

# TORRANCE MEMORIAL MEDICAL CENTER

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<b>DEPARTMENT:</b>	<b>MEDICAL STAFF</b>
<b>POLICY/PROCEDURE:</b>	<b>POLICY ON PRACTITIONER HEALTH ISSUES</b>
<b>DATE APPROVED:</b>	<b>PRACTITIONER'S WELL BEING COMMITTEE: 3/29/2002; 09/15/2009, 3/18/2014</b>
	<b>MEDICAL EXECUTIVE COMMITTEE: 5/14/2002; 10/13/2009, 7/8/2014</b>
	<b>BOARD OF TRUSTEES: 7/31/2014</b>

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## I. POLICY

- A. The hospital and its medical staff are committed to patient safety and to providing patients with quality care. To this end, the hospital and its medical staff desire to develop, implement and maintain a process to identify and manage physician health, including (i) education of hospital and medical staff generally about illness and impairment recognition and prevention, (ii) investigation of allegations of physician impairment, and (iii) assistance in diagnosis and treatment referral and monitoring, in order to assist an impaired physician to retain or regain optimal professional functioning, consistent with patient protection. Impairment may result from any cause, including physical, psychiatric or emotional condition that may lead to or results in less than optimal professional functioning.
- B. The Practitioner's Well Being Committee shall supervise the development, implementation and maintenance of this process on behalf of the medical staff. The process shall encourage physicians suffering from an impairment that may or does affect the ability to practice medicine to voluntarily disclose the situation to the Practitioner's Well Being Committee so that appropriate steps can be taken to protect patients and to help the physician to practice safely and competently.
- C. To the extent possible, and consistent with quality of care and patient safety concerns, the Practitioner's Well Being Committee will handle impairment matters in a confidential fashion, subject to any and all state or federally mandated reporting requirements or as otherwise limited by law, ethical obligations or a threat to patient safety. The Practitioner's Well Being Committee shall keep the Chief Executive Officer and the Chief of Staff apprised of matters under review.
- D. Definition of an impaired physician: One who is unwilling or unable to practice medicine in whole or part, or otherwise perform functions ancillary to and necessary for optimal professional functioning, with reasonable skill and safety to patients because of any cause, including but not limited to a physical, psychiatric or emotional condition, including, but not limited to deterioration through the aging process or loss of motor skill, or use or abuse of drugs including alcohol.

## II. PROCEDURE

**EDUCATION:** Torrance Memorial and the Practitioner's Well Being Committee shall work together to ensure the development, implementation and maintenance of a process or program to educate medical staff and other appropriate Medical Center staff about illness and impairment recognition issues specific to physicians.

**SELF REFERRAL:** Torrance Memorial and the Practitioner's Well Being Committee shall work together to ensure the development, implementation and maintenance of a process or program to encourage impaired physicians to voluntarily refer themselves to the Practitioner's Well Being Committee, which shall endeavor to facilitate confidential diagnosis, treatment and rehabilitation of such physicians.

## III. MECHANISM FOR REPORTING BY TORRANCE MEMORIAL PERSONNEL

### EVALUATION OF SUCH REPORTS

- A. If any individual has a concern that a member of the medical staff may be impaired in any way that may affect his or her practice at the hospital, a written report shall be given to the Chief Executive Officer, the Chief of Staff, or any member of the Practitioner's Well Being Committee. The report shall include a factual description of the incident(s) that led to the concern.

**III. MECHANISM FOR REPORTING BY TORRANCE MEMORIAL PERSONNEL CONTINUED**

**EVALUATION OF SUCH REPORTS CONTINUED**

- B. If, after discussing the incident(s) with the individual who filed the report, the Chief Executive Officer, the Chief of Staff, and/or any member of the Practitioner's Well Being Committee believes there is enough credible information to warrant a review, the matter shall be referred to the Practitioner's Well Being Committee.
- C. The Practitioner's Well Being Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention.
- D. As part of its review, the Practitioner's Well Being Committee may meet with the individual(s) who prepared the report.
- E. If the Practitioner's Well Being Committee has reason to believe that the physician is or might be impaired, it shall meet with the physician. The Chairman of the Practitioner's Well Being Committee will determine who should attend this meeting. At this meeting, the physician should be told that there is a concern that he or she might be suffering from an impairment that affects his or her practice. The physician should not be told who filed the initial report, but should be advised of the nature of the concern.

**DIAGNOSIS, TREATMENT AND MONITORING OF IMPAIRED PHYSICIAN CONDUCT**

- A. As part of its review, the Practitioner's Well Being Committee may request that the physician be evaluated by an appropriate internal or external professional resource and that the results of such evaluation, including diagnosis and treatment recommendations, if any, be provided to it. A consent for the release of information to the Practitioner's Well Being Committee is attached as Appendix A.
- B. Depending upon the severity of the problem and the nature of the impairment, the Practitioner's Well Being Committee has the following options available to it:
  - i. recommend that the physician voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment;
  - ii. recommend that appropriate conditions or limitations be placed on the physician's practice;
  - iii. recommend that the physician voluntarily agree to refrain from exercising some or all privileges in the hospital until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the physician is able to practice safely and competently;
  - iv. recommend that some or all of the physician's privileges be suspended if the physician does not voluntarily agree to refrain from practicing in the hospital.
- C. If the Practitioner's Well Being Committee recommends that the physician participate in a rehabilitation or treatment program, it should assist the physician in locating a suitable program.
- D. If the physician agrees to abide by the recommendation of the Practitioner's Well Being Committee, then a confidential report will be made to the Chief Executive Officer and the Chief of Staff. In the event there is concern by the Chief Executive Officer or the Chief of Staff that the action of the Practitioner's Well Being Committee is not sufficient to protect patients, the matter will be referred back to the Practitioner's Well Being Committee with specific recommendations on how to revise the action or it will be referred to the Medical Executive Committee for an investigation.

**III. MECHANISM FOR REPORTING BY TORRANCE MEMORIAL PERSONNEL** CONTINUED

**DIAGNOSIS, TREATMENT AND MONITORING OF IMPAIRED PHYSICIAN CONDUCT:**  
continued

- E. If any individual has a reasonable concern that a member of the medical staff may be impaired while on hospital premises and the individual believes that an immediate response is necessary in order to protect the health and safety of patients or the orderly operation of the hospital, the individual shall immediately notify the relevant department chair, CEO or designee. The department chair shall assess the physician and determine whether it appears that an impairment exists that may immediately affect the ability to safely practice medicine in the Hospital. The department chair may relieve the physician of responsibility for the patient or patients and assign to another individual with appropriate clinical privileges responsibility for care of the affected physician's hospitalized patients. The wishes of the patient shall be considered in the selection of a covering physician. Patients may be assigned to the physician on call. The affected patients shall be informed that the physician is unable to proceed with their care due to illness.

Following the immediate response, the individual and the department chair shall file formal reports as described in this Policy in order for the question of impairment to be more fully assessed and addressed.

**IV. REINSTATEMENT**

- A. Upon sufficient proof that a physician who has an impairment and has successfully completed a rehabilitation or treatment program, the Practitioner's Well Being Committee may recommend that the physician's clinical privileges be reinstated. In making a recommendation that an impaired physician be reinstated, the Practitioner's Well Being Committee must consider patient care interests as paramount.
- B. Prior to recommending reinstatement, the Practitioner's Well Being Committee must obtain a letter from the physician overseeing the rehabilitation or treatment program. (A copy of a release from the physician authorizing this letter is attached as Appendix B.) The letter must address the following:
- i. the nature of the physician's condition;
  - ii. whether the physician is participating in a rehabilitation or treatment program and a description of the program;
  - iii. whether the physician is in compliance with all of the terms of the program;
  - iv. to what extent the physician's behavior and conduct need to be monitored;
  - v. whether the physician is rehabilitated;
  - vi. whether an after-care program has been recommended to the physician and, if so, a description of the after-care program; and
  - vii. whether the physician is capable of resuming medical practice and providing continuous, competent care to patients.
- C. Before recommending reinstatement, the Practitioner's Well Being Committee may request a second opinion on the above issues from a physician of its choice.

**IV. REINSTATEMENT CONTINUED**

- D. Assuming that all of the information received indicates that the physician is capable of resuming care of patients, the following additional precautions shall be taken before the physician's clinical privileges are reinstated:
  - i. 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
  - ii. the physician shall be required to provide periodic reports to the Practitioner's Well Being Committee from his or her attending physician, 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.
- E. The final decision to reinstate a physician's clinical privileges must be approved by the Chief Executive Officer in consultation with the Chief of Staff.
- F. The physician's exercise of clinical privileges in the hospital shall be monitored by the department chief or by a physician appointed by the department chief. The nature of that monitoring shall be recommended by the Practitioner's Well Being Committee in consultation with the Chief of Staff.
- G. If the physician has an impairment relating 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 Chief Executive Officer, the Chief of Staff, or any member of the Practitioner's Well Being Committee.
- H. In the event of any apparent or actual conflict between this policy and the bylaws, rules and regulations, or other policies of the hospital or its medical staff, including the investigation, hearing and appeal sections of those bylaws and policies, the provisions of this policy shall control.

**V. COMMENCEMENT OF AN INVESTIGATION**

- A. The hospital and the medical staff believe that issues of impairment can best be dealt with by the Practitioner's Well Being Committee to the extent possible. If, however, the Practitioner's Well Being Committee makes a recommendation, including a recommendation for an evaluation or a restriction or limitation on privileges, and the physician refuses to abide by the recommendation, the matter shall be referred to the Medical Executive Committee for an investigation to be conducted pursuant to the Bylaws .

**VI. DOCUMENTATION AND CONFIDENTIALITY**

- A. The original report and a description of any recommendations made by the Practitioner's Well Being Committee shall be included in the physician's credentials file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review reveals that there may be some merit to the report, but not enough to warrant 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.
- B. The Chief Medical Officer or the Chief of Staff shall inform the individual who filed the report that follow-up action was taken.

**VI. DOCUMENTATION AND CONFIDENTIALITY**

- C. 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.
- D. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the physician or others, the Chief Executive Officer or the Chief Medical Officer, in consultation with the Chief of Staff, may contact law enforcement authorities or other governmental agencies.
- E. All requests for information concerning the impaired physician shall be forwarded to the Chief of Staff for response.
- F. 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.

**ATTACHMENTS:      APPENDIX A  
                             APPENDIX B  
                             APPENDIX C**

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APPENDIX A

CONSENT FOR RELEASE OF INFORMATION PERTAINING TO EVALUATION

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I hereby request that \_\_\_\_\_ [the Facility] provide \_\_\_\_\_ Torrance Memorial Medical Center (“the Hospital”) and it’s Medical Executive Committee (or Practitioner’s Well Being Committee) with all information relevant to your evaluation of my ability to care for patients safely, to competently fulfil the responsibilities of medical staff appointment and to relate cooperatively to others in the Hospital.

I also request that the Hospital and Medical Executive Committee (or Practitioner’s Well Being Committee) provide \_\_\_\_\_ [the Facility] with a copy of any information which it believes supports the need for the evaluation and any other information that \_\_\_\_\_ [the Facility] might request.

Release of All Claims. The undersigned, together with (my/its) affiliates, directors, officers, partners, employees, shareholders and agents, if any and as applicable (the “Releasing Party”), hereby fully release and forever discharge, to the fullest extent permissible by law, Torrance Memorial Medical Center, and its medical staff members and committees, individually and collectively, including their respective affiliates, directors, officers, partners, employees, shareholders, and agents (the “Released Parties”), from any and all claims, contracts and potential liabilities, whether known or unknown, foreseen or unforeseen, patent or latent, in contract or tort, for any and all past and future damages, actual or exemplary, that Releasing Party has, or may have, against the Released Parties related either directly or indirectly to the information requested herein, the Releasing Party hereby further covenants not to sue or to institute or cause to be instituted any action in any federal, state or local agency or any court or other tribunal against the Released Parties, that is related directly or indirectly to information requested herein. The undersigned expressly acknowledges that (he/she/it) has read and understood the Release and has entered into it voluntarily and without coercion.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Physician

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**APPENDIX B**  
**CONSENT FOR RELEASE OF INFORMATION**

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I hereby request that Dr. \_\_\_\_\_ [physician overseeing treatment] provide Torrance Memorial Medical Center ("the Hospital") and its Medical Executive Committee (or Practitioner's Well Being Committee) with information pertaining to my rehabilitation or treatment program. Specifically, this information should include:

- (a) the nature of my condition;
- (b) whether I am participating in a rehabilitation or treatment program;
- (c) whether I am in compliance with all of the terms of the program;
- (d) to what extent my behavior and/or conduct needs to be monitored;
- (e) whether I am rehabilitated;
- (f) whether an after-care program has been recommended for me and, if so, a description of the after-care program; and
- (g) whether I am capable of resuming medical practice and providing continuous, competent care to patients.

I also request that Dr. \_\_\_\_\_ provide the Hospital and its Medical Executive Committee (or Practitioner's Well Being Committee) with periodic reports relating to my ongoing rehabilitation or treatment and my ability to treat and care for patients in the Hospital.

Release of All Claims. The undersigned, together with (my/its) affiliates, directors, officers, partners, employees, shareholders and agents, if any and as applicable (the "Releasing Party"), hereby fully release and forever discharge, to the fullest extent permissible by law, Torrance Memorial Medical Center, and its medical staff members and committees, individually and collectively, including their respective affiliates, directors, officers, partners, employees, shareholders, and agents (the "Released Parties"), from any and all claims, contracts and potential liabilities, whether known or unknown, foreseen or unforeseen, patent or latent, in contract or tort, for any and all past and future damages, actual or exemplary, that Releasing Party has, or may have, against the Released Parties related either directly or indirectly to the information requested herein, the Releasing Party hereby further covenants not to sue for to institute or cause to be instituted any action in any federal, state or local agency or any court or other tribunal against the Released Parties, that is related directly or indirectly to information requested herein. The undersigned expressly acknowledges that (he/she/it) has read and understood the Release and has entered into it voluntarily and without coercion.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

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APPENDIX C  
HEALTH STATUS ASSESSMENT

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CONFIDENTIAL PEER REVIEW DOCUMENT  
HEALTH STATUS ASSESSMENT

Please respond to the following questions based upon your assessment of Dr. \_\_\_\_\_'s current health status (if additional space is required, please attach separate sheet):

1. Does Dr. \_\_\_\_\_ have any physical, 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 Dr. \_\_\_\_\_ 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 Dr. \_\_\_\_\_ currently under any limitations concerning activities or work load? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

4. Is Dr. \_\_\_\_\_ currently under the care of a physician? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_

5. In your opinion, is any accommodation necessary to permit Dr. \_\_\_\_\_ to exercise privileges safely and/or to fulfill medical staff responsibilities appropriately? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain any such accommodation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician Evaluator