Policy and Procedure

Title	Physician Health Policy	Policy No.	III.16
Date Originated:	October 2001		
Date Revised:	July 2009	Revised by:	J. Cohen
Date Reviewed:	July 2009		
Next Review Date:	July 2012		

PURPOSE:

To outline a Medical Staff process for rendering evaluation, assistance, and rehabilitation in aiding a physician to retain or to regain optimal professional functioning, assuring promotion of patient safety.

POLICY:

To establish and to maintain a process to identify and to manage matters of individual physician health that could potentially infringe patient safety or the physician's ability to perform her or his granted privileges. This process shall exist apart from medical staff disciplinary function(s).

PROCEDURE:

1. Medical and other hospital staff are to be educated about recognition and reporting of illness and conditions leading to impairment of a staff member by some combination of these means:
    a. announcement and discussion at the annual meeting of the medical staff;
    b. grand rounds;
    c. inclusion in orientation for all new employees;
    d. inclusion in Medical Staff, Senior House Physician and resident orientation manual(s);
    e. dissemination via Medical Executive Committee meetings; and,
    f. inclusion in the Hospital newsletter.

2. Self-referral by a physician, or referral by anyone regarding apparent impairment of a physician, may be made promptly and directly (in writing or by telephone) to a Department Chair and/or the Medical Director:
    a. In order best to protect patients, reporting or referral should not be delayed. Any referral or report made should be promptly by the Medical Director, reviewed and considered for referral to Physicians Health Services (which has been approved to function for such purposes by the Board of Registration in Medicine).

b. Physicians Health Services, Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1414; telephone: 781.434.7404.

3. Referral should only be made in the case of genuine concern regarding an issue outlined in the Policy and Purpose Statements above. Referral should never be made for any other reason.

4. Referral should always be made confidentially and shall be considered confidentially (notwithstanding any other paragraph herein).

5. Referrals to Physicians Health Services shall be considered consultative. PHS will provide informal guidance and may suggest voluntary engagement of the clinician to evaluate the validity of the referral (or allegation or concern) and its clinical implications. PHS may enter into a voluntary agreement with the clinician to assess the referred clinician and to make referrals for diagnosis and treatment of the condition or concern. PHS will advise or inform the Hospital regarding actions recommended (if any).

6. When informed by Physicians Health Services of a physician potentially infringing patient safety, the Hospital will likewise inform the Medical Director, the Chair of the Credentials Committee, the President of the Medical Staff, the Chief of the Department in which the physician is privileged, and the "Patient Care Assessment Coordinator".

7. Should someone make an initial referral to the Hospital directly, such referral may only be made to Medical Staff leadership or to the Patient Care Assessment Coordinator. Referral may be made in writing or by telephone, anonymously or not.

8. In the case of a referral made directly to the Patient Care Assessment Coordinator, relevant Hospital procedures will be engaged within two weeks.
    a. If as a consequence, the Hospital requires or recommends physician referral to the Board of Registration in Medicine and/or to Physician Health Services, the Patient Care Assessment Coordinator will attempt to confirm with the organization(s) to which referral was recommended or required of the physician, that the physician had subsequently indeed contacted the organization and begun appropriately to engage the organization's system to deal with such matters. An attempt to confirm contact (by the physician with the organization(s)) must be made within 30 days of the notice to the physician of the recommendation or requirement. If the physician did not make contact with the organization nor engage its system to deal with such matters, the Patient Care Assessment Coordinator and Medical Staff leadership will review the matter within two weeks and assess next steps, which must include suspension of staff privileges, possible disciplinary action and notification to the individual clinician of such

action.

b. Finally, should an appropriate process become engaged by the physician with Physician Health Services and/or with the Board of Registration in Medicine, the Medical Director, Executive Director, President of the Medical Staff, and the Patient Care Assessment Coordinator will periodically thereafter monitor continued engagement until the process has become concluded (rehabilitation achieved or disciplinary process completed).