

# **COVENANT CHILDREN'S HOSPITAL**

## **PRACTITIONER HEALTH POLICY**

*Adopted by the Medical Staff: November 17, 2017*

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# PRACTITIONER HEALTH POLICY

## 1. POLICY STATEMENT

1.A **General Policy.** Covenant Children’s Hospital (the “Hospital”) and its Medical Staff are committed to providing safe, quality care, which can be compromised if a Practitioner is suffering from a Health Issue as defined in this Policy that is not appropriately addressed. The Hospital is also committed to assisting Practitioners in addressing Health Issues so they may practice safely and competently.

1.B **Scope of Policy.**

(1) This Policy applies to all Practitioners who provide patient care services at the Hospital.

(2) If the Practitioner involved is also employed by the Hospital or a Covenant Health-related entity (the “employing entity”), Medical Staff Leaders will consult with appropriate representatives of the employing entity and then determine which of the following two processes will be used for the review:

(a) If the matter will be reviewed using the Medical Staff process as set forth in this Policy, a representative of the employing entity will be invited to attend relevant portions of committee meetings involving the Practitioner, as well as participate in any interventions that may be necessary following the review. Documentation from the Medical Staff process will not be disclosed to the employing entity for inclusion in the employment file, but the employing entity will be permitted access to such documentation as needed to fulfill its operational and legal responsibilities in accordance with any applicable Hospital policy related to such information-sharing; or

(b) If the matter will be reviewed by the employing entity pursuant to its policies:

(i) the Medical Staff process shall be held in abeyance and the Leadership Council notified;

(ii) the PPE Support Staff will assist the employing entity with witness interviews, document review, data compilation, and similar fact-finding. Documentation of such fact-finding will be maintained in the Practitioner’s confidential Medical Staff peer review/quality file consistent with the state peer review statute, but the employing entity will be

permitted access to such documentation as needed to fulfill its operational and legal responsibilities;

- (iii) the Leadership Council will be kept informed of the progress and outcome of the review by the employing entity; and
  - (iv) the Leadership Council may choose, at any time and in its sole discretion, that the matter shall also be reviewed pursuant to this Policy. However, neither such a review by the Leadership Council nor any other provision of this Policy shall be interpreted to affect the right of the employing entity to take any action authorized by the employment contract with the Practitioner.
- (3) All efforts undertaken pursuant to this Policy are part of the Hospital's performance improvement and professional practice evaluation/peer review activities.
  - (4) A flow chart depicting the review process for concerns regarding Practitioner Health Issues is attached as **Appendix A** to this Policy.

1.C ***Definition of "Health Issue."***

- (1) ***Definition.*** A "Health Issue" means any physical, mental, or emotional condition that could adversely affect a Practitioner's ability to practice safely and competently. This Policy generally requires that Health Issues be reported and reviewed, with exceptions for certain conditions. (See Section 2.A for more information.)
- (2) ***Examples.*** Examples of Health Issues may include, but are not limited to, the following:
  - (a) substance or alcohol abuse;
  - (b) use of any medication, whether prescription or over-the-counter, that can affect alertness, judgment, or cognitive function (such as, but not limited to, the use of pain or anti-anxiety medication following surgery);
  - (c) any temporary or ongoing mental health concern, including, but not limited to, bipolar disorders or disorders caused by a major family event (e.g., death of spouse or child, divorce) or a major job-related event (e.g., death or significant injury to patient);
  - (d) carotid, vertebral, or other brain artery surgery or intervention;

- (e) chemotherapy with a drug known to effect neurotoxicity (brain) or to have cardiac or neurotoxicity (peripheral nerves);
- (f) radiation therapy to head;
- (g) medical condition (e.g., stroke or Parkinson’s disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;
- (h) shoulder surgery, brachial plexus surgery, hand or carpal tunnel surgery for a surgeon;
- (i) a back injury impacting ability to stand in the OR or other procedure lab;
- (j) major surgery;
- (k) infectious/contagious disease that could compromise patient safety or jeopardize other health care workers; and
- (l) any form of diagnosed dementia (e.g., Alzheimer’s disease, Lewy body dementia), or other cognitive impairment.

**1.D *Other Definitions.***

- (1) “Medical Staff Leader” means any Medical Staff Officer, department chair, section chief, and committee chair.
- (2) “Practitioner” means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Allied Health Professionals.
- (3) “PPE Support Staff” means the clinical and non-clinical staff who support the professional practice evaluation (“PPE”) process generally and the review of issues related to health described in this Policy. This may include, but is not limited to, staff from the Medical Staff Office, quality management, human resources, and/or patient safety department.

**1.E *Role of Leadership Council.***

- (1) Practitioner Health Issues shall be addressed by the Leadership Council as outlined in this Policy. The Leadership Council may request other Practitioners or committees to assist it, on an ad hoc or regular basis, as described in Section 3.B of this Policy.

- (2) The Leadership Council shall recommend to the Medical Executive Committee educational materials that address Practitioner Health Issues and emphasize prevention, identification, diagnosis, and treatment of Health Issues. This Policy and any educational materials approved by the Medical Executive Committee shall be made available to Practitioners and Hospital personnel. In addition, the Medical Executive Committee shall periodically include information regarding illness and impairment recognition issues in CME activities.

1.F ***Health Issues Identified During Credentialing Process.*** A Health Issue that is identified during the credentialing process shall be addressed pursuant to the Medical Staff Credentials Policy. If a determination is made that the Practitioner is qualified for appointment and privileges, but has a Health Issue that should be monitored or treated, the matter shall be referred to the Leadership Council for ongoing monitoring or oversight of treatment pursuant to this Policy.

1.G ***Patient Care and Safety.*** Nothing in this Policy precludes immediate referral to the Medical Executive Committee or the elimination of any particular step in the Policy if necessary to address a situation that may compromise patient care and safety.

1.H ***Delegation of Functions.*** When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee is bound by all the terms, conditions and requirements of this Policy. However, the delegating individual or committee is responsible for ensuring the designee performs the function as required by this Policy.

## 2. **REPORTS OF POTENTIAL HEALTH ISSUES AND RESPONSE TO IMMEDIATE THREATS**

### 2.A ***Duty to Self-Report.***

(1) ***General Duty.*** Practitioners who have a Health Issue (as defined in this Policy) are required to report it to the Chief Medical Officer, Chief of Staff, another Medical Staff Officer, or their Department Chair.

(2) ***Exception.*** The duty to self-report does not apply to:

- (a) a Health Issue that will be resolved before the Practitioner next exercises his or her clinical privileges and that has no effect on the Practitioner's ability to safely and competently exercise his or her clinical privileges; or

- (b) a Health Issue that was evaluated as part of a Practitioner's application for appointment or reappointment to the Medical Staff.

2.B ***Reports of Suspected Health Issues by Others.***

(1) ***Reports.***

- (a) ***General.*** Any Practitioner or Hospital employee who is concerned that a Practitioner may be practicing while having a Health Issue, or who is told by a patient, family member, or other individual of a concern, shall report the concern to the Chief of Staff, Chief Medical Officer, or another Medical Staff Leader. Individuals filing a report do not need to have "proof" of a potential Health Issue, but should describe the facts that form the basis for their concern.
- (b) ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits the PPE Support Staff to contact the reporter for additional information, if necessary.
- (c) ***Warning Signs.*** Warning signs of a potential Health Issue include, but are not limited to:
  - (1) problems with judgment or speech;
  - (2) emotional outbursts;
  - (3) alcohol odor;
  - (4) behavior changes and mood swings;
  - (5) diminishment of motor skills;
  - (6) unexplained drowsiness or inattentiveness;
  - (7) progressive lack of attention to personal hygiene;
  - (8) unexplained frequent illness;
  - (9) patients with pain out of proportion to charted narcotic dose;
  - (10) arrests for driving under the influence; and

(11) increased quality problems.

- (d) ***Treatment Relationships.*** A Practitioner who becomes aware of a Health Issue affecting another Practitioner as a result of his or her treatment relationship with that Practitioner is not expected to report the Health Issue internally pursuant to this Policy. However, the treating Practitioner should encourage the Practitioner to self-report the issue to the extent required by Section 2.A of this Policy.

In addition, the treating Practitioner should consider whether a mandatory report is required under Texas law to the applicable licensing board or any other state agency. If the treating Practitioner believes a mandatory report is necessary pursuant to Texas law, he or she should notify the Practitioner and encourage the Practitioner to self-report prior to making the mandatory report. The treating Practitioner may consult with the Chief Medical Officer for assistance and resources in such matters.

- (2) ***Logging of Report.*** Any person receiving a report of a potential Health Issue shall notify the PPE Support Staff. The PPE Support Staff will log the report and create a Confidential Health File that is maintained separately from the credentials or quality files (see Section 8 of this Policy for more information).
- (3) ***Gathering Information.*** The person receiving the report may request the reporting individual to provide a written description of the events that led to the concern or may prepare a written description based on receipt of a verbal report. As necessary, the person receiving the report may also interview the reporting individual and gather any other relevant facts, including speaking with any other individuals who may have relevant information.
- (4) ***Feedback to Reporter.*** The person receiving the report shall inform the individual who reported the concern that the report will be treated confidentially and that his or her identity will not be disclosed to the Practitioner unless:
- (a) the individual specifically consents to the disclosure;
  - (b) the Leadership Council determines that an exception must be made in a particular situation to ensure an appropriate review (in these instances, the individual in question will be given prior notice that the disclosure will be made and informed that no retaliation will be permitted against the individual); or

- (c) information provided by the individual is used to support an adverse professional review action that results in a Medical Staff hearing.

The individual shall also be informed that no retaliation is permitted against anyone who reports a concern. A sample letter that may be used for this purpose is attached as **Appendix B**. The individual who filed the report may subsequently be informed that follow-up action was taken, but the specifics of any action may not be shared in light of their confidential and privileged nature.

## 2.C *Review of Health Issues That May Pose an Immediate Threat.*

- (1) If a report suggests that a Practitioner may have a Health Issue that poses an immediate threat to patients or others, the Chief of Staff, Chief Medical Officer, or another Medical Staff Leader shall immediately personally assess the Practitioner. The Practitioner may be required to submit to a blood, hair, or urine test, or to undergo some other physical and/or mental evaluation to determine his or her ability to safely practice. Failure of the Practitioner to undergo such testing upon request will result in the automatic relinquishment of the Practitioner's clinical privileges pending Leadership Council review of the matter.
- (2) If the individual who assesses the Practitioner believes the Practitioner may have a Health Issue and that action is necessary to protect patients, the Practitioner may be asked to voluntarily refrain from exercising his or her privileges or agree to conditions on his or her practice while the matter is being reviewed. Such a request may be made to the Practitioner either before or after any tests or evaluations regarding the Practitioner have been completed.
  - (a) If the Practitioner agrees to voluntarily refrain from exercising his or her privileges, the Practitioner's patients may be assigned to another individual with appropriate clinical privileges or to the appropriate Practitioner on the Emergency Department call roster. Affected patients shall be informed that the Practitioner is unable to proceed with their care due to illness. Any wishes expressed by patients regarding a covering Practitioner will be respected to the extent possible.
  - (b) If the Practitioner will not agree to voluntarily refrain from exercising his or her privileges, an individual authorized by the Credentials Policy to impose a precautionary suspension will consider whether a precautionary suspension or some other

measure is necessary as a safeguard while the Health Issue is assessed.

- (3) Following the immediate response described above, the matter shall be referred to the Leadership Council for review pursuant to this Policy.

2.D ***Review of Reports Not Posing an Immediate Threat.*** If the individual receiving the report believes there is enough information to warrant a review but that no immediate action is necessary to protect patients or others, the matter shall be referred to the Leadership Council for review pursuant to this Policy.

### 3. INITIAL ASSESSMENT OF HEALTH STATUS

3.A ***Initial Review.*** The Leadership Council shall act expeditiously in reviewing concerns regarding a potential Health Issue referred to it. As part of its review, the Leadership Council may meet with the individual who initially reported the concern, as well as any other individual who may have relevant information.

3.B ***Individuals Participating in Review.*** If the Leadership Council determines that it would be necessary or helpful in addressing the reported concern, it may consult with or include in the review a relevant expert (e.g., an addictionologist or psychiatrist), a Hospital or Medical Staff committee, or the relevant Department Chair. Any individual who participates in a review is an integral part of the Hospital's review process, and shall be governed by the same responsibilities and legal protections (e.g., confidentiality, indemnification, etc.) that apply to other participants in the process.

3.C ***Meeting with Practitioner.*** If the Leadership Council believes that a Practitioner may have a Health Issue, the Leadership Council shall meet with the Practitioner. At this meeting, the Practitioner should be told that there is a concern that his or her ability to practice safely and competently may be compromised by a Health Issue and advised of the nature of the concern. The Practitioner will not be told who initially reported the concern except as permitted by Section 2.B of this Policy. The Practitioner will also be reminded that retaliation against anyone who may have reported a concern is prohibited.

3.D ***Assessment of Health Status.***

- (1) The Leadership Council may require the Practitioner to do one or more of the following to facilitate an assessment of the Health Issue:

- (a) undergo a physical or mental examination or other assessment (e.g., neurocognitive, motor skills, sensory capacity, vision, hearing, infectious disease) by another individual;

- (b) submit to an alcohol or drug screening test (blood, hair, or urine);

- (c) be evaluated by a physician or organization specializing in the relevant Health Issue, and have the results of any such evaluation provided to it; and/or
- (d) obtain a letter from his or her treating physician confirming the Practitioner's ability to safely and competently practice, and authorize the treating physician to meet with the Leadership Council.

(2) The Leadership Council shall select the health care professional or organization to perform the examination, testing, or evaluation, but may seek input from the Practitioner. More than one health care professional or organization may be asked to perform an examination, test, or evaluation, and this may occur either concurrently or serially (e.g., a substance abuse assessment following a positive drug screen). The Practitioner shall be responsible for any costs associated with obtaining this health status information.

(3) A form authorizing the Hospital to release information to the health care professional or organization conducting the evaluation is attached as **Appendix C**. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the Practitioner to the Leadership Council is attached as **Appendix D**. A Health Status Assessment Form that may be used to document the results of an evaluation is attached as **Appendix E**.

3.E ***Interim Safeguards.*** While the assessment of health status described above is ongoing, the Leadership Council may recommend that the Practitioner voluntarily take one or more of the following actions based on the nature and severity of the potential Health Issue:

- (1) agree to specific conditions on his or her practice;
- (2) refrain from exercising some or all privileges;
- (3) take a leave of absence; or
- (4) relinquish certain clinical privileges.

3.F ***Referral to Medical Executive Committee.*** If a Practitioner does not agree to take the voluntary actions recommended by the Leadership Council while the assessment of the Practitioner's health status is ongoing, the matter shall be referred to the Medical Executive Committee for review and further action pursuant to the Medical Staff Credentials Policy.

#### 4. **PARTICIPATION IN A TREATMENT PROGRAM**

In some instances, the assessment described in Section 3 of this Policy will lead to a recommendation by the Leadership Council that the Practitioner enter a treatment program. In other instances, the need for a Practitioner to enter a treatment program will be self-evident, and each of the steps required in Section 3 may not be required. In either case, the Leadership Council will, as requested, assist the Practitioner in identifying an appropriate program.

#### 5. **REINSTATEMENT/RESUMING PRACTICE**

##### 5.A ***Request for Reinstatement or to Resume Practicing.***

- (1) If a Practitioner was granted a formal leave of absence to participate in a treatment program or otherwise address a Health Issue, the Practitioner must apply for reinstatement of privileges using the process set forth in the Medical Staff Credentials Policy. However, prior to applying for reinstatement through the process outlined in the Credentials Policy, the Practitioner must first submit a written request to the Leadership Council for clearance to apply for reinstatement, and be granted written permission by the Leadership Council.
- (2) In all other circumstances where the Practitioner refrained from practicing (e.g., voluntary agreement between Practitioner and Leadership Council; Practitioner was absent from Medical Staff duties while participating in a treatment program or otherwise addressing a Health Issue), the Practitioner must submit a written request to the Leadership Council and receive written permission to resume exercising his or her clinical privileges.

5.B ***Additional Information.*** Before acting on a Practitioner's request for clearance to apply for reinstatement or to resume practicing, the Leadership Council may request any additional information or documentation that it believes is necessary to evaluate the Practitioner's ability to safely and competently exercise clinical privileges. This may include requiring the Practitioner to undergo a health assessment conducted by a physician or entity chosen by the Leadership Council in order to obtain a second opinion on the Practitioner's ability to practice safely and competently.

##### 5.C ***Determination by Leadership Council.***

- (1) In evaluating: (i) a request for clearance to apply for reinstatement from a leave of absence; or (ii) a request to resume practicing where no leave of absence was taken, the Leadership Council will review all information available to it and determine if the Practitioner is capable of practicing safely and competently.

- (2) If the Leadership Council determines that the Practitioner is capable of practicing safely and competently without conditions, this decision will be documented. The Practitioner may then: (i) proceed with the reinstatement process outlined in the Medical Staff Credentials Policy, if a leave of absence was taken; or (ii) resume practicing, if no leave of absence was taken.
- (3) If the Leadership Council determines that conditions should be placed on a Practitioner's practice as a condition of reinstatement or resuming practice, it will consult with the Practitioner in developing any necessary conditions.

## 6. CONDITIONS OF CONTINUED PRACTICE

6.A **General.** The Leadership Council may ask the Practitioner to agree to comply with certain conditions in order to receive clearance to apply for reinstatement of privileges from a leave of absence or to otherwise resume practicing. If the Practitioner does not agree to such conditions, the matter will be referred to the Medical Executive Committee as set forth in Section 7 of this Policy. By way of example and not of limitation, such conditions may include:

- (1) **Coverage.** The Practitioner may be asked to identify at least one Practitioner who is informed of the Health Issue and is willing to assume responsibility for the care of his or her patients in the event of the Practitioner's inability or unavailability.
- (2) **Changes in Practice.** The Practitioner may be asked to make certain changes to his or her practice, such as changing the frequency and/or schedule with which the Practitioner takes call, limiting inpatient census to a manageable number, or beginning elective procedures prior to a certain time of day.
- (3) **Ongoing Monitoring.** The Practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor shall be appointed by the Leadership Council or the Department Chair. The nature of the monitoring shall be determined by the Leadership Council in consultation with the Department Chair.
- (4) **Periodic Reports of Health Status.** If the Practitioner is continuing to receive medical treatment or to participate in a substance abuse rehabilitation or after-care program, the Leadership Council may ask the Practitioner to agree to submit periodic reports from his or her treating physician or the substance abuse rehabilitation/after-care program. If applicable, reports regarding compliance with the conditions outlined in an agreement with the Texas Physician Health Program may also be

obtained. The nature and frequency of these reports will be determined on a case-by-case basis depending on the Health Issue.

(5) ***Random Alcohol or Drug Screens.*** A Practitioner who has undergone treatment for substance abuse may be asked to submit to random alcohol or drug screening tests at the request of any member of the Leadership Council.

6.B ***Reasonable Accommodations.*** Reasonable accommodations may be made consistent with Hospital policy to assist the Practitioner in resuming his or her practice. Examples of reasonable accommodations include, but are not limited to, providing assistive technology or equipment or removing architectural barriers. The Leadership Council will consult with Hospital executive personnel to determine whether reasonable accommodations are feasible.

6.C ***Voluntary Agreement Not a “Restriction.”*** A Practitioner’s voluntary agreement to conditions similar to those set forth in this section generally does not result in a “restriction” of that Practitioner’s privileges. Accordingly, such a voluntary agreement generally does not require a report to the National Practitioner Data Bank (“NPDB”) or to any state licensing board or other government agency, nor would it entitle a Practitioner to a hearing under the Medical Staff Credentials Policy. However, the Leadership Council will assess each situation independently. If there is concern in a given situation that a condition may be reportable to the NPDB or a state licensing board or agency, the Leadership Council will consult with Hospital counsel and communicate with the Practitioner about the matter.

## 7. NONCOMPLIANCE

7.A ***Referral to Medical Executive Committee.*** A matter shall be immediately referred to the Medical Executive Committee for its review and action pursuant to the Medical Staff Credentials Policy if the Practitioner fails to:

- (1) complete an agreed-upon evaluation, treatment, or rehabilitation program;
- (2) agree to conditions requested by the Leadership Council to receive clearance to apply for reinstatement of privileges from a leave of absence or to otherwise resume practicing;
- (3) continually comply with any agreed-upon condition of reinstatement or continued practice; or
- (4) cooperate in the monitoring of his or her practice.

Following its review, the Medical Executive Committee shall take appropriate action under the Medical Staff Credentials Policy. This may include, but is not limited to, initiating an investigation.

**7.B *Automatic Relinquishment/Resignation.***

- (1) If a Practitioner fails or refuses to:
  - (a) provide information requested by the Leadership Council or any other individual authorized by this Policy to request such information (including a request for a medical assessment); or
  - (b) meet with the Leadership Council or other specified individuals when requested to do so in accordance with this Policy,

the Practitioner will be required to meet with the Leadership Council to discuss why the requested information was not provided or the meeting was not attended. Failure of the Practitioner to either meet with the Leadership Council or provide the requested information prior to the date of that meeting will result in the automatic relinquishment of the Practitioner's clinical privileges until the Practitioner meets with the Leadership Council or the information is provided.

- (2) If the Practitioner fails to provide information requested by the Leadership Council within thirty (30) days of the automatic relinquishment, the Practitioner's Medical Staff membership and clinical privileges will be deemed to have been automatically resigned.
- (3) Generally, the automatic relinquishment or resignation of appointment and/or clinical privileges described in this section are administrative actions that occur by operation of this Policy. They are not professional review actions that must be reported to the NPDB or to any state licensing board or agency, nor do they entitle the Practitioner to a hearing or appeal.
- (4) Notwithstanding the foregoing, if the Leadership Council or Medical Executive Committee determines that a Practitioner's refusal to provide information or attend a meeting is a deliberate attempt to avoid review of a Health Issue, the Practitioner's action may be viewed as a resignation to avoid an investigation, and is thus reportable to the NPDB and a state licensing board or agency. Hospital counsel shall be consulted in making such determinations.

**8. DOCUMENTATION**

- 8.A *Creation of Health File.*** Reports of potential Health Issues and documentation received or created pursuant to this Policy shall be included in the Practitioner's

confidential health file. The Practitioner's health file shall be maintained by the Medical Staff Office as a separate file, and shall not be included in the credentials file.

**8.B *Information Reviewed at Reappointment.***

- (1) The information reviewed by those involved in the reappointment process will not routinely include all documentation in a Practitioner's health file. Instead, the process set forth in this subsection will be followed.
- (2) When a reappointment application is received from an individual who has a Health Issue that is currently being reviewed or monitored by the Leadership Council, or that has been reviewed and resolved in the past reappointment cycle, the Medical Staff Office shall contact the Leadership Council.
- (3) The Leadership Council will prepare a confidential summary health report to the Centralized Credentials Committee. The summary health report shall be included in the credentials file, and will be reviewed by the Centralized Credentials Committee only after the Centralized Credentials Committee has determined that the applicant is otherwise qualified for clinical privileges.
- (4) The Leadership Council's summary health report will state that the Council is actively monitoring, or has monitored in the past reappointment cycle, a Health Issue involving the Practitioner. The summary health report will also include a recommendation regarding the Practitioner's ability to perform the duties of Medical Staff membership and safely exercise clinical privileges.
- (5) If the Centralized Credentials Committee, Medical Executive Committee, or Board of Directors has any questions about the Practitioner's ability to safely practice, the relevant entity will discuss the issue with a member of the Leadership Council. If the relevant entity still believes additional information is necessary, members of that entity may review the Practitioner's confidential health file in the Medical Staff Office.

**9. CONFIDENTIALITY, PEER REVIEW PROTECTION, AND REPORTING**

9.A ***Confidentiality.*** The Leadership Council and Medical Executive Committee will handle Health Issues in a confidential manner. Throughout this process, all parties should avoid speculation, gossip, and any discussions of this matter with anyone other than those described in this Policy.

9.B ***Peer Review Protection.*** All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are intended to

be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and Texas laws governing peer review. Furthermore, the committees or individuals charged with making reports, findings, recommendations or investigations pursuant to this Policy shall be considered to be acting on behalf of the Hospital and the Board of Directors when engaged in such professional review activities and thus are “professional review bodies” as that term is defined in the Health Care Quality Improvement Act.

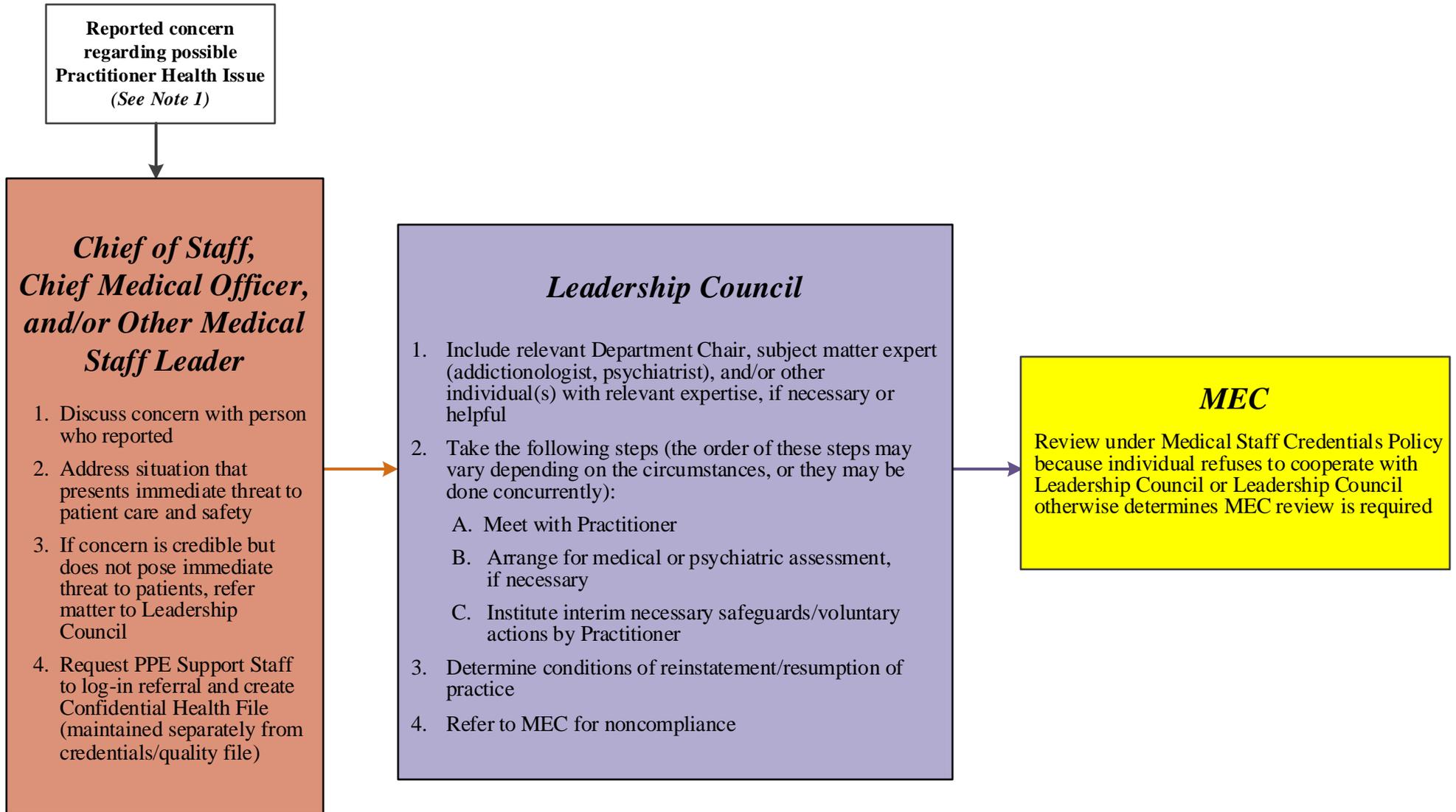
- 9.C ***Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies.*** The Hospital Chief Executive Officer (“CEO”) shall file reports with the appropriate Texas licensing board or the NPDB, as may be required by applicable statutes or regulations. In addition, if at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the Practitioner or others, the CEO, Chief Medical Officer, Chief of Staff, or the Hospital’s counsel may contact law enforcement authorities or other governmental agencies.
- 9.D ***Redisclosure of Drug/Alcohol Treatment Information.*** In the course of addressing a Health Issue pursuant to this Policy, the Hospital may receive written or verbal information about the treatment of a Practitioner from a federally assisted drug or alcohol abuse program as defined by 42 C.F.R. Part 2. The Hospital may not redisclose such information without a signed authorization from the Practitioner. **Appendix F** includes an authorization that may be used for this purpose.
- 9.E ***Requests for Information Concerning Practitioner with a Health Issue.*** All reference requests or other requests for information concerning a Practitioner with a Health Issue shall be forwarded to the Chief Medical Officer, Chief of Staff, or Hospital CEO for response.

Adopted by the Medical Staff: November 17, 2017.

Approved by the Board: December 5, 2017.

# COVENANT CHILDREN'S HOSPITAL

## Appendix A: Review Process for Practitioner Health Issues



**Note 1:** If the Practitioner involved is also employed by the Hospital or a Covenant-related entity, Medical Staff Leaders will consult with appropriate representatives of the employing entity and determine whether: (1) the review will be conducted by the Medical Staff per this Policy, with input and involvement of the employing entity; or (2) the review will be conducted by the employing entity, in which case the Medical Staff process will be held in abeyance pending the outcome of that review. In the latter situation, the Leadership Council may decide at any time to also review the matter under this Policy.

## APPENDIX B

### LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS POTENTIAL HEALTH ISSUE\*

Dear \_\_\_\_\_:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at our Hospital.

Your concerns will be reviewed in accordance with the Practitioner Health Policy. We will contact you if we need additional information.

Because your report may involve matters that are confidential under Texas law, we may not be able to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

Your report will be treated with the utmost confidentiality. Your identity will not be disclosed to the subject of the report unless:

- (a) you consent;
- (b) the Leadership Council determines that an exception must be made in a particular situation to ensure an appropriate review. In these instances, you will be given prior notice that the disclosure will be made; or
- (c) information provided by you is later used to support an adverse professional review action that results in a Medical Staff hearing (which is an extremely rare occurrence).

In any event, as part of our culture of safety and quality care, no retaliation is permitted against you for reporting this matter. This means that the individual who is the subject of your report may not approach you directly to discuss this matter or engage in any abusive or inappropriate conduct directed at you. If you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to your supervisor, the Chief Medical Officer, or any Medical Staff Officer.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at \_\_\_\_\_.

Sincerely,

\* ***As an alternative to sending a letter, the content of this letter may be used as talking points to respond verbally to the individual who reported a potential Health Issue.***

**APPENDIX C**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**CONSENT FOR DISCLOSURE OF INFORMATION  
AND  
RELEASE FROM LIABILITY**

I hereby authorize Covenant Children’s Hospital and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the “Hospital”) to provide \_\_\_\_\_ [*the facility or individual performing the health assessment*] (the “Evaluator”) all information, written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow the Evaluator to conduct a full and complete evaluation of my health status so that the Hospital can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the Texas peer review law and that the Hospital, the Evaluator and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to that law.

I release from any and all liability, and agree not to sue, the Hospital, any of its officers, directors, or employees, any physician on the Hospital’s Medical Staff, or any authorized representative of the Hospital, for any matter arising out of the release of information by the Hospital to the Evaluator.

I also release from any and all liability, and agree not to sue, the Evaluator or any of its officers, directors, employees, or authorized representatives for any matter arising out of the Evaluator’s provision of an evaluation of my health status to the Hospital.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Printed Name

**APPENDIX D**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**AUTHORIZATION FOR RELEASE  
OF PROTECTED HEALTH INFORMATION**

I hereby authorize \_\_\_\_\_ [*the facility or individual performing the health assessment*] (the “Evaluator”) to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to Covenant Children’s Hospital and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the “Hospital”). The information to be released includes, but is not limited to, answers to the questions on the attached Health Status Assessment Form, along with the following (as applicable):

1. my current health condition;
2. whether I am continuing to receive medical treatment and, if so, the treatment plan;
3. whether I am continuing to participate in a substance abuse rehabilitation program or an after-care program, and whether I am in compliance with all aspects of the program;
4. to what extent, if any, my behavior and clinical practice need to be monitored;
5. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
6. any conditions that are necessary for me to safely exercise my clinical privileges.

I understand that the purpose of this Authorization is to allow the Hospital to obtain information that is relevant to my qualifications for Medical Staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in the Hospital.

*I understand that the willingness of the Evaluator to conduct this assessment or provide treatment does not depend on my signing this Authorization.*

**OR**

*Since the Hospital is paying for the health assessment and/or treatment and has conditioned payment for the assessment and/or treatment on receipt of a report, the Evaluator may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.*

I understand that my health information is protected by a federal law known as the HIPAA Privacy Rule and may not be disclosed by the Evaluator without this Authorization. Once my health information is disclosed to the Hospital pursuant to this Authorization, the HIPAA Privacy Rule may no longer apply to the information. However, in that case, the Hospital would nonetheless be prohibited by the Texas peer review protection law from disclosing health information it received about me to anyone outside of its confidential review process. In addition, if the information in question relates to my treatment at a federally-assisted drug or

alcohol treatment facility, federal law would also prevent the Hospital from disclosing that information without me signing a separate Authorization form to do so.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Evaluator has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when the Evaluator has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Evaluator may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Practitioner

\_\_\_\_\_

Printed Name

**APPENDIX E**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**HEALTH STATUS ASSESSMENT FORM**

Please respond to the following questions based upon your assessment of the current health status of \_\_\_\_\_ (the "Practitioner"). If additional space is required, please attach a separate sheet.

<b>CURRENT HEALTH STATUS</b>	<b>YES</b>	<b>NO</b>
<p>1. Does the Practitioner have any medical, psychiatric, or emotional conditions that could affect his/her ability to exercise safely the clinical privileges set forth on the attached list and/or to perform the duties of Medical Staff appointment, including response to emergency call?</p> <p>If "yes," please provide the diagnosis and prognosis: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Is the Practitioner continuing to receive medical treatment for any conditions identified in Question 1?</p> <p>If "yes," please describe treatment plan: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has the Practitioner been prescribed or is the Practitioner currently taking any medication that may affect the Practitioner's ability to practice?</p> <p>If "yes," please specify medications and any side effects: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Is the Practitioner currently under any limitations concerning activities or workload?</p> <p>If "yes," please specify: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUBSTANCE ABUSE/AFTER-CARE PROGRAM</b> <i>(If the Practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)</i>	<b>YES</b>	<b>NO</b>
1. Please specifically describe the substance abuse rehabilitation or after-care program: _____ _____		
2. Is the Practitioner in compliance with all aspects of the program?  If "no," please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS</b>	<b>YES</b>	<b>NO</b>
1. Does the Practitioner's behavior and/or clinical practice need to be monitored?  If "yes," please describe: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. In your opinion, are any conditions or restrictions on the Practitioner's clinical privileges or other accommodations necessary to permit the Practitioner to exercise privileges safely and/or to fulfill Medical Staff responsibilities appropriately?  If "yes," please describe such restrictions, conditions, or accommodations: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. In your opinion, is the Practitioner capable of resuming clinical practice and providing continuous, competent care to patients as requested?  If "no," please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Evaluating Practitioner

**APPENDIX F**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**AUTHORIZATION FOR REDISCLOSURE  
OF DRUG/ALCOHOL TREATMENT INFORMATION**

In the course of credentialing and peer review activities, Covenant Children’s Hospital and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the “Hospital”) have received information about me from \_\_\_\_\_, a federally assisted drug or alcohol treatment program governed by 42 C.F.R. Part 2 (the “Program”).

I hereby authorize the Hospital to redisclose to \_\_\_\_\_ (the “Receiving Entity”) any and all information the Hospital received from the Program regarding my treatment. This includes, but is not limited to, any written report or correspondence from the Program, notes to file regarding verbal conversations between the Program and the Hospital, and the contents of any verbal conversations between the Program and the Hospital.

I understand that the purpose of the disclosure of this information is to allow the Receiving Entity to \_\_\_\_\_ *[Describe the purpose of the disclosure, such as “allow the Receiving Entity to evaluate my health status and my ability to safely practice medicine.”]*

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Hospital has already relied upon it in making a disclosure to the Receiving Entity. My written revocation will become effective when the Hospital has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Hospital may no longer disclose the information described above unless I sign a new Authorization form.

I understand that this Authorization is governed by 42 C.F.R. §2.31. I also understand that the Receiving Entity is prohibited from further disclosing my information unless I sign a separate authorization form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Printed Name