



North Hospital

Practitioner Health

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Department: Medical Staff	

I. PURPOSE

IU Health North Hospital and its Medical Staff are committed to providing quality care, which can be compromised if a practitioner is suffering from a health issue.

II. SCOPE

This Policy applies to all practitioners who provide patient care services in IU Health North Hospital. 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

III. EXCEPTIONS

This policy does not apply to maternity leave for uncomplicated pregnancy.

IV. DEFINITIONS

Health Issue - any physical, mental, or emotional condition, including alcohol or substance abuse and use of prescription medications, which could adversely affect an individual's ability to practice safely and competently. It also includes a contagious disease which could compromise patient safety or jeopardize other health care workers

V. POLICY STATEMENTS

- A. The Performance Assessment and Improvement (PA&I) Committee or a designated sub-committee shall recommend to the Medical Executive Committee (MEC) educational materials that address practitioner health issues and emphasize prevention, diagnosis, and treatment of physical, psychiatric, and emotional illness. Potential members of the sub-committee of the MEC, could be composed of a member of the Credentials Committee, the facility CMO, a member of the Performance Assessment and Improvement (PA&I) Committee, a member of the Ethics Committee, the applicable section chief or other designee(s).
- B. To the extent possible, and consistent with quality of care concerns, the PA&I Committee or designated sub-committee will handle health issues in a confidential fashion. The PA&I Committee or designated sub-committee shall keep the President of the Medical Staff and the Chief Medical Officer (CMO) apprised of matters under review.



VI. PROCEDURES

A. Mechanism for Reporting and Reviewing Potential Health Issues

1. Practitioners who have a health issue that could affect their ability to safely and competently exercise their clinical privileges must report it to the CMO and/or the President of the Medical Staff. The CMO or President of the Medical Staff may refer the matter to the PA&I Committee or designated sub-committee to determine the appropriate steps to protect patients and to help the individual to practice safely and competently.
2. Any individual who is concerned that a practitioner might have a health issue that could affect the practitioner's ability to care for patients shall report the concern to the President of the Medical Staff or the CMO.
3. If, after discussing the matter with the individual who filed the report, the President of the Medical Staff or the CMO believes there is enough information to warrant a review, the matter shall be referred to the PA&I Committee or designated sub-committee. The President of the Medical Staff or CMO may request the individual to submit the concern in writing factually describing what led to the concern.
4. The President of the Medical Staff or the CMO shall inform the individual who filed the report that follow-up action has been taken; however, the specifics of any follow-up action shall not be shared in light of their confidential nature.

B. Concerns Requiring an Immediate Response

1. Any individual who is concerned that a practitioner has a health issue that poses an immediate threat to the health and safety of patients or to the orderly operation of the IU Health North Hospital, shall immediately notify the relevant section chair, the President of the Medical Staff, and/or CMO, or their designees, who shall immediately assess the practitioner. If the concern is raised by at least two medical staff leaders, (or one medical staff leader and the CEO or CMO), the individual may be asked to immediately submit to a blood, hair, or urine test, or to a complete physical and mental evaluation. The medical staff leaders will select the appropriate health care professional(s) to perform the testing or evaluation.
2. The section chair, President of the Medical Staff, and/or the CMO (or their designees) may, if necessary to protect patients, relieve the practitioner of patient care responsibilities. The affected practitioner's hospitalized patients may be assigned to another individual with appropriate clinical privileges or to the appropriate practitioner on call. The wishes of the patient(s) shall be considered in the selection of a covering practitioner. The affected patients shall be informed that their practitioner is unable to proceed with their care due to illness.



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3. Following the immediate response, the section chair, President of the Medical Staff, and/or the CMO (or their designees) shall file formal reports as described in this Policy, in order for the health issue to be more fully assessed and addressed by the PA&I Committee or designated sub-committee.

C. Review by PA&I Committee or designated sub-committee

1. The PA&I Committee or designated sub-committee shall act expeditiously in reviewing concerns regarding a potential health issue. As part of its review, the PA&I Committee or designated sub-committee may meet with the individual(s) who initially reported the concern.
2. If the PA&I Committee or designated sub-committee believes that the practitioner has or might have a health issue, it shall meet with the individual. At this meeting, the practitioner should be told that there is a concern that his or her ability to practice safely and competently may be compromised by a health issue and advised of the nature of the concern, but should not be told who initially reported the concern.
3. The PA&I Committee or designated sub-committee may require that the individual
 - (i) undergo a physical or mental examination,
 - (ii) submit to an alcohol or drug screening test (blood, hair, or urine), and/or
 - (iii) be evaluated by a physician or organization and have the results of any such evaluation provided to it.

The PA&I Committee or designated sub-committee shall select the health care professional(s) or organization to perform the testing and/or evaluation. A form authorizing IU Health North Hospital to release information to the health care professional(s) or organization conducting the evaluation is attached as Appendix A (Consent for Disclosure of Information and Release from Liability). A form authorizing the health care professional(s) or organization conducting the evaluation to disclose information about the practitioner to the PA&I Committee or designated sub-committee is attached as Appendix B (Authorization for Release of Protected Health Information).

D. PA&I Committee or designated sub-committee Recommendations

1. Based on the severity and nature of the health issue, the PA&I Committee or designated sub-committee may recommend to the practitioner that he or she:
 - a. take a voluntary leave of absence to receive appropriate medical treatment or participate in a rehabilitation program; or
 - b. voluntarily refrain from exercising some or all privileges until an accommodation can be made to ensure that the practitioner is able to practice safely and competently; or



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c. voluntarily agree to specific conditions.

If the PA&I Committee or designated sub-committee recommends that the practitioner receive medical treatment or participate in a rehabilitation program, it may assist the practitioner in identifying appropriate resources.

2. If the practitioner does not agree to abide by the PA&I Committee or designated sub-committee's recommendations, the matter shall be referred to the Medical Executive Committee for a review and possible investigation to be conducted pursuant to the Medical Staff Bylaws and Credentialing policies.
3. If the practitioner agrees to abide by the recommendations of the PA&I Committee or designated sub-committee, a confidential report will be made to the applicable section chair, the President of the Medical Staff, the CMO, and the Chair of the Credentials Committee. In the event any of these individuals is concerned that the action of the PA&I Committee or designated sub-committee is not sufficient to protect patients or other health care workers, the matter will be referred back to the PA&I Committee or designated sub-committee with specific recommendations on how to revise the action or it will be referred to the Medical Executive Committee for review and possible investigation.

E. Reinstatement/Resumption of Practice

1. A written request for reinstatement of clinical privileges or removal of conditions on clinical privileges must be submitted to the CMO, PA&I Committee or designated sub-committee along with evidence that the practitioner is able to safely and competently resume practice. At a minimum, that evidence shall consist of the Health Status Assessment form attached as Appendix C (Health Status Assessment Confidential Peer Review Document) or a letter from the practitioner's treating physician or substance abuse treatment program addressing the following issues:
 - a. the practitioner's current condition;
 - b. whether the practitioner is continuing to receive medical treatment and, if so, the treatment plan, or is continuing to participate in a substance abuse rehabilitation 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, the practitioner's behavior and clinical practice need to be monitored;



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- d. whether the practitioner is capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
 - e. if any conditions are required to allow the practitioner to safely resume practicing.
2. Before making a recommendation on a request for reinstatement or lifting conditions, the PA&I Committee or designated sub-committee may request the practitioner to undergo an examination by a physician of its choice to obtain a second opinion on the practitioner's ability to practice safely and competently. The PA&I Committee or designated sub-committee shall make a recommendation to the Medical Executive Committee.
 3. Before the practitioner's clinical privileges are reinstated or conditions removed, 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.
 4. If the practitioner was granted a formal leave of absence, the final decision to reinstate a practitioner's clinical privileges must be approved pursuant to the process set forth in the Medical Staff Bylaws and Medical Staff Credentialing policies.
 5. After reinstatement or removal of conditions, the practitioner's exercise of clinical privileges shall be monitored by the section chair or by a physician appointed by the section chair. The nature of that monitoring shall be recommended by the PA&I Committee or designated sub-committee in consultation with the section chair.
 6. If the practitioner is continuing to receive medical treatment or to participate in a substance abuse treatment or after-care program, the PA&I Committee or designated sub-committee may require the practitioner to submit periodic reports from his or her treating physician or the substance abuse treatment/after-care program addressing the issues outlined in Procedure D1.
 7. As a condition of reinstatement, a practitioner who has undergone treatment for substance abuse must agree to submit to random alcohol or drug screening tests at the request of the CMO, the President of the Medical Staff, or any member of the PA&I Committee or designated sub-committee.
 8. In the event of any apparent or actual conflict between this policy and the Medical Staff Bylaws, or other policies of the IU Health North Hospital or its Medical Staff, the provisions of this Policy shall control.

F. Documentation and Confidentiality



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1. A confidential summary report and a description of any recommendations made by the PA&I Committee or designated sub-committee shall be included in the practitioner's confidential file. If, however, the review reveals that there was no merit to the initial report, the report will not be included in the practitioner's 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 confidential 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 ability to practice safely. The practitioner shall have an opportunity to provide a written response to the concern about the potential health issue and this shall also be included in his or her confidential file.
2. Throughout this process, all of those involved should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this Policy.
3. If at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the practitioner or others, the CMO may contact law enforcement authorities.
4. 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 Indiana laws governing peer review, specifically IC 34-30-15-8(a) or the corresponding provisions of any subsequent federal or state statute providing protection for peer review or related activities. Furthermore, the committees charged with making reports, findings, or recommendations pursuant to this policy shall be considered to be acting on behalf of IU Health North Hospital and its Board of Directors and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.
5. All requests for information concerning a practitioner with a health issue shall be forwarded to the CMO or the President of the Medical Staff for response.
6. Nothing in this Policy precludes immediate referral to the Medical Executive Committee or the elimination of any particular step in the policy in dealing with conduct that may compromise patient care.

VII. CROSS REFERENCES

Medical Staff Bylaws

Medical Staff Credentialing Policies



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VIII. REFERENCES/CITATIONS

Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq
Indiana laws governing peer review, specifically IC 34-30-15-8(a)

IX. FORMS/APPENDICES

- Appendix A - Consent for Disclosure of Information and Release from Liability
- Appendix B - Authorization for Release of Protected Health Information
- Appendix C - Health Status Assessment Confidential Peer Review Document

X. RESPONSIBILITY

Medical Executive Committee

XI. APPROVAL BODY

Medical Executive Committee

Approval Signatures:

Jonathan R. Goble, MHA, MBA, FACHE
President and Chief Executive Officer IUH North Hospital

Date

Jay Bhatt, MD
Chair Medical Executive Committee
President, IUH North Hospital

Date

Paul Calkins, MD
Chief Medical Officer, IUH North Hospital

Date



APPENDIX A
CONSENT FOR DISCLOSURE OF INFORMATION
AND RELEASE FROM LIABILITY

I hereby authorize IU Health North Hospital to provide _____

_____ [the facility or physician performing health assessment] (the "Facility") OR [my treating physician] all information, 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 OR [my treating physician] to conduct a full and complete evaluation of my health status so that IU Health North Hospital 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 Indiana peer review law and that IU Health North Hospital, the Facility -OR- [my treating physician] 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, IU Health North Hospital, any of its officers, directors, or employees, any physician on the IU Health North Hospital Medical Staff, or any authorized representative of IU Health North Hospital, for any matter arising out of the release of information by IU Health North Hospital to the Facility OR [my treating physician].

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 OR [treating physician], for any matter arising out of the Facility's OR [my treating physician's] provision of an evaluation of my health status to IU Health North Hospital.

Date

Signature of Practitioner

Printed Name



APPENDIX B
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] (the "Facility") OR [my treating physician] to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to IU Health North Hospital and its Medical Executive Committee, PA&I Committee or designated sub-committee. 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:

- 1. my current condition;
2. 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];
3. to what extent, if any, my behavior and clinical practice need to be monitored;
4. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
5. 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 IU Health North Hospital 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 with others in the IU Health North Hospital. IU Health North Hospital does not seek, and neither the Facility NOR [my treating physician] are authorized to provide, my genetic information, including the results of genetic tests, information about the genetic tests of my family members, or information about the manifestation of a disease or disorder in my family members.

I understand that the willingness of the Facility to conduct this assessment or provide treatment does not depend on my signing this Authorization.

I understand that my health information is protected by federal law and 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, I also understand that the information being disclosed is protected by state peer review laws and that IU Health North Hospital OR [my treating physician], 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 the Facility has already relied upon it in making a disclosure to IU Health North Hospital. My written revocation will become effective with IU Health North Hospital OR [my treating physician] once IU Health North Hospital OR [my treating physician] has knowledge of it.

This Authorization expires when my medical staff appointment and clinical privileges at IU Health North Hospital end/terminate. Once this Authorization has expired, the Facility 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

Printed Name



APPENDIX C
HEALTH STATUS ASSESSMENT
CONFIDENTIAL PEER REVIEW DOCUMENT

Please respond to the following questions based upon your assessment of the current health status of _____ (the "Practitioner") (if additional space is required, please attach separate sheet):

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

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

- 2. Is the Practitioner 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 the Practitioner currently under any limitations concerning activities or work load? [] Yes [] No

If yes, please specify: _____

- 4. Is the Practitioner currently under the care of a physician? [] Yes [] No

If yes, please describe treatment plan: _____

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

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

Date

Signature of Physician Examiner

Printed Name of Physician Examiner _____