



## VCU Health System Medical Staff Impairment Policy

- I. **Purpose:** To define the VCU Health Systems' policy and procedure for addressing potential impairment among physicians, dentists, and other practitioner medical staff.
- II. **Philosophy:** The VCU Health System leadership recognizes that the knowledge and skills possessed by the medical staff are a vital asset in fulfilling the mission and vision of the academic medical center. In addition, leadership recognizes that physical, psychiatric, and behavioral disorders among physicians, dentists, and other practitioner medical staff can jeopardize the health of the provider as well as that of their patients. Thus, the VCU Health System strives to create an environment in which impairment among providers is recognized and addressed in a fair, confidential, and effective manner, while preserving both the practitioner's dignity and the patient's right to safe and effective health care.
- III. **Policy:** The VCU Health System shall maintain a Medical Staff Health Committee (MSHC) to which any member of the medical staff, employee, patient, or guest may refer concerns about a potentially impaired practitioner. The MSHC will evaluate such concerns and ensure follow-up and referral as appropriate and consistent with applicable regulations.
- IV. **Definitions:**
  1. Medical staff: any physician, dentist, or other practitioner credentialed to provide patient care by VCU Health System.
  2. Impairment: any physical or mental disability which substantially alters the ability of a practitioner to practice his or her profession with safety to his/her patients and the public.
- V. **Procedure:**
  1. **Medical Staff Health Committee Membership:** The VCU Health System Medical Staff shall maintain a Medical Staff Health Committee. The committee will be comprised of one physician member of the medical staff from each of the following departments: Anesthesiology, Emergency Medicine, Family Practice, Internal Medicine, Neurology, Ophthalmology, Orthopedics, PM&R, Psychiatry and Surgery. The committee chair and vice-chair will be appointed by the Medical Staff Executive Committee.
  2. **Contacting the Medical Staff Health Committee:** VCUHS shall publish a telephone number, 828-2200, that can be used to leave confidential messages regarding potentially impaired providers. In addition, referrals may be made to the Medical Staff Health Committee by addressing

written correspondence to: Medical Staff Health Committee, Box 980510, Richmond, Virginia, 23298-0510.

3. **Educational role of the Medical Staff Health Committee:** The MSHC will periodically distribute to the medical staff and VCUHS employees information regarding the recognition of potential impairment among health care providers. In addition, the MSHC will educate the medical staff and employees regarding the available resources for reporting concerns regarding potentially impaired providers, and for self-referral for treatment.
4. **Referrals to the Medical Staff Health Committee:** The MSHC staff will receive written and telephone referrals and notify the chair of the committee or his/her designee and the appropriate department chair regarding the referral. The staff will then conduct a preliminary investigation, the purpose of which is to obtain enough information to determine if there is a basis for the concern and if there is potential for eminent harm to patients, staff, or others. The investigation will be done in as confidential a manner as possible.
  - a. Upon completion of the preliminary investigation, MSHC staff will contact the MSHC chair or designee and the department chair (or Chief Medical Officer or Dean if the issue concerns a department chair) and apprise them of the results of their initial investigation. The department chair and MSHC chair will determine if a reasonable potential for patient harm due to possible impairment exists, and if so, the medical staff member will be placed immediately on administrative leave by the department chair pending further investigation.
  - b. If the possibility of impairment due to drug or alcohol abuse exists, further evaluation will be performed according to the attached "Guidelines for Evaluating Possible Use of Alcohol or other Substances among VCU Health System Medical Staff".
  - c. For potential impairment unrelated to alcohol or drug use, further investigation will proceed as follows:
    - i. The MSHC chair or designee and department chair will interview the medical staff member regarding the concern.
    - ii. If the medical staff member can provide a satisfactory explanation regarding the concerns raised, the matter will be dropped with no further evaluation needed.
    - iii. The medical staff member can agree that an issue exists and work with the MSHC chair and department chair and MSHC staff to obtain appropriate follow-up.
    - iv. If the department chair and/or MSHC chair find the medical staff member's explanation unsatisfactory, the MSHC chair will refer the case to the full MSHC for review.
    - v. The MSHC will conduct a review of the matter to include all of the material, information, interviews that it deems

reasonable and necessary in order to determine if an impairment exists. Based on its findings, the committee will vote to:

- (1) close the case (no issue exists or no way to verify the concern raised);
  - (2) refer the medical staff member for intervention
- d. If the MSHC recommends referral for intervention, the chair of the MSHC and the department chair will meet with the involved medical staff member and inform him/her of the committee's decision.
  - e. If the medical staff member agrees with the committee's recommendation, he/she will follow-up as recommended. If the physician disagrees, the matter will be referred to the Medical Staff Executive Committee for review. The decision of the Executive Committee will be final.
  - f. If a medical staff member fails to follow through with a referral as recommended by the committee, the chair of the MSHC will report this to the Chief Medical Officer (CMO) and the Chair of the Credentials Committee. The CMO will make the necessary reports to the appropriate licensing board and determine along with the Credential's Committee Chair if actions need to be taken with regard to the medical staff member's clinical privileges.
5. Reporting
- As required by Virginia Code §54.1-2906-9, the Chief Medical Officer may be required to report investigation results to the Virginia Board of Health Professions, the National Practitioner Data Bank as required under U.S.C. § 11101 et seq. and/or other regulatory agencies as required by law or regulations. In such cases, the medical staff member will be provided a copy of the report as applicable to the law or regulation.