

CLINICIAN HEALTH AND IMPAIRMENT POLICY

1. Purpose.

- a. The purpose of the Clinician Health and Impairment Policy (“Policy”) is to provide supportive evaluation and intervention designed to assist Clinicians in addressing issues of health or impairment that are disabling (i.e., that have the potential for negatively impacting the Clinician’s ability to perform the services required under the Medical Staff Bylaws with reasonable skill and safety). Issues addressed under this Policy include, but are not limited to, disabling conditions of physical or mental health, cognitive impairment and/or substance abuse, all of which are referred to in this Policy as “health conditions.”
- b. The Clinician Health and Impairment Committee (“CHIC”), which is defined in the Medical Staff Bylaws as a standing committee comprised of the members of Troika, approaches each concern regarding a Clinician in a manner that is designed to promote the Clinician’s health, well-being and ability to practice while taking all appropriate actions to ensure the well-being and safety of LVHN patients.
- c. This Policy exists independent of, and does not replace or supersede, any Human Resources policies pertaining to members of LVPG or other employed Clinicians.

2. Guiding Principles.

- a. It is the position of the Medical Staff that the key to successfully addressing and resolving health conditions is to have a supportive and non-punitive approach to evaluation and treatment. In order to accomplish this, it is the expectation of the Medical Staff that when Clinicians are identified as having health conditions that may impact their ability to practice medicine safely and with reasonable care, skill and diligence that such Clinicians will take a voluntary Leave of Absence under the provisions of the Medical Staff Bylaws, and agree to voluntarily refrain from exercising all clinical privileges until the issues are addressed and resolved through this Policy.
- b. In order to foster the greatest possible degree of candor and effective intervention, all actions taken with respect to Clinician’s health condition will be taken in such a manner as to preserve that Clinician’s right and ability, following rehabilitation, to continue to practice with a restoration of clinical privileges.
- c. A Clinician’s referral to and/or participation in the Clinician Health and Impairment Program does not preclude the Medical Staff from taking any action necessary under the Medical Staff Bylaws to ensure the well-being and safety of LVHN patients, including precautionary suspension.

3. Procedures.

- a. **Reporting a Concern.** Any Clinician, staff, employee, patient or visitor that has a concern about a Clinician’s potential health condition, including but not limited to

disabling conditions of physical or mental health, cognitive impairment and/or substance abuse, is encouraged to report that concern to any of the following: President of the Medical Staff, the Chair/Physician in Chief of the relevant Department/Institute, Chief Clinical Officer, the Chief Executive Officer, Chief Physician Executive, and/or any Administrator on Duty (AOD).

- b. **Notification of Chair/PIC.** When the CHIC receives a report or concern regarding potential impairment, the CHIC will promptly notify the relevant Department Chair/Institute PIC, and will thereafter work closely with the Chair/PIC to evaluate and resolve the issue.
- c. **Appointment of CHIC Subcommittee.** The CHIC will appoint a CHIC Subcommittee consisting of the relevant Chair/PIC, and, at the CHIC's option, a member of Troika and additional member(s) with relevant subject matter expertise, to evaluate and make recommendations to the CHIC.
- d. **CHIC Subcommittee Evaluation.** In conducting its evaluation, the CHIC Subcommittee may refer the Clinician to specialists with specific subject-matter expertise. The Clinician will sign all necessary releases to ensure that the evaluation report is received by the CHIC directly from the evaluator. When applicable, the evaluation may include, for example:
 - i. Medical evaluation.
 - ii. Laboratory analysis, including urine and/or blood specimens.
 - iii. Other diagnostic studies.
 - iv. Neuropsychological testing of at least the following domains: verbal problem solving, visual spatial problem solving, learning, comprehension, memory, verbal fluency, manual dexterity, attention span and mental tracking, appropriate laboratory/imaging studies, as well as appropriate testing of reasoning and judgment to ensure the medical staff member's ability to perform his clinical duties in a safe manner and with reasonable skill, care and diligence.
- e. **Meeting with Clinician.** During the course of its evaluation, the CHIC Subcommittee will meet in person with the Clinician at least once to discuss the Committee's findings and, if appropriate, develop and/or recommend a rehabilitation program.
- f. **Rehabilitation Program.** The goal of the CHIC is to support the Clinician to enter into and complete an appropriate rehabilitation program designed to bring the Clinician to regain their prior level of functioning and facilitate their return to active practice to the maximum possible extent. To that end:

- i. The CHIC will maintain a list of current acceptable rehabilitation programs and providers that work with Clinicians with a range of health conditions, including diversionary rehabilitation programs as referenced above.
 - ii. The CHIC will assist the Clinician in researching additional programs and/or providers to the extent that the current list does not address the particular health condition at issue.
 - iii. The CHIC Subcommittee must give prior approval to any rehabilitation program, including the particular medical and/or mental health providers that will participate in such rehabilitation program.
 - iv. The CHIC Subcommittee will designate a committee member to be in contact with the Clinician through the course of the rehabilitation program and to bring any issues or concerns to the attention of the CHIC Subcommittee.
- g. **State Law Reporting Requirements and Voluntary Treatment Programs.** Under Pennsylvania law, any hospital or health care facility, peer or colleague who has substantial evidence that a Clinician has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license, is required to report that professional to their professional licensure board. If a Clinician elects to enter into a CHIC-approved rehabilitation program for active addictive disease pursuant to this CHIC Policy, then that component of the reporting obligation *may* be avoided. All decisions regarding reporting obligations should be made in consultation with LVHN legal counsel.
- h. **Resumption of Practice.** When the CHIC Subcommittee and CHIC determine that it is appropriate for the Clinician to resume active practice, the CHIC will support the Clinician in submitting an application for return from Leave of Absence, subject to any conditions and/or reduction in privileges that the Clinician and the CHIC agree are appropriate under the circumstances.
- i. **Monitoring Program.** If the Clinician has entered into a rehabilitation program that requires a period of monitoring after the Clinician has completed the program, then the following will occur:
 - i. The Clinician will sign all necessary releases to enable to CHIC to obtain full and complete information from all providers and other individuals involved in the monitoring program.
 - ii. The Clinician will be required to promptly notify the CHIC of any lapses or violations of any of the provisions and requirements of the monitoring program.
 - iii. The Clinician will fully cooperate in the requirements of the monitoring program and voluntarily submit to any required testing such as, for example, random STAT urine and/or blood specimens.

- iv. A member of the CHIC Subcommittee will be designated to maintain regular contact with the Clinician and the designated monitor throughout the monitoring period, and to report to the CHIC Subcommittee and CHIC with regard to any issues or concerns arising during the course of the monitoring.

4. Closing the Matter

- a. If the CHIC determines at any time during the course of evaluating a concern that the report of the concern was not credible or that the concern is not warranted, it will close the matter, and notify the involved Clinician that the matter has been closed.
- b. If a Clinician declines to follow a recommendation of the CHIC or fails to complete a program of rehabilitation or monitoring, the CHIC will close the matter and report any outstanding concerns regarding the Clinician's clinical competence, quality of care, or professionalism to the President of the Medical Staff for review and action under the Bylaws.
- c. If a Clinician successfully completes a program of rehabilitation and/or any required monitoring, and once any other required actions under this Policy have been completed, the matter will be closed.

5. Confidentiality

- a. All matters addressed under this Clinical Health and Impairment Policy are strictly confidential and may not be disclosed or discussed except to the extent minimally necessary to implement this Policy and/or to fulfill essential medical staff leadership functions. The CHIC will maintain the minimum necessary documentation of matters arising under this Policy, and will maintain such documentation in separate, secure electronic files.

6. Annual Review

- a. This Policy will be reviewed on an annual basis and amended as necessary.