

Covenant Health System – Lubbock Medical Staff Policy

Title: Health of Licensed Independent Practitioners

Approved by:

Physician Health and Wellness Committee: 12/7/09

Quality Review Committee: 1/4/10

Medical Executive Committee: 1/12/10

Board of Directors: 1/14/10

Effective Date: 1/14/2010

Revised Date:

Review Date:

Statement of Purpose: To implement a process to identify and manage matters of individual health for licensed independent practitioners. This process is separate from actions taken for disciplinary purposes and applies to all Licensed Independent Practitioners (LIPs) who are members of the medical staff.

I. POLICY

A. Physician Health and Wellness Committee

The Medical Staff shall maintain a Physician Health and Wellness Committee (Committee) devoted to the well-being of LIPs who are members of the medical staff. The purpose of this Committee shall include, but not be limited to, implementation of the provisions noted in this policy. The particular composition of the Committee is outlined in the Medical Staff Rules and Regulations.

B. Education

The Committee shall periodically educate the medical staff and other staff on illness and impairment issues that may affect Licensed Independent Practitioners.

C. Self-Referral

Any LIPs may refer himself / herself to the Committee for assistance. The LIP may contact any member of the Committee to request assistance. The LIP may also contact the Chief of Staff, his or her Department Chairperson, Section Chairperson, or the Medical Staff Services Department for assistance in accessing the Committee.

D. Referral by Others

Other LIPs or Covenant Health System staff may refer a LIP to the Committee. The person referring may contact any member of the Committee to request assistance. The person referring may also contact the appropriate supervisor, the Chief of Staff, the LIP's Department Chairperson, the LIP's Section Chairperson, or the Medical Staff Services Department for assistance in accessing the Committee.

E. Evaluation of a Complaint or Concern

If the Committee receives a complaint or concern regarding an LIP, the Committee shall first evaluate the credibility of the complaint before determining if any actions or assistance should be afforded to the LIP. If the complaint is of a nature that poses a serious and immediate risk to the safety and health of patients or others, the Committee may recommend requirements upon the LIP until such time as the credibility of the complaint can be ascertained.

F. Confidentiality of Information

Referral to the Committee shall be considered confidential. If the LIP is referred by another individual, that individual's identity will remain confidential and shall not be disclosed to the LIP. All investigations and actions taken by the Committee and the LIP shall be considered confidential except as limited by law, ethical obligation, or when the health and/or safety of the patient are threatened. In these situations, information will be shared with necessary entities as deemed appropriate by the Medical Executive Committee and the Chief Executive Officer.

G. Referral

Depending on the particular issue and/or circumstances, the Committee may decide to refer an LIP to either internal and/or external sources for assistance. The decision to refer an LIP to sources for assistance shall be made by a majority vote of the Committee, and when possible should include the consent and agreement of the LIP.

H. Monitoring

As appropriate to the specific needs, circumstances, and issues involving the LIP, the Committee shall determine the most appropriate and effective method to monitor the LIP and the safety of patients until any requirements placed upon the LIP by the Committee have been met. Monitoring of the LIP shall continue until requirements are met, and thereafter as determined by the Committee.

I. Reporting of Unsafe/Problematic Practice/Action/Behavior

Any unsafe and/or problematic practice, action, and/or behavior of a LIP should be promptly reported to the Committee or other actionable entity of the medical staff. The Committee shall then undertake those actions necessary to address the situations consistent with this policy, other policy as applicable, and with the various rules, regulations, and bylaws of the medical staff.

J. Failure to Complete Requirements

The Medical Executive Committee (via the Chief of Staff) shall be notified if an LIP fails to complete requirements imposed by the Committee (such as completion of a rehabilitation program). The Medical Executive Committee shall determine appropriate actions. The recommendations of the Committee shall be considered in making such decisions.