

APPENDIX C

HEALTH POLICY

PURPOSE:

This policy and procedure describes the detailed process by which the Health and well-being will complete its responsibilities.

POLICY STATEMENT

The Hospital and its Medical Staffs are committed to providing quality care, which can be compromised if a member of the Medical Staff is suffering from an impairment. "Impairment" means substance abuse or a physical, mental or emotional condition that adversely affects an individual's ability to practice safely and competently.

The Health and well-being shall recommend to the Executive Committee educational materials that address practitioner health issues and emphasize prevention, diagnosis, and treatment of physical, psychiatric, and emotional illness.

To the extent possible, and consistent with quality of care concerns, the Health and well-being will handle

impairment matters in a confidential fashion. The Health and well-being shall keep the Chairperson of the

Credentials Committee apprised of matters under review.

PROCEDURE

Composition of Health and well being. Composition will be as specified in the Virtua Organizational Manual. The Health Team will meet as often as necessary, upon the call of the Chairman, to review and Investigate complaints of impairment of a physician, dentist or allied health practitioner on the Virtua

Medical Staffs. The Team may also be called together when a self-referral is made.

Referral to Health and well being. Practitioners who are suffering from an impairment are encouraged to bring the issue voluntarily to the Health and well-being so that appropriate steps can be taken to protect

patients and to help the physician to practice safely and competently.

Any individual who is concerned that a member of the Medical Staff is impaired shall submit a written report to the President of the Medical Staff or the VPMA describing the factual details of the incident(s) that led to the concern.

Any individual who is concerned that a member of the Medical Staff who is on Hospital premises is impaired and poses an immediate threat to the health and safety of patients or to the orderly operation of the Hospital, shall immediately notify the relevant department chairperson, the President of the Medical Staff, the VPMA, or their designees. The department chairperson, President of the Medical Staff, and/or the Vice President of Medical Affairs (or their designees) shall immediately assess the physician and, if necessary to protect patients, may relieve the physician of patient care responsibilities, in accordance with the procedure described in Section 7.3 of the Bylaws. When a concern has been raised as to whether an individual may have a contagious disease such as HIV infection, the matter will be addressed in accordance with Federal and State laws and regulations as well as formal guidelines adopted by the Virtua Board. If, after discussing the incident(s) with the individual who filed the report, the President of the Medical Staff or the Vice President of Medical Affairs believes there is enough information to warrant a review, the matter shall be referred to the Health and well-being. If the event required an immediate response, the department chairperson, President of the Medical Staff, and/or the VPMA (or their designees) shall file formal reports as described in this Policy, in order for the question of impairment to be more fully assessed and addressed by the Health and well-being. The President of the Medical Staff or the Vice President of Medical Affairs shall inform the individual who filed the report that follow-up action was taken. The specifics of any action shall not be shared in light of their confidential nature.

Initial review. Upon the receipt of a complaint or self-referral of impairment from a medical staff member, hospital employee or patient, a member of the Health and well-being will review the information available. If the complaint or self-referral is not written, the team member will speak directly with the individual and will write a summary description of the details of the complaint.

If, in the opinion of the reviewer, no action is necessary, the team member will sign, date and that no further action is required. The information will be coded and maintained in confidential files in the office of medical affairs.

If the initial review is inconclusive or additional information becomes available, a full investigation may be made.

Impairment. When the results of the initial review or full investigation indicate that there is a potential for impairment, at least 2 members of the health and well-being will meet with the affected practitioner. At this meeting, the physician should be told that there is a concern that he or she might be suffering from an impairment and advised of the nature of the concern, but should not be told who filed the initial report.

The Health and well-being may request that the physician be evaluated by an outside physician or organization and have the results of the evaluation provided to it. A form authorizing the Hospital to release information to the outside physician or organization conducting the evaluation is attached as Attachment B. A form authorizing the outside physician or organization to disclose information about the physician to the Health and well-being is attached as Attachment C.

The results of the interview and, if necessary, outside evaluation, will be discussed by the Team members. If no further action is required, the results will be written up, signed and dated by the chairman of the health and well-being, coded and filed in the confidential files of the office of medical

affairs. When further action is required, the team will make a recommendation for local assistance or referral to the Medical Director of the Physicians' Assistance Program, or another, comparable program accepted by the health and well-being ("Program"). The referral must be made with the permission of the affected practitioner.

Treatment. A contract between the affected practitioner, the Program and the Hospital will be prepared by hospital general counsel. The details of the contract will be established by the health team in consultation with the VPMA and may include: voluntary leave of absence, voluntary restriction in clinical privileges or practice, continued monitoring of the physician during rehabilitation, the term of the contract, and psychological/psychiatric testing requirements, and any other steps deemed most conducive to the safety of the physician and patients.

If the affected practitioner refuses initial treatment and referral, the matter will be referred for appropriate action under the Medical Staffs Bylaws.

The Program will report the results on ongoing monitoring to the VPMA, Chairman of the Credentials Committee, and Department Chair at the time periods established in the contract.

If the report is deemed acceptable, it will be noted as such, dated, signed and coded by the VPMA.

The results will be filed in the confidential files of the Office of Medical Affairs. If the report indicates that the practitioner has not met the terms of the contract, he/she will be immediately terminated with no right to appeal.

Reinstatement. Upon sufficient proof that a physician has successfully completed a rehabilitation or treatment program, the Health and well-being may recommend to the Executive Committee and the Board that the physician's clinical privileges be reinstated, if restricted. In making such a recommendation, patient care interests shall be paramount.

Prior to recommending reinstatement, the Health and well-being must obtain a letter from the physician overseeing the rehabilitation or treatment program. (A form authorizing this letter is attached as Attachment C.) The letter must address the following:

- (a) the nature of the physician's condition;
- (b) whether the physician is participating in a rehabilitation program or treatment plan and a description of the program or plan;
- (c) whether the physician is in compliance with all of the terms of the program or treatment plan;
- (d) to what extent the physician's behavior and conduct need to be monitored;
- (e) whether the physician is rehabilitated or has completed treatment;
- (f) whether, if applicable, an after-care program has been recommended to the physician and, if so, a description of the after-care program; and
- (g) whether the physician is capable of resuming medical practice and providing continuous, competent care to patients.

Before recommending reinstatement, the Health and well-being may request a second opinion on the above issues from a physician of its choice.

Assuming that all of the information received indicates that the physician is capable of safely resuming care of patients, the following additional precautions shall be taken before the physician's clinical privileges are reinstated:

- (a) the physician 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 physician's inability or unavailability; and
- (b) the physician shall be required to provide periodic reports to the Health and well-being from his or her attending physician or other treating professionals, for a period of time specified by the Committee, stating that the physician is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the Hospital is not impaired. Additional conditions may also be recommended for the physician's reinstatement.

If the physician has taken a formal leave of absence, the final decision to reinstate a physician's clinical privileges must be approved pursuant to the process set forth in the Section 6.6.3 of the Bylaws.

The physician's exercise of clinical privileges in the Hospital shall be monitored by the department chairperson or by a physician appointed by the department chairperson, as described in Section 6.6.3 (b) of the Bylaws. The nature of that monitoring shall be recommended by the Health and well-being in consultation with the department chairperson.

If the impairment related to substance abuse, the physician must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Department Chair, VPMA, the President of the Medical Staff, the Chairperson of the Credentials Committee, or any member of the Health and well-being.

Documentation. The original report and a description of any recommendations made by the Practitioner Health Committee shall be included in the physician'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 physician's credentials file and the physician's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the physician's practice. The physician shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her credentials file.

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.

If at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the physician or others, the VPMA may contact law enforcement authorities or other governmental agencies.

A report of the final investigation will be made in writing, signed, dated and coded by the

chairman. The report will be filed in the confidential files in the office of medical affairs. All requests for information concerning the impaired physician shall be forwarded to the VPMA or the President of the Medical Staff for response.

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 the [citation to state peer review statute], 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 Hospital and its Board of Directors 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.

The Office of Medical Affairs will compile and retain documentation on the number of physicians assisted and the type of assistance provided. An annual report of aggregated data will be presented to the Executive Committee by the Vice President, Medical Affairs (or immediately upon analysis). Any trends or patterns identified in the data will require an implementation plan.