

*For Internal Use Only*

# Phoenix Children's Hospital

Medical Staff Policy

## PROFESSIONAL HEALTH COMMITTEE

Effective Date: January 1, 2008

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### REASON FOR POLICY

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It is the policy of the medical staff and hospital to be sensitive to a practitioner's health or condition that may adversely affect their ability to provide safe, competent care to patients. It is further the policy of the medical staff and hospital to structure the clinical privileges of practitioners whose abilities are diminished in matters related to physical, psychiatric or emotional health, well-being or impairment in the least restrictive way possible, with the primary concern being quality patient care.

To effectuate that policy, a Professional Health Committee was established to address concerns that a practitioner's health or limitations may affect patient care and to work with any physician/practitioner whose abilities are diminished due to impairment to structure his or her clinical privileges appropriately. In the event there is an immediate threat to the safety of a patient due to physician/practitioner impairment, referral will be made to the Medical Executive Committee to be handled in accordance with the Medical Staff Bylaws.

### POLICY

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#### 1. COMMITTEE COMPOSITION

- A. The Professional Health Committee shall be comprised of three or more individuals with sensitivity and expertise in areas that are likely to come before it. The Chair may ask an individual with particular expertise to serve on the committee while it is addressing concerns in that individual's area of expertise.

#### 2. DUTIES

- A. The Physician Health Committee shall be involved in the following activities:
  - 1. Evaluation of the credibility of a complaint, allegation or concern related to the physical, psychiatric or emotional health, well-being or impairment of the Medical Staff members.
  - 2. Educating the Medical Staff and others in the organization about illness and impairment recognition issues specific to physicians.
  - 3. Accepting self-referral by a physician seeking assistance in matters related to physical, psychiatric or emotional health, well-being or impairment.
  - 4. Accepting referrals as outlined in Procedure (II), letter A.
  - 5. Recommend sources, both internal and external, and assisting Medical Staff members in obtaining health-related diagnosis and treatment.
  - 6. Monitoring physicians who have been referred to the committee for issues related to physical, psychiatric or emotional health, well-being or impairment.
  - 7. Monitoring medical staff members progress through rehabilitation or treatment programs.
  - 8. Providing follow-up of monitoring agreements including those made by physicians through private treatment facilities.
  - 9. Reporting immediately to the appropriate Medical Staff Committee any behavior or actions of a member identified by the Physician Health Committee as being a threat to patient

safety or welfare.

## **PROCEDURAL GUIDELINES**

### **1. MECHANISM FOR REFERRALS**

The Medical Executive Committee, hospital management, the Board, or any individual who has a concern that a practitioner's health or condition may be affecting or could affect his or her ability to safely and competently practice in the hospital may refer the matter to the Professional Health Committee. In addition, members of the medical staff may self-refer or seek help from the committee or its chair. The referral shall outline the nature of the concerns and the specific incidents, which gave rise to them. The referral shall be directed to the committee chair, who shall immediately direct whatever investigation is necessary to evaluate the credibility of a complaint or allegation and to understand the nature of the concern. That may include meeting with the individual who filed the report. The source of the referral may only be disclosed with specific authorization from that individual. The Hospital will indemnify individuals who report in good faith.

### **2. MEETING WITH THE PHYSICIAN OR PRACTITIONER**

- A. The physician or practitioner whose health or behavior is in question shall be invited to meet with the committee. The physician/practitioner shall be apprised of the nature of the meeting and of the opportunity to be accompanied by a physician who may be treating the condition at issue.
- B. The purpose of this Committee and this meeting is to discuss what, if any, problems exist and to work mutually towards a solution that is in the best interests of not only the practitioner's health but also patient care. As this meeting does not represent a formal investigation or proceeding, legal representation is not required.
- C. The purpose of this meeting is to discuss the nature of the problem, any modifications of the individual's practice that may be appropriate and what accommodations, if any, can be made to enable the physician/practitioner to continue clinical practice. If accommodations or modifications to the individual's practice are agreed upon, these accommodations or modifications shall be in writing, reported to the appropriate Department Chair and Medical Executive Committee, maintained in a confidential file in the Medical Staff Office, filed by code number.
- D. If the physician/practitioner declines to meet with the committee, or if an appropriate course of action cannot be agreed upon, and there continues to be a concern about the physician's health or ability to care for patients safely and competently, that question shall be forwarded to the appropriate Department Chair and the Medical Executive Committee for investigation in accordance with the Medical Staff Bylaws.

### **3. EVALUATION OF THE PHYSICIAN OR PRACTITIONER HEALTH STATUS**

- A. If the extent of the physician's or practitioner's illness or limitations is not easily ascertainable, the Committee may require the physician/practitioner to submit to an appropriate evaluation by an independent practitioner mutually acceptable to the physician and the Committee. Such evaluation may include a physical or mental examination or drug testing. If the physician/practitioner declines such evaluation, the work of the Committee shall be concluded and it shall notify the appropriate Department Chair and the Medical Executive Committee for investigation.

### **4. ONGOING MONITORING**

- A. Any ongoing monitoring that is determined to be required shall be the responsibility of the Committee or the person or entity to which the responsibility is delegated by the Committee.

5. REPORTS TO STATE AGENCIES/PATIENT NOTIFICATION

- A. Whether a report needs to be filed with any state agencies shall be dictated by state law. The extent to which any notice to patients of the conditions, limitations or accommodations is required shall be agreed upon by the Committee and the physician/practitioner, and shall be included in a written agreement of accommodations and modifications.

6. CONFIDENTIALITY

- A. Throughout this process, all parties shall avoid speculation, premature conclusions, and any discussion of the matter with anyone other than those individuals with a need for such information described in this policy.
- B. A **specific** Release of Information from the physician or practitioner will be required before responding to queries from other entities or organizations except as required by law.

7. REHABILITATION AND REINSTATEMENT GUIDELINES

If it is determined the practitioner is a candidate for rehabilitation, the following guidelines shall apply:

- A. The Professional Health Committee shall assist the physician/practitioner in finding a suitable rehabilitation program. The physician or practitioner shall sign a release of information in order for the committee to obtain reports from the physician or entity monitoring his or her treatment.
- B. A Leave of Absence from the Staff may be recommended during the rehabilitation period. State reporting requirements may apply.
- C. Full or partial reinstatement of clinical privileges may be recommended to the Department Chair once the committee has concluded the physician/practitioner is capable of resuming medical practice and providing continuous, competent care to patients.

**REFERENCES**

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Joint Commission: MS.4.80 Licensed Independent Practitioner Health

<b>Policy Information/History:</b>	
<b>Manual:</b>	<i>Medical Staff</i>
<b>Dates Created/Reviewed/Revised:</b>	<i>9/26/02; 12/03, 01/08</i>
<b>Policy Owner:</b>	<i>Shirley Patterson, Medical Staff Director</i>