

<b>Policy:</b> Physician Health
<b>Type:</b> Administrative Policy and Procedure
<b>Applicable To:</b> Monmouth Medical Center, Southern Campus
<b>Policy Owner:</b> Medical Affairs
<b>Effective Date:</b> September 2023
<b>Approved by:</b> Medical Executive Committee

**1. Policy Statement:**

A practitioner should be physically, mentally, and emotionally fit to exercise privileges granted in a safe and reliable manner. It is the policy of Monmouth Medical Center Southern Campus (MMC-SC) to provide assistance to individual Medical Staff members who suffer from diseases of impairment. MMC-SC will encourage a physician impaired by virtue of physical or psychiatric disease, problems in living, or problems of alcohol or drug abuse to voluntarily accept referral for treatment or assistance. On completion of treatment, it is the policy to refer the practitioner to a structured system for the support and assistance of the recovering professional in a manner consistent with the legal and professional responsibilities of the Hospital and the organized Medical Staff.

**DEFINITIONS:**

- Impaired Physician: a physician with a disease of impairment which might impede his/her ability to practice medicine, pose a threat to patients, or pose a threat to the physician himself/herself.
- Diseases of Impairment: For the purpose of this policy, diseases of impairment shall include Alcohol Use Disorders, Drug Use Disorders, Psychiatric Disorders, Disruptive Behavioral Disorders, Psycho Sexual Disorders and Metabolic or Physical Disorders.
- "Alcohol": beer, wine, and all forms of distilled liquors containing ethyl alcohol, and any mixture containing the same.
- "Drug": any substance, other than Alcohol, that has known mood or mind- altering

**2. Acronyms:**

MMSC	Monmouth Medical Center, Southern Campus
CMO	Chief Medical Officer
CEO	Chief Executive Officer

**3. Related Documents:**

Document Type	Document Name
<b>1. Associated Procedures:</b>	N/A
<b>2. Resources:</b>	<b>Physician Health - Attachment A</b> <a href="#">Physician Health - Attachment A.docx</a>
<b>3. Job Aids:</b>	N/A
<b>4. Regulatory references:</b>	The Joint Commission Comprehensive Accreditation Manual for Hospital

<b>Procedure:</b> Physician Health
<b>Type:</b> Administrative Procedure
<b>Applicable To:</b> Monmouth Medical Center Southern Campus (MMCSC)
<b>Procedure owner:</b> Medical Affairs
<b>Effective date:</b> September 9, 2023
<b>Approved by:</b> Medical Executive Committee

**1. Purpose Statement:**

To formulate guidelines to assist in the identification and treatment of and follow up assistance to physician members of the Medical Center who suffer from diseases of impairment.

**2. Acronyms:**

MMCSC	Monmouth Medical Center Southern Campus
CMO	Chief Medical Officer

**3. Procedure:**

Performed By (title/area)	Required Action Steps	Supplemental Guidance
<i>Medical Executive Committee</i>	<p><b>PROCEDURE:</b></p> <p>I. <u>Medical Staff Voluntary Reporting Responsibility:</u></p> <ol style="list-style-type: none"> <li>1. It is every practitioner's responsibility to take cognizance of a colleague's inability to practice his/her profession competently by reason of physical or mental incapacitation. It is each practitioner's responsibility to call this situation to the attention of the Physician Impairment Committee.</li> </ol> <p>II. <u>Physician Impairment Committee</u></p> <ol style="list-style-type: none"> <li>1. The President of the Medical Staff, the Department Chair and Section Chief relevant to the suspected impaired physician's practice and the Chief Medical Officer (CMO) shall serve as the institution's Physician Impairment Committee. The President of the Medical Staff, in consultation with the CMO may appoint an additional ad Hoc physician member to the committee who possesses particular expertise in the area of physician impairment. This team is to act as a liaison with the Physicians' Health Program of the Medical Society of New Jersey (The Physician Assistance Program approved by the New Jersey State Board of Medical Examiners).</li> <li>2. Physician Impairment Committee functions shall include:               <ol style="list-style-type: none"> <li>a) Field and evaluate complaints and concerns about</li> </ol> </li> </ol>	

	<p>physicians;</p> <ul style="list-style-type: none"><li>b) Gather collateral information regarding concerns;</li><li>c) Determine validity of concerns;</li><li>d) Provide a forum for discussion/resolution of concerns;</li><li>e) Refer matters, when appropriate, to the Physicians' Health Program for evaluation, treatment and monitoring;</li><li>f) Provide for education of the Medical Staff and other organizational staff about illness and impairment recognition issues specific to physicians;</li><li>g) Report to the Medical Staff Leadership instances in which a physician is providing unsafe treatment.</li></ul> <p>3. Referrals to the Physician Impairment Committee:</p> <ul style="list-style-type: none"><li>a) All questions, complaints, or inquiries that arise concerning the professional performance of any staff member when the issue of impairment is a consideration, may be referred to any member of the Medical Center's Physician Impairment Committee, either directly or via immediate supervisor/department head. This Committee member shall then bring this issue to the full impairment committee for consideration and action. The Committee shall also accept self-referrals. The Committee shall ensure the confidentiality of the physician seeking referral or referred for assistance except as limited by law, ethical obligation, or when the safety of a patient is threatened.</li></ul> <p>4. Report and Investigation: If any physician or individual working in the Hospital has a reasonable suspicion that a Medical Staff member is impaired, the following steps should be taken:</p> <ul style="list-style-type: none"><li>a) A report, preferably written, shall be forwarded to the Physician Impairment Committee. The report must be factual and shall include a description of the incident(s) that led to the belief that the physician is impaired. The individual making the report does not need to have proof of the impairment, but must state the facts leading to the suspicions.</li><li>b) If the Physician Impairment Committee determines that there is sufficient information to warrant an investigation, the Committee shall direct an investigation and render a report.</li></ul>	
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	<ul style="list-style-type: none"><li>c) If the investigation reveals sufficient evidence that the physician is impaired, the Committee or its designee shall personally meet with the physician who shall be informed of the results of the investigation. The physician should not be told who filed the report but should be told the specific incidents contained in the report.</li><li>d) Depending on the severity of the problem, the Hospital may exercise the following options:<ul style="list-style-type: none"><li>i. Require that the physician be evaluated by the Physicians' Health Program;</li><li>ii. Require the physician to undertake a rehabilitation program as a condition of continued appointment and use of clinical privileges;</li><li>iii. Impose appropriate restrictions on the physician's clinical privileges to ensure safe patient care until evaluation by the Physicians' Health Program is complete and a therapeutic plan is in place;</li><li>iv. Immediately suspend the physician's privileges at the hospital until sufficient rehabilitation has been accomplished if the practitioner is non-compliant with the Physicians' Health Program's recommendations and therapeutic plan, or if the practitioner does not voluntarily agree to the restrictions recommended, and to do otherwise would compromise safe patient care.</li></ul></li><li>e) If the matter cannot be handled internally or jeopardizes the safety of the physician or others, the Hospital shall seek the advice of Hospital counsel to determine whether any conduct must be reported to law enforcement authorities or other governmental agencies and what further steps must be taken.</li><li>f) The Committee shall inform the individual who filed the report that follow-up action was taken.</li><li>g) Throughout this process, all parties must refrain from speculation, conclusions, gossip and any discussions of this matter with anyone outside those described in this policy.</li><li>h) If the Committee determines after investigation that no impairment issue exists,</li></ul>	
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this conclusion shall also be documented.

III. Liaison with the Medical Society of New Jersey:

1. If there is sufficient reason that impairment may be an issue, the Physician Impairment Committee shall seek consultation with the Physicians' Health Program staff at the Medical Society of New Jersey, 2 Princess Road, Lawrenceville, New Jersey, 08648 (Telephone: 609-896-1766 ext. 206).
2. After review of the issues, allegations and the factual documentation, the Medical Society of New Jersey's Physicians' Health Program will interview the physician and render an opinion as to existence of an impairment. Referral for treatment after evaluation shall be the responsibility of the Physicians' Health Program. If the physician has refused a referral and a determination is made that his/her activities, competence, or professional conduct are below the standards established by the Medical Staff for proper patient care, the President of the Medical Staff or the Chief Medical Officer should be notified immediately and shall have the authority to summarily suspend all or any portion of the clinical privileges of the physician. Such suspension shall become effective immediately upon imposition. The physician upon whom summary suspension has been imposed may request a hearing before the Medical Executive Committee in accordance with procedures provided in the Medical Staff By laws.
3. The monitoring of the rehabilitation program shall be the responsibility of the Physicians' Health Program in cooperation with the Physician Impairment Committee of Monmouth Medical Center Southern Campus. Reports of such monitoring shall be submitted on a regular basis to the Chief Medical Officer. Further discussion with individuals outside the Physician Impairment Committee shall be conducted on a need to know basis only.
4. Any cost for treatment or laboratory testing required for monitoring shall be the responsibility of the involved physician. Following appropriate evaluation, treatment, and monitoring, a recommendation concerning clinical privileges shall be made by the Physicians' Health Program to the

CMO who shall then consult with the Physician Impairment Committee. Any recommended change in privileges shall follow the normal course prescribed in the bylaws of the Medical Staff. The Committee shall monitor the compliance of the impaired physician with any rehabilitation program through reports from the Physicians' Health Program and shall ensure that patient safety and quality of care is maintained during the physician's rehabilitation. The CMO or his designee, shall be authorized to order immediate substance abuse testing, to be performed at a designated laboratory, upon a reasonable suspicion of unauthorized drug or alcohol use.

5. The Medical Center shall abide by the reporting provisions of New Jersey's Professional Medical Conduct Reform Act. In accordance with NJAC 13:35-11 (the Alternative Resolution Program), referring an impaired physician to the Physicians' Health Program of the Medical Society of New Jersey shall satisfy the State Medical Board's regulatory reporting requirements. It is the responsibility of the Physicians' Health Program to report non-compliant participants in the program in accordance with this regulatory scheme.

#### IV. Reinstatement of Active Clinical Privileges

1. If suspended or relinquished, a physician's clinical privileges shall not be reinstated until it is established, to the Hospital's satisfaction, that the physician has successfully completed an approved program of rehabilitation and is compliant with any prescribed aftercare and monitoring programs.
2. In consideration of reinstatement, the Hospital and Medical Staff leadership must consider patient-care interests paramount.
3. Prior to reinstatement, the Hospital must first obtain a letter, the release being authorized by the physician, from the Medical Director of the Physicians' Health Program. The letter shall state whether or not:
  - a. The physician is participating in the program;
  - b. The physician is in compliance with all of the terms of the program;
  - c. The physician, if appropriate, regularly attends approved and recognized program meetings;
  - d. The physician's behavior and conduct are monitored and to what extent;

	<ul style="list-style-type: none"> <li>e. In the opinion of those providing treatment, the physician is in recovery;</li> <li>f. An aftercare program has been recommended and, if so, a description of same;</li> <li>g. In the Medical Director's opinion, the physician is capable of resuming medical practice and providing continuous, competent care to patients.</li> </ul> <p>DOCUMENTATION:</p> <p>It is the responsibility of the Physician Impairment Committee to review the issues and allegations, to document the facts of the individual case, and to ensure that all files are maintained in a secure manner.</p>	
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**4. Related Documents:**

Document Type	Document Name
<b>Policy</b>	Physician Health
<b>Job aids</b>	N/A
<b>Patient and family education materials</b>	N/A
<b>Resources</b>	<p><b>Physician Health - Attachment A</b></p> <p><a href="#">Physician Health - Attachment A.docx</a></p>
<b>Forms</b>	N/A
<b>Regulatory references</b>	The Joint Commission Comprehensive Accreditation Manual for Hospital

MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS

PHYSICIAN HEALTH

Attachment A

DISRUPTIVE BEHAVIORS\* MAY INCLUDE:

*INAPPROPRIATE WORDS OR ACTIONS DIRECTED TOWARD ANOTHER PERSON:*

- Sexual Comments or Innuendoes
- Sexual Harassment
- Seductive, Aggressive, or Assaultive Behavior
- Racial, Ethnic, Religious or Socioeconomic Slurs
- Lack of regard for personal comfort and dignity of others

*INAPPROPRIATE RESPONSE TO PATIENT NEEDS OR STAFF REQUESTS:*

- Untimely or unsuitable replies to pages or calls
- Unprofessional demeanor or conduct
- Uncooperative, defiant approach to resolving problems
- Rigid, inflexible responses to requests for assistance or cooperation

*INAPPROPRIATE ANGER OR RESENTMENT:*

- Intimidation
- Abusive or Profane Language
- Blames or shames other for possible adverse outcomes
- Unnecessary sarcasm or cynicism
- Threats of violence, retribution, or litigation

\* A "disruptive physician" is one who exhibits a pattern of disruptive behavior over time which does not cease after the physician is informed of the inappropriateness of his/her behavior.