner's clinical privileges be reinstated. In making such a recommendation, the Practitioner Health Committee must consider patient care interests as paramount.

17. Prior to recommending reinstatement, the Practitioner Health Committee must obtain an assessment from the individual overseeing the practitioner's rehabilitation or treatment program.

The assessment must address the following:

- a. the nature of the practitioner's condition;
 - b. whether the practitioner is participating in a rehabilitation program or treatment plan and a description of the program or plan;
 - c. whether the practitioner is in compliance with all of the terms of the program or treatment plan;
 - d. to what extent the practitioner's behavior and clinical practice need to be monitored;
 - e. whether the practitioner is rehabilitated or has completed treatment;
 - f. whether an after-care program has been recommended to the practitioner and, if so, a description of the after-care program; and
 - g. whether the practitioner is capable of resuming medical practice and providing continuous, competent care to patients.
18. Before recommending reinstatement, the Practitioner Health Committee may request a second opinion on the above issues from a physician of its choice.
 19. Assuming that all of the information received indicates that the practitioner is capable of resuming care of patients, the following additional precautions shall be taken before the practitioner's clinical privileges are reinstated:
 - a. the practitioner must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the practitioner's inability or unavailability; and
 - b. the practitioner shall be required to provide periodic reports to the Practitioner Health Committee from his or her attending physician, for a period of time specified by the Committee, stating that the practitioner is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the Medical Center is not impaired. Additional conditions may also be recommended for the practitioner's reinstatement.

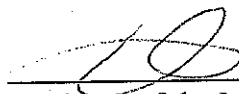
20. The practitioner's exercise of clinical privileges in the Medical Center shall be monitored by the department chairperson or by a physician appointed by the department chairperson. The nature of that monitoring shall be recommended by the Practitioner Health Committee in consultation with the President of the Medical Staff and the Chairperson of the Credentials Committee.
21. If the health issue relates to substance abuse, the practitioner must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Chief Executive Officer, the President of the Medical Staff, the Chairperson of the Credentials Committee or any member of the Practitioner Health Committee.
22. If the practitioner has failed to successfully complete the required rehabilitation or treatment program, the matter will be referred to the Credentials Committee for an investigation.
23. If a practitioner requested a leave of absence for health reasons without the involvement of the Practitioner Health Committee and is now requesting reinstatement of privileges, the practitioner, at a minimum, shall submit a report to the Practitioner Health Committee from his or her attending practitioner indicating that the practitioner is physically and/or mentally capable of resuming a hospital practice and performing the clinical privileges requested. The Practitioner Health Committee shall provide its recommendations regarding reinstatement to the Credentials and Executive Committees.

Documentation and Confidentiality

24. Consistent with quality of care concerns, the Practitioner Health Committee shall handle practitioner health issues in a confidential fashion. The Practitioner Health Committee shall keep the Chief Executive Officer, the President of the Medical Staff and the Chairperson of the Credentials Committee apprised of matters under review.
25. The original report and a description of any recommendations made by the Practitioner Health Committee shall be included in the practitioner's credentials file. If, however, the review reveals that there was no merit to the original report, the report will not be accepted for the file. If the review reveals that there may be some merit to the report, but does not rise to the level of seriousness to require immediate action, the report shall be included in the practitioner's credentials file and the practitioner's activities and practice shall be monitored until it can be established whether there is a health issue that might affect the practitioner's practice. The practitioner shall have an opportunity to provide a written response to the concern and this shall also be included in his or her credentials file.

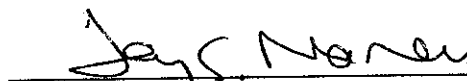
26. The Chief Executive Officer or the President of the Medical Staff shall inform the individual who filed the report that follow-up action was taken, though the details of that action may not be revealed to anyone outside the peer review process.
27. Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this policy.
28. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the practitioner or others, the Chief Executive Officer may contact law enforcement authorities or other governmental agencies.
29. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101, et seq., and state peer review laws, or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations, or investigations pursuant to this policy shall be considered to be acting on behalf of the Medical Center and its Board of Trustees when engaged in such professional review activities, and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.
30. All requests for information concerning the practitioner under review shall be forwarded to the Chief Executive Officer for response.
31. Nothing in this policy precludes immediate referral to the Executive Committee (or to the Board) or the elimination of any particular step in the policy in dealing with conduct that may compromise patient care.

Recommended by the Executive Committee this 1st day of December, 2011.



President of the Medical Staff

Approved by the Board this 15th day of December, 2011.



Board Chair

APPENDIX A

Authorization And Release for Disclosure of Information

I hereby authorize _____ (the "Medical Center") to provide _____ [facility performing health assessment] (the "Facility") all information, both written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow the Facility to conduct a full and complete evaluation of my health status so that the Medical Center can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the state peer review law and that the Medical Center, the Facility, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to that state law.

I release from any and all liability, and agree not to sue, the Medical Center or any of its officers, directors, employees or any physician on the Medical Center's Medical Staff, or any authorized representative of the Medical Center, for any matter arising out of the release of information by the Medical Center to the Facility.

I also release from any and all liability, and agree not to sue, the Facility or any of its officers, directors, employees or authorized representatives, for any matter arising out of the Facility's provision of an evaluation of my health status to the Medical Center.

Date

Signature of Practitioner

APPENDIX B

Authorization for Disclosure of Information to Executive Committee or Practitioner Health Committee

I hereby authorize _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice to Hillcrest Baptist Medical Center (the "Medical Center") and its Executive Committee or Practitioner Health Committee, including the information requested on the attached Health Status Assessment Form, along with the following:

The information to be released includes, but is not limited to, answers to the questions on the attached Health Status Assessment Form, along with the following:

- a. my current condition;
- b. whether I am [continuing to receive medical treatment and, if so, the treatment plan] OR [continuing to participate in a substance abuse rehabilitation program or in an after-care program, a description of that program and whether the practitioner is in compliance with all aspects of the program];
- c. to what extent, if any, my behavior and clinical practice need to be monitored;
- d. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
- e. any conditions or restrictions that are required to allow me to safely resume practicing.

I understand that the purpose of this Authorization is to allow the Medical Center to obtain information that is relevant to my qualifications for medical staff appointment and clinical privileges, including but not limited to my ability to care for patients safely and competently and to relate cooperatively to others in the Medical Center.

I understand that the willingness of _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] to conduct this assessment or provide treatment does not depend on my signing this Authorization.

OR

Since the Medical Center is paying for the health assessment and/or treatment and since the Medical Center has conditioned payment for the assessment and/or treatment on receipt of a report, _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.

I understand that my health information is protected by federal law. I also understand that by signing this Authorization, the information will be disclosed to the parties hereby authorized to receive it and could be disclosed to other parties. However, if the information in question relates to my treatment at a federally assisted drug or alcohol treatment facility, then federal law prohibits it from being re-disclosed. Also, the information being disclosed is protected by state peer review laws and that _____, [facility performing health assessment and/or practitioner overseeing treatment or treatment program] the Medical Center, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to those state laws.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] has already relied upon it in making a disclosure to the Medical Center. My written revocation will become effective when _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] has knowledge of it.

This Authorization expires when my medical staff appointment and clinical privileges at the Medical Center end. Once this Authorization has expired, _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] may no longer use or disclose my health information for the purpose listed in this Authorization unless I sign a new Authorization form.

Date

Signature of Practitioner

APPENDIX C

Release from Liability

Pursuant to the attached Authorization, I have authorized _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] to provide Hillcrest Baptist Medical Center (the "Medical Center") and its Executive Committee and/or Practitioner Health Committee with information relevant to an assessment of my health or to my treatment and/or rehabilitation.

I also request the Medical Center, its Executive Committee, and/or its Practitioner Health Committee to provide _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] with any information which may support the need for a health assessment or be relevant to my treatment and/or rehabilitation.

I release from liability, grant absolute immunity to, and agree not to sue any individuals or entities authorized to provide information pursuant to this release and the attached Authorization.

Date

Signature of Practitioner

APPENDIX D

Health Status Assessment

CONFIDENTIAL PEER REVIEW DOCUMENT

HEALTH STATUS ASSESSMENT

Please respond to the following questions based upon your assessment of _____'s current health status and ability to safely practice in the hospital. (If additional space is required, please attach separate sheet.)

1. Does _____ have any physical, psychiatric, or emotional condition that could affect his/her ability to safely exercise the clinical privileges set forth on the attached list and/or to perform the duties of appointment, including responding to emergency call?
_____ Yes _____ No

If yes, please provide the diagnosis/diagnoses and prognosis: _____

2. Is _____ currently taking any medication that may affect either clinical judgment or motor skills? _____ Yes _____ No

If yes, please specify medications and any side effects: _____

3. Is _____ currently under any limitations concerning activities or work load?
_____ Yes _____ No

If yes, please specify: _____

4. Is _____ currently under the care of a practitioner?
_____ Yes _____ No

If yes, please identify and describe treatment plan: _____

5. In your opinion, are any conditions or restrictions on the Practitioner's clinical privileges or is any accommodation necessary to permit _____ to exercise privileges safely and/or to fulfill medical staff responsibilities appropriately?
_____ Yes _____ No

If yes, please explain any such restrictions, conditions, or accommodation: _____

*If this form is being completed for an individual who participated in a substance abuse treatment program, please also answer the following questions:

6. Is _____ currently participating in a treatment or rehabilitation program?
_____ Yes _____ No

If yes, explain terms of the treatment or rehabilitation program and _____'s compliance with them: _____

7. Has _____ successfully completed a rehabilitation or treatment program?
_____ Yes _____ No

If yes, please describe the program and _____'s participation and ability to resume a hospital practice: _____

8. Has an after-care program been recommended? _____ Yes _____ No

If yes, please describe: _____

Date _____

Signature of Evaluator

Enclosure: Delineation of Clinical Privileges