IMPAIRED PROVIDER POLICY

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
BARNES-JEWISH HOSPITAL
ST. LOUIS CHILDREN’S HOSPITAL

Approved by Faculty Practice Plan Clinical Practice Committee on February 22, 2007
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PURPOSE AND OBJECTIVES

Washington University School of Medicine, Barnes-Jewish Hospital and St. Louis Children’s Hospital (hereinafter collectively referred to as the Academic Medical Center, or “AMC”) are committed to providing high quality patient care and to the health and welfare of AMC health care providers. The AMC recognizes that physical, psychological and emotional impairments, including substance abuse, may affect health care providers, resulting in impaired skills, judgment and job performance and adversely affecting patient safety and the quality of patient care. This policy was developed to address the potential impact of such problems on both patient care and the health of the impaired providers. Methods are provided whereby impairments among health care providers can be detected and addressed in a responsible, non-threatening, and confidential manner.

The procedures below allow for confidential reporting, including self-reporting, of suspected impairments; confidential investigation, as appropriate, of such reports; and measures to obtain evaluation and treatment where indicated and to ensure that patients continue to receive high quality care.

DEFINITIONS

Health care provider: Any person who is employed, contracted or appointed by WUSM and provides clinical services to patients (including, without limitation, physicians, nurses, therapists and physician assistants), any member of the medical staff of Barnes-Jewish Hospital or St. Louis Children’s Hospital and any allied health professional who has clinical privileges at Barnes-Jewish Hospital or St. Louis Children’s Hospital.

Impaired provider: A health care provider who is affected by, or is reasonably believed to be affected by, an impairment.

Impairment: Any condition, disorder or other impairment that adversely affects, or may adversely affect, the quality of patient care, including substance abuse or any other physical, cognitive, mental, psychological, psychiatric, emotional and/or medical condition, disorder or impairment.
Substance Abuse: The personal use of any chemical substance that is proscribed by law or regulation (e.g., Schedule I drugs); the personal misuse of any legally controlled substance, including the use of any such substance for any reason other than its intended proper use or other than as directed; and/or the personal use at any time of any normally legal substance (e.g., alcohol) in a manner that causes impairment during work.

Health Advisory Committee: A standing committee of the AMC that has the responsibilities of directing and coordinating the implementation of this policy, maintaining accurate records of all committee activities, and serving in an advisory role to the Faculty Practice Plan Chief Executive Officer, to the chairs of Medical Executive Committees (“MEC”) and the Chief Medical Officers (“CMO”) of Barnes-Jewish Hospital and St. Louis Children’s Hospital, and to appropriate department head(s) regarding impaired provider matters. The committee will consist of representatives from various clinical departments (including at least one member of the Department of Psychiatry), with appointments to the committee made by the FPP Chief Executive Officer (in consultation with the FPP Board of Directors) and the MEC of both Barnes-Jewish Hospital and St. Louis Children’s Hospital.

Intervention: An organized encounter in which a group of concerned, trained individuals meet with a potentially impaired provider for the purpose of motivating that individual to accept immediate evaluation and/or treatment for his or her impairment.

Advocacy agreement: An agreement that outlines a structured program of treatment, recovery, monitoring and/or compliance of an impaired provider in the context of his or her return to practice.

Monitoring: Monitoring is used to follow the evaluation, treatment, recovery and/or progress of the impaired provider, and may include follow-up visits and scheduled or random drug testing. For providers impaired by substance abuse, monitoring will be done by a professional addictionologist or other appropriate health care provider (such as a psychiatrist, neurologist, etc.) who has been approved by the department head, the FPP Chief Executive Officer, the MEC and the Health Advisory Committee, as appropriate. Regular reports about the individual’s compliance and progress will be communicated to the Health Advisory Committee, the FPP Chief Executive Officer, the MEC chair(s) and the CMO(s), as appropriate.

Missouri Physicians Health Program (MPH Program): The MPH Program is the impaired physicians program for Missouri, sponsored by the Missouri State Medical Association. The staff of this organization has specific training in dealing with substance abuse and other impairments. The MPH Program has no relationship with any licensing or governmental organization and all the services delivered by the program are done in a confidential manner.
PROCEDURES

1. Any employee of any member of the AMC or any other person who has non-privileged information regarding a potentially impaired provider, including the impaired provider himself/herself, is expected to report this information to the appropriate department head(s) or to the FPP Chief Executive Officer. In the event that the potentially impaired provider is also an employee of Barnes-Jewish Hospital or St. Louis Children’s Hospital, the department head and/or the FPP Chief Executive Officer shall report the information to the CMO of the employing hospital. All such information will be held in confidence as set forth in the Confidentiality section of this policy. In addition, the identity of the reporting individual shall be kept confidential.

2. At any point after information concerning a potentially impaired provider is received, the provider may be removed from patient care responsibilities and/or be placed on administrative suspension in accordance with applicable policies and medical staff bylaws if, in the judgment of the department head (with input from the Health Advisory Committee, the FPP Chief Executive Officer, and/or the MEC chair and CMO of the primary hospital of the impaired provider’s practice, as applicable), failure to do so would potentially compromise the quality or safety of patient care.

3. After receiving information regarding a potentially impaired provider, the department head and the FPP Chief Executive Officer will confer and determine whether the matter should be addressed in the first instance at the department level or whether the matter should be referred at the outset directly to the Health Advisory Committee. Departments may adopt and follow their own impaired provider policies, provided that such policies are not inconsistent with this policy and are approved by the FPP and MEC. If the decision is made to initially handle the matter at the department level, the department head will make a threshold determination as to whether further investigation is warranted. If the department head decides investigation is warranted, he/she will inform the FPP Chief Executive Officer, and if applicable the CMO of the primary hospital of the impaired provider’s practice, of that determination. If, following investigation, the department head is able to resolve the matter at the department level, he/she will inform the FPP Chief Executive Officer, and if applicable the appropriate hospital CMO, of the details of such resolution. In the event of disagreement among the department head, FPP Chief Executive Officer and/or hospital CMO regarding the department’s resolution of the matter, the disagreement will be resolved in consultation with the Dean and relevant hospital president.

4. If no resolution is reached at the department level, or if the department head decides that the matter should be referred to the Health Advisory Committee in the first instance, the Health Advisory Committee will investigate the allegations of impairment as appropriate. Where appropriate, the investigation may be done in consultation with the MPH Program staff. The findings of the investigation, including any recommendations concerning evaluation, treatment

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1 Information obtained in the course of a privileged provider-patient relationship should not be disclosed pursuant to this policy, unless the provider believes the impaired provider presents a serious and imminent threat to the safety of him or herself, patients or others. If the provider believes the impaired provider presents such a threat, he or she should contact the WUSM HIPAA Privacy Office to discuss whether disclosure is appropriate.
or other measures shall be conveyed by the Health Advisory Committee to the FPP Chief Executive Officer and the department head, and if applicable to the CMO of the primary hospital of the impaired provider’s practice.

5. If the investigation reveals that an impairment exists or is likely to exist with a health care provider, immediate steps will be taken to remove the impaired provider from patient care responsibilities. The Health Advisory Committee, and others deemed appropriate by that Committee, will meet with the impaired provider to discuss ways to address the problem. As appropriate, an intervention may be performed under the direction of the MPH Program staff and attended by persons deemed necessary or beneficial to the intervention. As part of the process of intervention or otherwise addressing the problem, a request may be made that the impaired provider voluntarily submit to an evaluation and follow the recommendations for treatment made by the treating professional, treatment facility and/or MPH Program staff. The impaired provider may be given a choice of professionals for evaluation and/or treatment, but must select a person approved by the Health Advisory Committee and/or MPH Program staff.

6. An impaired provider may be requested to provide, on a random basis or otherwise, urine, blood and/or hair specimen for drug and/or alcohol testing as deemed necessary by the FPP Chief Executive Officer or the Health Advisory Committee, in consultation with the MPH Program staff where appropriate.

7. In the event that the impaired provider should refuse to submit to evaluation, treatment and/or drug/alcohol testing, the department head, FPP Chief Executive Officer and appropriate hospital CMO shall consult to determine whether to remove the provider from patient care responsibilities. A provider’s refusal to submit to evaluation, treatment and/or drug/alcohol testing requested under this policy shall also be considered grounds for disciplinary action, including termination of employment for cause in accordance with the University’s Policy on Academic Freedom, Responsibility, and Tenure and/or grounds for corrective action including the suspension or termination of medical staff privileges, in accordance with the applicable medical staff bylaws. In addition, such corrective actions may result in reports being filed with various state and federal regulatory agencies in accordance with state and federal laws.

8. For impaired health care providers employed by WUSM, the provider’s department may cover the costs of initial evaluation and testing. For such providers the department may also cover the costs of subsequent treatment and/or monitoring, or may require the impaired provider to cover such costs. If the department pays for treatment and/or monitoring, it reserves the right to recoup that expense from the provider in the event that the provider is noncompliant with the treatment program or advocacy agreement.

9. For impaired health care providers employed by WUSM, the provider will be granted a medical leave of absence if the recommended course of treatment requires substantial time away from work. Physicians covered by this policy will also be granted a medical leave of absence with respect to privileges in accordance with applicable policies and medical staff bylaws.

10. Following evaluation and/or treatment, a provider must obtain a release from his or her treating professional, and from the MPH Program if applicable, prior to returning to work. The
provider must also enter into an advocacy agreement with the appropriate member(s) of the AMC prior to returning to work. The advocacy agreement must be acceptable to the FPP Chief Executive Officer, the Health Advisory Committee, the department head, and the CMO of the primary hospital of the impaired provider’s practice, as applicable.

11. Long term follow-up of providers will be done by the MPH Program staff or a mutually agreeable health professional in accordance with the advocacy agreement. The provider must sign the necessary release forms allowing the MPH Program or other health professional to report compliance or non-compliance with the terms of the advocacy agreement to the Health Advisory Committee, the FPP Chief Executive Officer, the department head, and the CMO of the primary hospital of his/her practice, as applicable.

12. In the event that the MPH Program staff, the Health Advisory Committee, the FPP Chief Executive Officer and/or the department head believes that the provider is relapsing or not complying with the advocacy agreement, the FPP Chief Executive Officer, in conjunction with the Health Advisory Committee, the department head, and the CMO, as applicable, shall consider the following options: (a) renewed evaluation and/or treatment for the provider in accordance with this policy; (b) appropriate disciplinary action, up to and including termination of the provider’s employment, if it is determined that the provider is relapsing or not complying with the advocacy agreement, in accordance with applicable Washington University and WUSM policies; and/or (c) appropriate corrective action in accordance with the applicable medical staff bylaws.

13. It is recognized that situations may arise in which the services provided by the MPH Program may be deemed to be inappropriate, unnecessary, or unacceptable, or the MPH Program itself may cease to exist. In such cases, the FPP Chief Executive Officer, in consultation with the Health Advisory Committee and the CMO of the primary hospital of the impaired provider’s practice, as applicable, shall have the authority to modify or eliminate the role of the MPH Program in specific cases or in all cases and develop an appropriate alternative program. Such an alternative program will continue to include the involvement of qualified health care professionals as needed to carry on the investigation, intervention, and/or reentry monitoring functions that would otherwise have been performed by the MPH Program. Any reference to the role of the MPH Program or the MPH Program staff in this policy also includes an implied reference to such an alternative program, which may be implemented as the need arises.

14. In the event that the FPP Chief Executive Officer is unavailable, the chair of the Health Advisory Committee shall have the authority to make decisions for the FPP Chief Executive Officer on urgent matters concerning impaired providers.

15. Annually, the FPP Chief Executive Officer will provide to the hospital CMOs an aggregate report of complaints made and/or investigations undertaken pursuant to this Policy. The report shall summarize the outcome, but shall not specifically identify the (allegedly) impaired providers.
CONFIDENTIALITY

Documentation of all actions taken in regard to impaired providers will be maintained by the Health Advisory Committee and, where applicable, the pertinent department(s) and medical staff offices. These records will include accounts of the nature of the impairment issues and shall be kept in a secured location.

Reasonable care shall be taken to ensure that neither the identity of the impaired provider nor the nature of the impairment is divulged. However, disclosures may be made to the members of the MPH Program staff, the Health Advisory Committee, the FPP Chief Executive Officer, the appropriate department head, the MEC and CMO of the primary hospital of the impaired provider’s practice, Human Resources, legal counsel for AMC members, and other AMC personnel, as necessary to ensure compliance with this policy or as part of the intervention and evaluation/treatment processes. In addition, disclosures may be made as required by law, as authorized by the provider, and also as appropriate to respond to inquiries from other hospitals, employers or other entities concerning credentialing and other similar matters that are prompted by applications or requests by the provider.