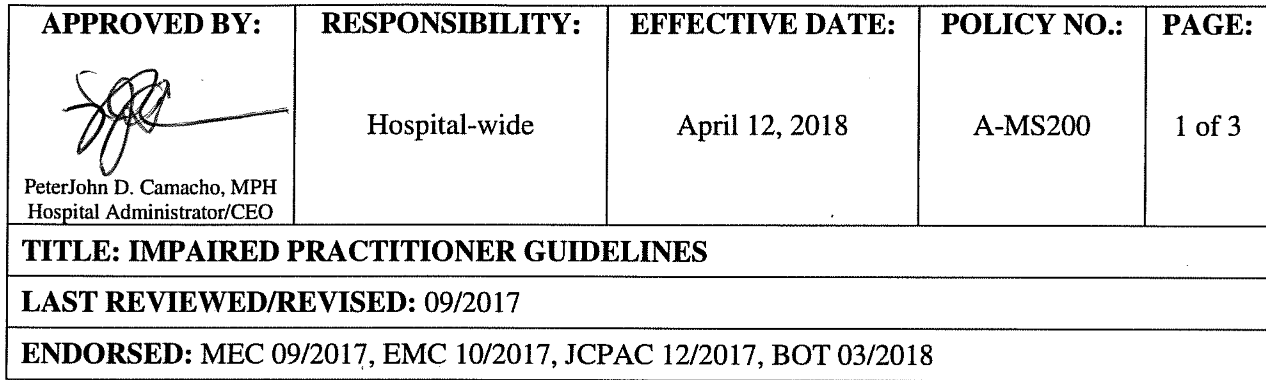
GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL



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PeterJohn D. Camacho, MPH Hospital Administrator/CEO	Hospital-wide	April 12, 2018	A-MS200	1 of 3
TITLE: IMPAIRED PRACTITIONER GUIDELINES				
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PURPOSE

Organized medicine is accountable to the public for the maintenance of high professional standards. In addition, the governing body of the hospital is by statute responsible for the quality of care rendered in the hospital. It is the hospital's duty to ensure that the Medical Staff reviews the quality and necessity of care provided to patients. These standards are jeopardized by the impaired practitioner "who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol" (AMA definition). "Burn-out" may also be included in the definition of impairment. The impairment may be partial, temporary, or permanent.

The definition of "impaired practitioners" shall include physicians who are members of the Guam Memorial Hospital Authority Medical Staff and Allied Health professional with privileges granted by the Board of Trustees to practice in the specified profession under the supervision of the Medical Staff.

Each member of the GMHA medical and non-medical staff has the ethical responsibility to recognize and report a practitioner's impairment. This action will protect the practitioner's patients and will allow rehabilitation of the practitioner, when possible. The earliest possible intervention is the most desirable and provides the best opportunity for successful rehabilitation.

It is the purpose of the Credential Committee to function as a review entity and to provide a mechanism through which the impaired practitioner can be identified and contacted in a manner that will protect the person's dignity and anonymity and avoid embarrassment. The committee will make every effort to enlist the practitioner's voluntary cooperation to acknowledge that a problem exists and to seek treatment for that problem. While treatment and rehabilitation is favored above all other alternatives, for the protection of the public whom we serve, failure to obtain voluntary cooperation from a practitioner with a suspected impairment will result in a recommendation from the committee to the department chairperson and the President of the Medical Staff that a comprehensive investigation be conducted, to determine if disciplinary action is warranted pursuant to the relevant provisions on the Medical Staff Bylaws.

POLICY

I. IDENTIFICATION

A. An oral or, preferably, a written report shall be given to the Hospital Administrator/CEO, Chairperson of the Credentials Committee, of the President of the Medical Staff. The report shall include a description of the incident(s) that led to the belief that the practitioner may be impaired. The reports must be

factual. It is not necessary to **have** proof of impairment; a reasonable belief is sufficient.

B. The identity of the person making the report will be kept confidential so that such reporting is encouraged.

C. It is the responsibility of the Credentials Committee's ad hoc Impaired Practitioners Subcommittee appointed by the Chairperson to investigate each report to determine the validity of the report.

D. A practitioner may confidentially self-report any impairment he/she may have to the hospital, and every effort will be made to assist the practitioner through the rehabilitation process.

II. INVESTIGATION

A. Members of the Impaired Practitioners Subcommittee will evaluate and follow-up on any report of possible impairment of a Medical Staff practitioner. When the evaluation warrants, selected members of the committee will meet with the practitioner in question.

B. If the practitioner acknowledges a problem causing impairment, the committee will assist the practitioner regarding treatment, monitoring and return to practice.

C. If it is determined by the Subcommittee the original report does not contain credible evidence of impairment, the Subcommittee may dismiss the complaint.

D. If the practitioner denies the existence of a problem, the Subcommittee via Credentials Committee will notify the practitioner's department Chairperson and the President of the Medical Staff and will proceed with a comprehensive investigation. This may include discussions with the person filing the report, with close associates and with the family of the practitioner.

E. If the Subcommittee concludes that a problem does exist that is sufficient to cause probable impairment, the precise nature of that problem and the recommendation of the Subcommittee to deal with the problem will be explained to the practitioner. A trained interventionist may be used in an effort to secure the practitioner's cooperation.

F. Depending upon the nature and severity of the problem, it may be necessary to recommend to the department chairperson and President of the Medical Staff that:

1. The practitioner participates in a monitored rehabilitation program as a condition of **continued hospital privileges**.
2. Appropriate limitation on hospital privileges be imposed.
3. Immediate suspension of hospital privileges be implemented until rehabilitation has been accomplished.

G. If the Subcommittee believes that a problem does exist, sufficient to cause impairment, but the practitioner is unwilling to cooperate with the Subcommittee, the entire matter will be turned over to the appropriate department chairperson, and the President of the Medical Staff.

H. The original report and a description of the actions taken by the Subcommittee or President of the Medical Staff shall be maintained in the practitioner's file. Any report that is determined not to have merit will be destroyed along with all **investigative information**.

III. TREATMENT

A. A list of treatment programs suitable for the impaired practitioner will be maintained by the Subcommittee. The Subcommittee will assist the practitioner in locating and entering the best treatment program for the particular need. Written treatment goals and objectives will be developed for the practitioner need. The progress of treatment will be monitored by the Subcommittee.

B. After successful completion of a treatment or rehabilitation program, the Subcommittee will assist the practitioner with return to practice. This may include restoration of hospital privileges in the case of limited privileges or a return to practice on a limited basis in certain cases.

IV. MONITORING

A. The Subcommittee will act to monitor the conduct of the practitioner in a manner that is appropriate to the nature and severity of the impairment. In general, regular monitoring will occur at least quarterly over a two year period.

B. The rehabilitated practitioner must identify two physicians who are willing and able to assume care of his/her patients in the event of inability or unavailability to care for patients.

C. The practitioner must agree to periodic evaluation by an appropriate physician(s) acceptable to the Subcommittee relative to his/her medical condition and to his/her ongoing treatment. This evaluation may include alcohol or drug screening testing. The practitioner must authorize that these evaluations be made available to the Subcommittee.

D. Any relapse by the practitioner will result in a re-evaluation of the situation and appropriation recommendations by the Subcommittee.

V. CONCLUSION

The Impaired Practitioner Subcommittee seeks to facilitate identification and rehabilitation of the impaired practitioner. It is not a therapeutic or a disciplinary body. By use of informal, confidential approach, we desire to help our colleagues who are in need. Common sense and good judgement are requisites to realization of this goal. The success of this effort requires the good faith action of all of us so that no impaired practitioner goes unnoticed.

RESCISSION:

Policy No. 6170-4, Impaired Practitioner Guidelines, of the GMHA Administrative Manual made effective July 1992.