

DEACONESS
UNIFIED MEDICAL STAFF

PRACTITIONER HEALTH POLICY

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1. POLICY AND DEFINITION OF HEALTH ISSUE

Deaconess Hospital, Inc. (“Deaconess”) is committed to the safety and wellbeing of all members of its medical staff. If a practitioner is experiencing a physical, mental, or emotional condition that could adversely affect his or her ability to practice safely and competently (a “Health Issue”), then that practitioner’s ability to provide safe, quality patient care could be compromised, if not appropriately addressed. This Policy outlines the process that will be used to evaluate and collegially resolve concerns that a practitioner may have a Health Issue.

2. REPORTS OF POTENTIAL HEALTH ISSUES

Practitioners who have a Health Issue are encouraged to voluntarily bring the issue to the Practitioner Wellness Committee so that appropriate steps may be taken to protect patients and help the practitioner to practice safely and competently.

Any person who is concerned that a practitioner may have a Health Issue shall report the concern to the Chair of the MEC, who may then refer the matter to the Practitioner Wellness Committee for further review. The Chair of the MEC may inform the individual who submitted the report that follow-up action was taken, but the specifics of any action shall not be shared in light of their confidential nature.

A practitioner who becomes aware of a Health Issue affecting another practitioner as a result of his or her treatment relationship with the affected practitioner is not expected to report it internally pursuant to this Policy. However, the treating practitioner should encourage the affected practitioner to self-report as required by this Policy. In addition, the treating practitioner should consider whether a mandatory report is required under state law to the applicable licensing board or any other state agency.

3. CONCERNS REQUIRING AN IMMEDIATE RESPONSE

Any person who is concerned that a practitioner who is on Hospital premises is impaired and/or poses an immediate threat to the health and safety of patients or to the orderly operation of the Hospital, shall immediately notify the Chair of the MEC or his or her designee. The Chair of the MEC or his or her designee shall immediately and personally assess the practitioner. If necessary to protect patients, the individual performing the assessment may relieve the practitioner of patient care responsibilities and have the affected practitioner’s hospital patients reassigned to another practitioner with appropriate clinical privileges or to the appropriate practitioner on call. The wishes of the patient(s) shall be considered in the selection of a covering practitioner. The affected patients shall be informed their physician is unable to proceed with their care due to illness.

Any two members of the MEC, or one member of the MEC and one member of the Practitioner Wellness Committee, may require the practitioner to submit to immediate blood, hair, or urine test, or other appropriate physical or cognitive testing, to determine his or her ability to safely practice. If the individual who personally assesses the practitioner is unable to contact a second MEC member or member of the Practitioner Wellness Committee after reasonable efforts (e.g., at night or on a weekend), the individual who personally assessed the Practitioner may require the practitioner to submit to the testing described in the prior sentence.

FAILURE OR REFUSAL OF THE PRACTITIONER TO UNDERGO SUCH TESTING UPON REQUEST SHALL BE DEEMED TO BE AN AUTOMATIC SUSPENSION OF THE PRACTITIONER’S CLINICAL PRIVILEGES PENDING PRACTITIONER WELLNESS COMMITTEE REVIEW OF THE MATTER.

Following the immediate response, the Chair of the MEC or his or her designee shall submit a report to the Practitioner Wellness Committee for further review.

If at any time it becomes apparent that a particular matter cannot be handled internally or jeopardizes the safety of the practitioner or others, Hospital administration or the Chair of the MEC may contact law enforcement authorities or other governmental agencies.

4. PRACTITIONER WELLNESS COMMITTEE REVIEW AND RECOMMENDATIONS

The Practitioner Wellness Committee shall act expeditiously in reviewing reports of potential Health Issues. As part of its review, the Practitioner Wellness Committee may meet with the individual who submitted the report and review relevant documentation. The Practitioner Wellness Committee may also consult with an external subject matter expert (e.g., an addictionologist, neuropsychologist, or psychiatrist) or any other individual with relevant expertise. 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.

If the Practitioner Wellness Committee believes that a practitioner may have a Health Issue, the Committee shall meet with the practitioner. At this meeting, the practitioner will be advised of the nature of the concern, asked to provide input, and informed of the Practitioner Wellness Committee's recommendations. If the practitioner does not agree to participate in this meeting or otherwise cooperate in the Practitioner Wellness Committee's review, the matter shall be referred to the MEC to determine if corrective action is appropriate.

The Practitioner Wellness Committee may require the practitioner to undergo a physical, mental, cognitive, or other examination or other assessment by an appropriate clinician to determine the practitioner's fitness for duty and have the results provided to it. This may include, but is not limited to, an assessment by the Indiana State Medical Association Physician Assistance Program or by another entity who is qualified to perform a comprehensive assessment of the practitioner's fitness for duty (an "Assessment Program"). The Practitioner Wellness Committee may also require the practitioner to provide 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 or speak with the Committee.

The Practitioner Wellness Committee shall select the health care professional or organization to perform any 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 the assessments described in the prior section, unless the Practitioner Wellness Committee determines otherwise.

While such examination or assessment is pending, the Practitioner Wellness Committee may recommend that the practitioner voluntarily agree to conditions or restrictions on his or her practice, refrain from exercising some or all privileges, or take a leave of absence. If the practitioner does not agree to abide by the Practitioner Wellness Committee's recommendations, the matter shall be referred to the MEC to determine if corrective action is appropriate.

After the completion of such examination or assessment and based on the severity and nature of the impairment, the Practitioner Wellness Committee may recommend that the practitioner voluntarily agree to take a leave of absence to participate in a rehabilitation program or receive medical treatment; refrain from exercising some or all privileges until a reasonable accommodation can be made to ensure the practitioner is able to practice safely and competently; agree to conditions or restrictions on his or her practice while addressing the Health Issue; or take such other action or agree to such other conditions as are reasonable and appropriate under the circumstances to address the Health Issue. If the practitioner does not agree to abide by the Practitioner Wellness

Committee's recommendations, the matter shall be referred to the MEC to determine if corrective action is appropriate.

Once a recommendation of the Practitioner Wellness Committee has been accepted by the practitioner, the plan to address the Health Issue shall be reported in the Practitioner Wellness Committee's next report to the MEC for approval. If the practitioner subsequently fails or refuses to abide by the plan approved by the Practitioner Wellness Committee and MEC, the matter shall be referred to the MEC to determine if corrective action is appropriate.

5. REINSTATEMENT/RESUMPTION OF PRACTICE

Once the Practitioner Wellness Committee has, in its opinion, been provided with sufficient proof that a practitioner has successfully completed an approved plan to address a Health Issue, the Practitioner Wellness Committee shall make a report to the MEC, together with any recommendations regarding reinstatement of the practitioner's clinical privileges, if applicable. The Practitioner Wellness Committee may condition reinstatement on the practitioner identifying at least one other practitioner who is willing to assume responsibility for the care of his or her patients in the event of the practitioner's inability or unavailability; the practitioner's providing periodic reports to the Practitioner Wellness Committee from his or her treating providers, for a period of time specified by the Committee, stating that the practitioner is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients is not impaired; the practitioner's agreeing to submit to random alcohol or drug screening tests; or such other additional conditions as the Committee deems appropriate. The Practitioner Wellness Committee shall include its report and recommendations in its next report to the MEC for approval.

If a practitioner has taken a leave of absence, the final decision to reinstate clinical privileges must be approved pursuant to the process set forth in the Bylaws.

MEC Approved: 04/09/2025

BOD Approved: 04/24/2025