

**ANNA JQUES HOSPITAL  
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

<b>Subject:</b>	<b>Physician Health Policy</b>	<b>Policy Number:</b>	<b>M-20.3</b>
<b>Category:</b>	<b>Medical Staff</b>	<b>Effective Date:</b>	<b>8/01</b>
<b>Page</b>	<b>1 of 4</b>	<b>Revised Dates:</b>	<b>10/07; 3/10</b>
<b>Attachments:</b>		<b>Review Dates:</b>	<b>12/04; 03/10</b>
<b>References:</b>	<b>TJC; Physician Health Services Massachusetts Medical Society Corporation.</b>		

**POLICY**

**STATEMENT:** Anna Jaques Hospital promotes appropriate physician health in order to insure the delivery of safe and effective care to patients. To accomplish this, the Physician Health Committee (PHC) shall aid in the prevention of physician impairment and identify physicians in need of assistance.

**RESPONSIBILITY:** All employees and Medical Staff.

**PROCESS:**

**I. OVERVIEW:**

- A. The provision of patient care requires appropriate intellectual and technical performance by physicians. The physician needs to be free of illnesses that potentially impact the individual's ability to care for patients. Physicians need to be aware of signs and symptoms of physician impairment related to physical, psychiatric or emotional illness. Access to care for treatment needs to be timely, confidential and facilitated to maximize the physician's health status and ability to function.
- B. Assessment of physician's health status and competence may be required if a potentially impairing condition occurs or if the physician is suspended as a result of an impairment. Reporting of impairment will be in accordance with the guidelines of the Board of Registration in Medicine (243 CMR) and the Department of Public Health.

**II. COMPOSITION:**

- A. Chairperson designated by the President of the Medical Staff.
- B. Membership shall consist of five (5) to seven (7) on staff physicians, including the hospital's Chief Medical Officer, representing a cross-section of age, sex and specialty.
- C. At least one Member shall have an interest in, or expertise in, chemical dependency, mental illness and aging/cognitive problems.
- D. To the fullest extent possible, members should avoid membership on other committees that may conflict with their responsibilities on the PHC.
- E. One Member shall be designated as a liaison with Physician Health Services, Inc., (a corporation of the Massachusetts Medical Society) (PHS).

**III. RESPONSIBILITIES:**

- A. Provide an organized and responsible process for dealing with physician health issues.
- B. Receive and analyze reported information concerning possible impairment of physicians and make recommendations for appropriate treatment in collaboration with PHS and consistent with the American Disabilities Act (ADA).

- C. Manage matters of individual physician health separate from the Medical Staff disciplinary process.
- D. Under the Massachusetts Peer Review Statute (MGL C111S1), provide confidential assistance for physicians needing help and protection from liability for those who report their concerns regarding a physician.
- E. The reports and proceedings of the Committee are confidential with the following exceptions: (See GLC.111 §204)
  - 1. Proceedings held by the Board of Registration in Medicine, social work, and psychology;
  - 2. documents, incident reports and records otherwise available from original sources;
  - 3. in an action against a Committee member for bad faith or unreasonable action; and
  - 4. testimony where information is known to an individual independently of Committee proceedings.
- F. Immunity protection from civil liability is available for Committee members for actions that are reasonable and taken in good faith. The same immunity protections are available to individuals and entities that provide information or services to the Committee, as long as the information or services are provided in good faith and are reasonable.
- G. Provide critical services through education, early detection of potential impairment, assist physicians in need of treatment and provide recommendations to avoid precursors to impairment.
- H. Inform physicians of their authority, accountability, and the responsibility for facilitating the safe practice of medicine.

#### IV. EDUCATION:

##### A. Health Promotion for Physicians:

- 1. There will be an annual reminder by Medical Staff leadership encouraging all credentialed physicians to update their physicals with their primary care physicians. Immunizations and PPD recommendations will also be provided.
- 2. Credentialing and re-credentialing will include questions regarding the health status of the applicant, presence of new illnesses, and date of last physical exam.

##### B. Awareness of Physician Impairment:

- 1. There will be an annual CME and one physician mailing addressing one or more of the following:
  - a. Signs of impaired colleagues;
  - b. physician findings of impairment by disease process;
  - c. resources for treatment of physical, psychiatric or emotional illness;
  - d. programs sponsored by the Massachusetts Board of Registration in Medicine;
  - e. responsibility of examining physician to address identified issues of impairment; and

- f. responsibility of Medical Staff members to bring forward to PHC concerns about physician impairment due to illness.
2. A copy of the Physician Health Policy M-20.3 is included in the hospital and medical staff orientation processes and is part of the Medical Staff Rules and Regulations distributed to members of the Medical Staff, Associate Clinical and Support Staff.

V. PROCESS OF REFERRALS:

A. Referrals for Impairment:

1. Any physician may voluntarily and confidentially self-refer to the PHC for an evaluation. Physicians will be informed of all members on the PHC, annually. A physician may contact any member of the PHC to begin assistance in seeking treatment or referral. The member of the PHC who was contacted will then convene the committee to carry on the process.
2. Pursuant to 243 CMR, physician colleagues, administration, and/or hospital staff are obligated to refer concerns for physician impairment due to physical, psychiatric or emotional illness.
  - a. Staff wishing to report potential concerns of impairment shall immediately notify their Director or Administrative Supervisor in the Director's absence.
  - b. The Department Director shall notify the Chairperson of the PHC within twenty-four (24) hours of detection.
3. Upon receipt of a referral the PHC shall:
  - a. Ensure safety of patients under the care of the referred physician;
  - b. Facilitate physician entry into medical care for relevant illnesses;
  - c. Create a mechanism to monitor the care of patients while physician is being treated/evaluated;
  - d. Explore resources with physicians that may be available; and
  - e. Investigate and determine the need for referral to Medical Staff Executive Committee and/or Performance Improvement Committee for potential corrective action and/or referral to the Massachusetts Board of Registration in Medicine.

B. Referrals for Care:

1. The Chairman of the PHC shall expedite referrals for care of physicians. The confidentiality of the physician referred shall be maintained except as required by Massachusetts law, ethical obligation or the immediate safety needs of the patients.

C. Evaluation of Referrals:

1. If the Committee determines there is a reasonable basis to believe that a physician may be abusing substances, or there is any behavioral health or mental health concerns, the Chairperson of the PHC shall contact the Director of PHS within twenty-four (24) hours. [PHS: 1-800-322-2303 or (781) 434-7404 - Dr. Luis Sanchez]

2. The Committee shall confer with PHS in determining the appropriateness of intervention, assessment, treatment and/or monitoring.
3. Mandatory reporting – MGL Chapter 112, Section 5F:
  - a. There is an exception to this statute for physicians with alcohol or drug abuse problems who agree to participate in PHS monitoring program or another Board of Registration in Medicine approved program and there are no allegations of patient harm.
  - b. Referral to the hospital Committee does not relieve the reporter of his/her obligation. Confirmation must be reviewed by the reporter that the physician is in compliance with a Board of Registration in Medicine approved program, such as PHS, within thirty (30) days.
  - c. The reporter or designee Chairman of PHC shall inform the physician being referred of this requirement. A consent form shall be obtained which authorizes PHS to communicate to the reporter.
  - d. When circumstances of impairment or an uncooperative physician presents a risk to patients, the exception to report may not qualify.
  - e. The PHC shall notify the reporter of his/her potential obligation to report, but shall not assume a reporting responsibility.
  - f. Intervention, assessment, treatment and monitoring shall be accomplished in collaboration with PHS.
  - g. Reports of physician compliance confirmation and progress may be made available to the PHC upon written request of the involved physician.
  - h. All reportable cases requiring further reporting to the Massachusetts Board of Registration in Medicine and/or the Department of Public Health shall be referred to the Performance Improvement Committee (PIC).
  - i. Practitioners who fail to complete a required rehabilitation program may be subject to Summary Suspension of privileges in accordance with the Medical Staff Bylaws and the Qualified Patient Care Assessment Program regulations of the Board of Registration in Medicine, 243 CMR 3.00
- i The PIC will report such incidents pursuant to CMR 243, MGL 112, Section 5F.

**VI. BOARD OF TRUSTEES REPORTING:**

- A. The Chairman of the Board of Trustees or his designee will report significant physician health issues to the Board of Trustees.

<b>Authorizing Signatures</b>	<b>Name / Title</b>	<b>Date</b>
Administration: SIGNED ORIGINAL IN ADMINISTRATION	Delia O'Connor President & CEO	
Board of Trustees:	George H. Ellison, Jr. Chairman, Board of Trustees	
Medical Staff Exec:	Joe Hull, MD President, Medical Staff	