

NCH HEALTHCARE SYSTEM PRACTITIONER HEALTH POLICY

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NCH HEALTHCARE SYSTEM
PRACTITIONER HEALTH POLICY

1. POLICY STATEMENT

A. Scope of Policy

This Policy applies to all practitioners who provide patient care services at NCH Healthcare System (the “Hospital”). For purposes of this Policy, a “practitioner” means a member of the Medical Staff or a member of the Allied Health Staff. A flow chart of the process for addressing concerns regarding practitioner health issues is set forth in Appendix A.

B. Objectives

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 that is not appropriately addressed. The Hospital is also committed to assisting colleagues address health issues so they may practice safely and competently.

For the purpose of this Policy, “health issue” means any physical, mental, or emotional condition that could adversely affect an individual’s ability to practice safely.

C. Definitions

The definitions set forth in the Credentials Policy apply to this Policy as well.

D. Role of Practitioner Health Committee

Practitioner health issues will be addressed by the Practitioner Health Committee as outlined in this Policy. The Practitioner Health Committee may request other practitioners to assist it if additional expertise would help it address health concerns that are identified in a particular case.

The Practitioner Health Committee will also recommend to the Medical Executive Committee educational materials that address practitioner health issues and emphasize prevention, identification, diagnosis, and treatment. This Policy and any educational materials approved by the Medical Executive Committee will be made available to each practitioner. In addition, the Medical Executive Committee will periodically include information regarding illness and impairment recognition issues in CME activities.

E. Referral to Medical Executive Committee

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.

F. Fitness for Practice Evaluation

A fitness for practice evaluation is an individualized evaluation of a practitioner's current ability to exercise clinical privileges safely and competently and to perform the essential functions of appointment and clinical privileges. A fitness for practice evaluation may include assessment of infection risk, motor skills, cognitive ability and judgment, or other issues which may adversely affect a practitioner's ability to care for patients or to interact appropriately with other caregivers. If requested by the Practitioner Health Committee, this assessment may also include recommendations as to whether any accommodation is possible and reasonable.

G. Confidentiality

To the extent possible, and consistent with quality patient care, health issues will be handled in a confidential manner. All parties should avoid speculation, conclusions, gossip, and any discussions of the matter with anyone other than those described in this Policy.

H. 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 Florida laws governing peer review, or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities.

The committees or individuals charged with making reports, findings, or recommendations pursuant to this Policy will be considered to be acting on behalf of the Hospital and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act.

2. REPORTS OF POTENTIAL HEALTH ISSUES

A. Duty to Self-Report

Practitioners who have a health issue are required to report it to the Chief Medical Officer, President of the Medical Staff, other Medical Staff Officers, the Physician Advisor, or the practitioner's department chairperson.

B. Absence from the Medical Staff for Health Reasons

A report will be made to the Leadership Council if a practitioner requests a formal leave of absence for health reasons pursuant to the Credentials Policy. Similarly, a report will be made to the Leadership Council if a health issue causes a practitioner to be absent from the Medical Staff or unable to exercise his or her clinical privileges for health reasons, even if a formal leave of absence is not in effect. The foregoing reporting obligations do not apply to maternity or paternity related absences.

C. Reports of Suspected Health Issues by Others

(1) Reports

Any practitioner or Hospital employee who is concerned that a practitioner has a health issue, or who is told by a patient, family member or other individual about a potential health concern, may discuss the concern with the practitioner and/or may refer the concern to the President of the Medical Staff, other Medical Staff Officers, the Physician Advisor, the appropriate department chairperson, or the Chief Medical Officer. The Help Line may also be used for this purpose.

(2) Gathering Information

The individual who received the verbal report may request that the concern be submitted in writing, factually describing what led to the concern. The identity of the individual who raised the concern will be maintained in a confidential fashion. The individual who received the report may interview the reporting individual and any other individuals who may have relevant information.

(3) Review of Reports

If the individual receiving the report believes there is enough information to warrant a review, the matter will be referred to the Leadership Council or the Practitioner Health Committee.

(4) Feedback to Reporter

The individual who reported the concern may be informed if follow-up action is taken, but the specifics of any action will not be shared in light of the confidential nature of the process.

3. REPORTS OF POTENTIAL HEALTH ISSUES THAT COULD POSE AN IMMEDIATE THREAT

A. Immediate Potential Threat

If a report suggests, with reasonable medical evidence, that a practitioner may have a health issue that has the potential to pose an immediate threat to patients or others, the Chief Medical Officer, the President of the Medical Staff, and the Physician Advisor will immediately assess the practitioner and determine, in consultation with the Leadership Council, whether the practitioner should be required to immediately submit to a blood, hair, or urine test or to undergo some other physical, psychological or cognitive assessment to determine his or her ability to safely and competently practice.

B. Agreement to Refrain from Exercising Privileges

If the Chief Medical Officer, the President of the Medical Staff, or the Physician Advisor, in consultation with the Leadership Council, believes the practitioner may have a health issue and that immediate action is necessary to protect patients, the practitioner may be asked to voluntarily refrain from exercising his or her clinical privileges while the matter is being reviewed.

- (1) If the practitioner agrees to voluntarily refrain from exercising his or her privileges, the practitioner's patients will be assigned to another individual with appropriate clinical privileges. Affected patients will be informed that the practitioner is unable to proceed with their care due to illness.
- (2) If the practitioner will not agree to voluntarily refrain from exercising his or her privileges, further action may be taken consistent with the Credentials Policy.
- (3) The Chief Medical Officer, the President of the Medical Staff or the Medical Executive Committee will determine whether or not to refer the matter to the Leadership Council or the Practitioner Health Committee for review pursuant to this Policy.

4. INITIAL ASSESSMENT OF HEALTH STATUS

A. Initial Review

The Leadership Council will act expeditiously in reviewing concerns regarding a potential health issue. 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. If the Leadership Council determines that the concerns are credible, it will refer the matter to the Practitioner Health Committee. The Practitioner Health Committee may consult

with the relevant department chairperson or involve the chairperson in the review process.

B. Meeting with Practitioner

If the Practitioner Health Committee believes that a practitioner has or might have a health issue, it will meet with the practitioner. At this meeting, the practitioner will 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 be reminded that retaliation against anyone who may have reported a concern is prohibited.

C. Assessment of Health Status

- (1) The Practitioner Health Committee may require that the practitioner:
 - (a) undergo a fitness for practice evaluation;
 - (b) submit to an alcohol or drug screening test (blood, hair, or urine);
 - (c) obtain a letter from a physician acceptable to the Practitioner Health Committee confirming the practitioner's ability to safely and competently practice and authorize the physician to meet with the Practitioner Health Committee; and/or
 - (d) be evaluated by a physician or organization appropriate to the circumstances, and have the results of any such evaluation provided to the Practitioner Health Committee.
- (2) The Practitioner Health Committee, after consulting with the practitioner, will select the health care professional(s) or organization to perform any evaluation. The practitioner will be responsible for any costs associated with the evaluation.
- (3) A form authorizing the Hospital to release information to the health care professional or organization conducting the evaluation is attached as Appendix B. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the practitioner to the Practitioner Health Committee is attached as Appendix C. A Fitness for Practice Evaluation Form that may be used to document the results of an evaluation is attached as Appendix D.

D. Interim Safeguards

While the assessment of health status described above is ongoing, the Practitioner Health Committee 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) take a leave of absence;
- (2) refrain from exercising some or all privileges;
- (3) agree to specific conditions; or
- (4) relinquish certain clinical privileges.

E. Referral to Medical Executive Committee

A matter may be referred to the Medical Executive Committee for its review and action pursuant to the Credentials Policy if the practitioner fails to:

- (1) complete an agreed-upon evaluation, treatment, or rehabilitation program;
- (2) comply with any condition or requirement of reinstatement or continued practice;
- (3) cooperate in the monitoring of his or her practice;
- (4) provide information requested by the Practitioner Health Committee, the Leadership Council, the President of the Medical Staff, or the practitioner's department chairperson; or
- (5) meet with the Practitioner Health Committee, the Leadership Council, the President of the Medical Staff, or the practitioner's department chairperson upon request and with reasonable notice of the date, time, and place of the meeting as outlined in the Credentials Policy.

F. Participation in a Treatment Program

The Practitioner Health Committee may recommend that the practitioner enter a treatment program or the need for a practitioner to enter a treatment program will be self-evident. In either case, the Practitioner Health Committee will assist the practitioner in identifying an appropriate program.

5. REINSTATEMENT/RESUMPTION OF PRACTICE

A. Written Request for Reinstatement/Removal of Conditions

A written request for reinstatement of clinical privileges or removal of conditions on clinical privileges must be submitted to the Practitioner Health Committee, along with the Fitness for Practice Assessment Form attached as Appendix D.

B. Second Opinion Evaluation

Before acting on a request for reinstatement or lifting conditions, the Practitioner Health Committee may request any additional information or documentation that it believes is necessary. This may include, as necessary, requiring the practitioner to undergo a fitness for practice evaluation conducted by a practitioner chosen by the Practitioner Health Committee in order to obtain a second opinion regarding the practitioner's ability to practice safely and competently.

C. Coverage

Before acting on a request for reinstatement or removing conditions, the Practitioner Health Committee may require the practitioner to identify another practitioner who is willing to assume responsibility for the care of his or her patients in the event the practitioner is unable or unavailable to fulfill patient care responsibilities.

D. Leaves of Absence

If a practitioner was granted a leave of absence, the final decision to reinstate the practitioner's clinical privileges must be approved pursuant to the process set forth in the Credentials Policy.

6. CONDITIONS OF CONTINUED PRACTICE

By way of example and not of limitation, the Practitioner Health Committee may require the practitioner to comply with one or more of the following as a condition of reinstatement or as a condition of resuming practice:

A. Ongoing Monitoring

The practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor will be appointed by the Practitioner Health Committee or the department chairperson. The nature of the monitoring will be determined by the Practitioner Health Committee, in consultation with the department chairperson.

B. 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 Practitioner Health Committee may require the practitioner to submit periodic reports from his or her treating physician or the substance abuse rehabilitation/after-care program. The nature and frequency of these reports will be determined on a case-by-case basis depending on the health issue.

C. Random Alcohol or Drug Screens

A practitioner who has undergone treatment for substance abuse may be required to submit to random alcohol or drug screening tests at the request of any member of the Practitioner Health Committee, the Physician Advisor, or the department chairperson.

7. DOCUMENTATION

A. Creation of Health File

Reports of potential health issues and documentation received or created pursuant to this Policy will be included in the practitioner's confidential health file. The practitioner's health file will be maintained by the Medical Staff Office as a separate file and will not be included in the credentials file.

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 Practitioner Health Committee, or that has been reviewed and resolved in the past reappointment cycle, the Medical Staff Office will contact the Practitioner Health Committee.
- (3) The Practitioner Health Committee will prepare a confidential summary health report to the Credentials Committee. The summary health report will be included in the credentials file, and will be reviewed by the Credentials Committee only after the Credentials Committee has determined that the applicant is otherwise qualified for clinical privileges, as set forth in Credentials Policy.
- (4) The Practitioner Health Committee's summary health report will state that the Practitioner Health Committee 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 membership and safely exercise clinical privileges.
- (5) If the Credentials Committee, Medical Executive Committee, or Board of Trustees has any questions about the practitioner's ability to safely practice, the relevant entity will discuss the issue with a member of the

Practitioner Health Committee. 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.

8. PEER REVIEW PROTECTION AND REPORTING

A. Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies

The Hospital will file reports required by applicable law, including but not limited to Fla. Stat. Ann. §395.0193.

B. Requests for Information Concerning Practitioner with a Health Issue

All reference requests or other requests for information concerning a practitioner with a health issue will be forwarded to the President of the Medical Staff, who shall consult with the Chief Medical Officer, and consistent with practice and when possible, consult with the practitioner, if the practitioner is a member of the Medical Staff, with regard to the information sought by the party so requesting a response.

Adopted by the Medical Executive Committee on November 11, 2014.

Approved by the Board of Trustees on January 28, 2015.

Revised by the Medical Executive Committee on May 11, 2020.

Revised by the Board of Trustees on May 12, 2020

APPENDIX B
CONFIDENTIAL PEER REVIEW DOCUMENT
CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY

I hereby authorize NCH Healthcare System (“Hospital”) to provide *[the facility or physician performing fitness for practice evaluation] (the “Facility”) OR [my treating physician]* 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 Facility] OR [my treating physician]* 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 Florida peer review law and that the Hospital, *[the Facility] OR [my treating physician]* and others involved in the peer review process are required to maintain the confidentiality of peer review information, pursuant to Florida 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, any allied health practitioner on the Hospital’s Allied Health Staff, or any authorized representative of the Hospital, for any matter arising out of the release of written information by the Hospital to *[the Facility] OR [my treating physician]*, a copy of which will be provided to me and approved by me, unless I am requested and agree that verbal information may also be provided.

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

Date

Signature of Practitioner

APPENDIX C

CONFIDENTIAL PEER REVIEW DOCUMENT

**AUTHORIZATION FOR RELEASE
OF PROTECTED HEALTH INFORMATION**

I hereby authorize _____ *[facility performing health assessment and/or practitioner overseeing treatment or treatment program] (the “Facility”) OR [my treating physician]* to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to NCH Healthcare System (the “Hospital”) and its Practitioner Health Committee or Medical Executive Committee. The information to be released includes, but is not limited to, answers to the questions on the attached Fitness for Practice Evaluation Form, along with the following:

1. my current health condition;
2. whether I am *[continuing to receive medical treatment and, if so, the treatment plan] OR [continuing to participate in a substance abuse rehabilitation program or in an after-care program, a description of that program and whether I am in compliance with all aspects of the program];*
3. to what extent, if any, my behavior and clinical practice need to be monitored;
4. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
5. any conditions or restrictions 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 Facility 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 Facility 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 federal law. I also understand that, by signing this Authorization, the information will be disclosed to the parties hereby authorized to receive it and could be disclosed to other parties. However, if the information in question relates to my treatment at a federally-assisted drug or alcohol treatment facility, then federal law prohibits it from being re-disclosed. Also, the information being disclosed is protected by the Florida peer review laws and *[the Facility] OR [my treating physician]*, the Hospital, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to those state laws.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that *[the Facility] OR [my treating physician]* has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when *[the Facility] OR [my treating physician]* 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 Facility] OR [my treating physician]* 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

CONFIDENTIAL PEER REVIEW DOCUMENT

APPENDIX D

FITNESS FOR PRACTICE EVALUATION 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.

CURRENT HEALTH STATUS	YES	NO
<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> <p>_____</p> <p>_____</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> <p>_____</p> <p>_____</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 either clinical judgment or motor skills?</p> <p>If “yes,” please specify medications and any side effects: _____</p> <p>_____</p> <p>_____</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> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>

SUBSTANCE ABUSE/AFTER-CARE PROGRAM <i>(If the practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)</i>	YES	NO
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"/>
CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS	YES	NO
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