

Name: Practitioner and Other Health Care Provider Health and Impairment Policy

Effective Date: 01/01

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Review/Revision 12/00

History:

Definitions:

Policy:

Background

- Practitioners are at risk for the health problems of the general population, including physical, emotional, and behavioral health problems. Recognition of the signs and symptoms of impairment and prompt, appropriate response is important to assure that practitioners can and do provide quality health care to patients.
  
- The educational program, policy, and procedures below are designed to enhance the quality of care provided by practitioners at Duke Hospital by providing guidance for handling issues of health and impairment of performance.
  
- Practitioner means a licensed physician, qualified oral surgeon, psychologist, dentist or other doctoral level health care practitioners who are certified by the board of a physician's specialty, audiologist or speech pathologist who has applied for or who has been granted clinical privileges at Duke Hospital. Practitioner includes any employee or Contractor of Duke University Affiliated Physicians, Inc. who falls within the description in the preceding sentence.

Policy

- Duke Hospital will address all reports of impaired or possibly impaired performance of practitioners in order to assure the safety of patients, co-workers, and trainees. Health difficulties impairing performance can result from physical and/or mental/behavioral problems, including but not limited to behavioral issues such as illegal drug use, misuse of legal drugs, or alcohol abuse. Investigations, assessments, and evaluations shall be confidential under the peer review and quality assurance privilege, except as limited by regulation, ethical obligation, Hospital bylaws, and/or threat to patient safety. Constructive intervention to resolve

health problems and impairments will be made available. The process for addressing impaired performance related to health issues will be separate from the discipline functions for practitioners and will be aimed at assistance and rehabilitation.

- Duke University Hospital recognizes that prevention is the best strategy for managing practitioner health problems. To that end, Duke University Hospital maintains a number of programs aimed at promoting health and wellness including Live for Life and the Personal Assistance Program. These programs, in conjunction with the education programs on practitioner health and impairment and resources available outside of the Hospital, serve to heighten awareness and prevent health problems from developing.

- Concerns about health problems impairing performance and impaired performance by non-doctoral level providers of care will be addressed according to Duke University Human Resources procedures.

Cross Reference: (Document link: Database 'DUH  
Pol and Proc Jan 2000', View  
'All Documents', Document '  
Practitioner and Other Health  
Care Provider Health and  
Impairment Procedure')DUH  
Practitioner and Other Health  
Care Provider Health and  
Impairment Procedure

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Applicable      CAMH MS.2.6  
Standards:

Developed By:      Credentials Committee & Employee and  
Occupational Health and Wellness

XXXXXX      XXXXXX

Policy Primary:      Chair, Credentials Committee

XXXXX      XXXXXX  
Scheduled Review      12/03  
Date:



Name: Practitioner and Other Health Care Provider Health and Impairment  
Procedure

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Procedure:

Duke University Hospital will host a yearly seminar on Practitioner health and impairment. Members of ECMS, division chiefs, Clinical Service Unit medical directors, members of the Credentials Committee and its subcommittees, nursing leadership, and senior hospital administration will be required to attend at least every other year. Hospital physician leaders and administrative leaders will provide a discussion of health and impairment yearly in their department/division to include a review of the mechanism/procedure to report concerns regarding practitioner health and impairment. This discussion shall be recorded in the departmental or division meeting minutes. Hospital administrative leadership will assure that the information included in this discussion reaches the frontline staff on at least a yearly basis. Written materials suggesting potential symptoms and signs of impairment, as well as the mechanisms to report these concerns, may be provided.

Duke University Hospital encourages the self-referral of any practitioner in seeking help for health or impairment problems. Every attempt will be made to keep the evaluation and treatment of this concern confidential, except as limited by regulation, ethical obligation, Hospital bylaws, and/or when patient safety is threatened.

Duke University Hospital encourages the reporting of health and impairment concerns by practitioners and other Hospital staff to the department chair, Chief Medical Officer, division chief, Clinical Service Unit medical or administrative director, Chief Nursing Officer, department director, or the Medical Director of Employee Occupational Health and Wellness (EOHW). Efforts will be made to maintain the confidentiality of the individual making such a report; however, absolute confidentiality cannot be guaranteed.

- Medical and administrative leaders will utilize the health and impairment checklist to evaluate practitioners, as appropriate.
- If the impairment checklist (see 3.A.) affirms a concern for the practitioner's ability to function safely in his/her professional role, the concern(s) will be communicated directly to the Medical Director of EOHW of Duke University Hospital and to the department chair, followed by written communication to the Medical Director of EOHW of Duke University Hospital (DUH) and to the department chair.
- Health, performance and/or behavioral concerns that do not raise questions about a Practitioner's ability to function safely in his/her professional role will be addressed by the member of medical or hospital leadership who receives the report, with the Practitioner in question.
  - Practitioners will be encouraged to utilize the Personal Assistance Service (Employee Assistance) on a voluntary basis, where appropriate. PAS is a free and confidential resource available to all DUH medical staff, employees and their immediate family members. PAS provides assessment, short-term counseling and referral.
  - Clear expectations for improvement will be established in writing by the leadership receiving the report and evaluation will occur quarterly for a minimum of two quarters.
  - Results of the initial evaluation and action(s) taken by medical or Hospital leadership and any subsequent periodic evaluation will be communicated in writing to the department chair.
  - Inability or failure to meet the expectations for improvement will lead to a referral for further evaluation with the Medical Director of EOHW.
- Department chairs are to refer the following practitioners to the Medical Director of Employee Occupational Health and Wellness (EOHW):
  - All new applicants with a reported health or impairment issue;
  - Any current Practitioner with an identified question as to his/her ability to function safely in his/her professional role due to health problems or impairment.
- Health questions and impairment concerns leading to questions about a Practitioner's ability to function safely in their

professional role of providing patient care (see above) must be referred promptly to and evaluated by the Medical Director of EOHW (or the North Carolina Physicians Health Program [NCPHP]), with one exception. EOHW must be the initial contact with request for immediate response in all cases in which there is suspicion of present signs of impairment (examples: smell of alcohol, unsteady gait, inability to physically perform duties, etc.) so that assessment, including any testing, may be completed within a timely manner. In such cases, the Chairman has the authority to remove the Practitioner from patient care duties immediately to assure the safety of patients and other individuals, and the orderly operation of the Hospital. The type of evaluation will be determined by the clinical situation. An evaluation can include, but may not be limited to, an interview, physical examination, laboratory tests, and review of documents from a treating physician and/or program. Further consultation with a mental health professional or other specialist may be required.

- If the reported concerns raise issues as to patient safety, the reporter must immediately notify the department chair. If the department chair concurs, the practitioner is subject to summary suspension (Bylaws 9.5). The Chair of the Credentials Committee will be notified of any such report and the subsequent action. The department chair and the Chair of the Credentials Committee will report this action the Executive Session of ECMS at its next scheduled meeting.

- If the concerns are not deemed an immediate threat to patient safety, the initial results of the prompt referral to and evaluation by the Medical Director of EOHW will be discussed with the medical leadership making the referral and the department chair. A consensus decision regarding the ability of the practitioner to continue professional activities will be rendered. The department chair will remove the practitioner from patient care responsibilities, if necessary. The Chair of the Credentials Committee will be made aware of any such report and the subsequent action. The department chair and the Chair of the Credentials Committee will report this action to the Executive Session of ECMS at its next scheduled meeting.

- If the medical leadership making the referral, the department chair, and the Medical Director of EOHW can not reach a consensus decision, the situation will be discussed with the Chief Medical Officer of DUH and a decision regarding the ability of the practitioner to continue professional activities rendered. The department chair will remove the Practitioner from patient care responsibilities, if necessary. The Chair of the Credentials Committee will be made aware of any such report and the subsequent action. The department chair and the Chair of the Credentials Committee will report this action to the

Executive Session of ECMS at its next scheduled meeting.

(See attached file: Impaired\_Flow.pdf)

- Treatment of the practitioner's health problems or impairments will be overseen and progress monitored by the Medical Director of EOHW (or NCPHP).
- The monitoring for compliance with the rehabilitation and/or reinstatement requirements is to be coordinated through EOHW. The quality monitoring of clinical care provided by the Practitioner is to be defined by the primary clinical division/department, with approval from the Division Chief and Department Chair. Reporting of clinical care quality monitoring results will be at least as frequent as the compliance monitoring and will be provided within the quality assurance and peer review privilege to the Credentials Committee.
- With improvement in the practitioner's condition, the Medical Director of EOHW may recommend return to work to the department chair. The Medical Director of EOHW will define any restrictions for safe patient care and any monitoring program while at work. An ongoing monitoring program will be specifically designed for the individual and for the health problem. (For example, substance abuse might require periodic random testing for relapse and continued participation with a treatment program, and severe depression might require periodic documentation of ongoing care.) If the department chair accepts the recommendations made by the Medical Director of EOHW, they are presented to the practitioner.
  - If, after review, the monitoring plan is accepted by the individual practitioner in question, the department chair and the Chair of the Credentials Committee will be notified prior to the practitioner's return to clinical duties and the return to work conditions/monitoring programs will be affirmed with the Chair of the Credentials Committee. The department chair and the Chair of the Credentials Committee will report this action to the Executive Session of ECMS at its next scheduled meeting.
  - Practitioners working under any monitoring program will sign an agreement to participate in the monitoring.
  - The Medical Director of EOHW will document at least semi-annually to the department chair and the Chair of the Credentials Committee that the Practitioner is following the specified agreement.
  - The Medical Director of EOHW will notify the department chair (or designee) immediately of any situation in which monitoring

activities revealed new or renewed impairment or failure to comply with a monitoring agreement. The department chair will remove the practitioner from patient care duties until the Medical Director of EOHW can reassess him. The Chair of the Credentials Committee (or designee) will be made aware of this report and any subsequent action. The department chair and the Chair of the Credentials Committee will report this action to the Executive Session of ECMS at its next scheduled meeting.

- Any practitioner suspended from the medical staff for health or impairment reasons must be returned to work only through the approval of the Medical Director of EOHW and the departmental chair. The Chair of the Credential Committee must be notified. (See attached file: Impaired\_Flow\_Return.pdf)

## Guidelines

- Most Practitioners are competent professionals; however, some experience difficulties in health and performance and may demonstrate behaviors that are inappropriate.
- How these issues are addressed can have a substantial effect on a practitioner's career and Duke's mission as a patient care, research, and educational institution. The following suggestions can enhance successful resolution:
  - Consult with the Medical Director of EOHW, department chair, or other medical staff leadership.
  - EOHW is a consultative resource for supervisors regarding how concerns might be addressed.
  - Do not ignore, "push under the rug", or dismiss as a "bad day" inappropriate behavior. Address issues promptly to improve the outcome.
  - Document behaviors and incidents that create concern. Request co-observation with a colleague, when possible.
  - Do not try to diagnose, do not argue. Rather, discuss concerns i.e. specific behavioral terms and expectations for improvement.
  - Offer and encourage the use of available resources.
  - Establish clear, written expectations for improvement and an evaluation plan.

## Manifestations of Impairment

- dramatic decrease in performance
- persistent or repetitive absenteeism/lateness
- mood swings
- interactional difficulties
- patient/colleague complaints
- disruptive behaviors
- medications missing from work area
- disappearances from work
- disordered thought
- alcohol on breath, other stigmata of drug use
- diminished physical appearance

#### Resources

- Personal Assistance Service  
 2200 West Main Street, Ste 700  
 Durham NC 27705  
 919-416-1 PAS (416-1727)

- Personal Assistance Service (PAS) is the faculty/staff assistance program of Duke University. The staff of licensed professionals offer assessment, short-term counseling, and referrals to help resolve a broad range of personal, work, and family problems. There are no charges for any service provided by the PAS staff.

- Employee Occupational Health and Wellness  
 Duke Clinic, Basement (Old Blue Zone)  
 OR  
 2200 West Main Street, Ste 600A  
 Durham NC 27705  
 919-684-3136/286-6000

- Employee Occupational Health and Wellness (EOHW) provides evaluation of health issues that involve the safety of the work force and the safety of patients, visitors, and products of Duke University. EOHW services faculty and staff.



- The North Carolina Physicians Health Program

- The North Carolina Physicians Health Program (NCPHP) was established in 1988 by a collaborative effort of the North Carolina Medical Society and the North Carolina Medical Board to help impaired physicians. The NCPHP is set up to identify troubled physicians, get them the appropriate treatment and return them to the productive practice of medicine. Impairment can be caused by alcoholism/chemical dependency, psychiatric disorders, disruptive behavior, professional sexual misconduct and severe stress. Anyone who feels that they themselves or a colleague possibly has an impairment problem can seek assistance anonymously and confidentially by calling the NCPHP at 1- 800-783-6792.

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Applicable      CAMH MS.2.6  
Standards:

Developed By:      Credentials Committee &  
Employee and Occupational  
Health and Wellness

xxxxx      xxxxx

Policy Primary:      Chair, Credentials Committee

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Scheduled Review      12/03  
Date: