

**HACKETTSTOWN REGIONAL MEDICAL CENTER
MEDICAL STAFF POLICY MANUAL**

PRACTITIONER IMPAIRMENT

Effective Date:	March 2013	Policy No:	MS019
Cross Referenced:		Origin:	
Reviewed Date:		Authority:	
Revised Date:	May 7, 2013	Page:	1 of 2

SCOPE All Medical/Dental Staff @ HRMC

DEFINITION:

Impairment - The inability to practice medicine with reasonable skill and safety to patients by reason of any physical or mental illness, infirmity or condition, including but not limited to the loss of motor skills or the excessive use or abuse of legal and or illegal drugs or alcohol.

PURPOSE

To outline the process by which the Medical/Dental staff may respond to a Practitioner who may be impaired.

POLICY

The Peer Review Committee will review matters related to Practitioner impairment. Other members shall serve as ad hoc members of this Committee from time-to-time depending upon the area of impairment being considered and the expertise needed to evaluate the alleged charges.

This committee is dedicated to

- 1) the education of medical staff and other staff members about illness and impairment recognition issues specific to Practitioners and
- 2) referral of the impaired Practitioner to the appropriate professional internal or external sources for diagnosis, treatment and rehabilitation.

PROCEDURE

Function of the Committee – Evaluate the credibility of a complaint, allegation or concern. Assist in the identification and rehabilitation of impaired Practitioners. Monitor the affected Practitioner and the safety of patients until the rehabilitation or any disciplinary process is complete. The Committee shall address the impaired Practitioners’ needs and any reasonable accommodation(s), which may be requested by the impaired Practitioner and deemed reasonable and appropriate by the Committee while ensuring patient safety and welfare.

Reporting

1. The impaired Practitioner should be reported to the Medical Staff Peer Review Committee. Practitioners have an ethical and legal obligation to report impaired, incompetent and unethical colleagues. Provision of unsafe treatment by a Practitioner should also be reported.
2. Reporting, including self-reporting, should be made in a formal manner. Confidentiality should be maintained at all times, to the extent possible or practicable.

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3. The Committee should meet with the Practitioner or ancillary member of the Medical Staff to discuss, evaluate and make recommendations regarding the findings.

4. If there is sufficient reason to believe that impairment may be an issue, the Practitioner will be referred to the Practitioners Assistance Program (PAP). This team is to act as a liaison with the PAP. The Practitioner is to be seen by PAP within 30 days of being notified. If they are unable to see PAP within 30 days they are to inform the PI Committee.

Findings and recommendations shall be made to the Practitioner, the Chair of the PI Committee, the Department Chief, the President of the Medical Staff and the Chief Medical Officer. At all times due process under the Medical Staff Bylaws shall be met.

The ethical and legal standards to which Practitioners are expected to conform require not only the reporting of the impaired Practitioner, but one who is incompetent or who demonstrates unethical conduct.

1. The incompetent Practitioner is one who demonstrates the inability to provide sound medical care because of deficient knowledge, poor judgment, or substandard clinical skills.

2. Unethical conduct in the practice of medicine encompasses a variety of behaviors, including fraud, corruption, dishonesty, exploitation of patients, and violations of professional ethics.

Once a recommendation has been made by the Committee to the individual Practitioner for treatment, counseling, restriction of privileges, or any other such action, the responsibility for monitoring the individual Practitioner's progress will be assigned to the appropriate Department Chief or his designee.