

PROFESSIONAL STAFF HEALTH PROGRAM (IMPAIRED OR COMPROMISED PHYSICIAN)

PS 006

<i>Manual</i>	Professional Staff	<i>Effective Date</i>	04/27/2006
<i>Policy #</i>	PS 006	<i>Date Revised</i>	03/31/2019
		<i>Next Scheduled Review</i>	03/31/2021
		<i>Responsible Person</i>	Director, Professional Staff Services

The Professional Staff supports the wellbeing and health of the members with the aim of protecting patient welfare, advancing patient care, fostering a culture of safety, and improving member function by:

- Offering assistance to the Professional Staff by creating an environment and consultation mechanism that is conducive to self-referral and rehabilitation of members who may be suffering from a medical, psychiatric, behavioral, or substance-use related problem that poses a threat to patient care, self and/or others;
- Ensuring patient safety by establishing a mechanism to identify and treat impaired or compromised Professional Staff members.
- Educating the Professional Staff and other members of the organization about how to recognize impairment and compromise;
- Enhancing the safety of Resnick Neuropsychiatric Hospital at UCLA patients, Professional Staff, housestaff, and employees;
- Providing oversight, treatment and assistance for a potentially compromised Professional Staff member by:
  - 1) Ensuring the reporting of a potentially compromised Professional Staff member to the appropriate leadership as specified in the procedure, below;
  - 2) Making an assessment of the credibility of a third party complaint or allegation of impairment;
  - 3) Maintaining all deliberations and documentation as confidentially as possible;
  - 4) Referring the compromised Professional Staff member to the appropriate internal or external resource for diagnosis, evaluation, treatment, and monitoring of the condition under the guidance of the Professional Staff Health Committee;
  - 5) Monitoring the re-integration into active Professional Staff status according to the Professional Staff Health Committee Monitoring Agreement established between the Professional Staff member and the Professional Staff Health Committee; and
  - 6) When deemed necessary, facilitating the safe removal of the compromised Professional Staff member from the Resnick Neuropsychiatric Hospital at UCLA.

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**POLICY**

Since early identification is essential for successful rehabilitation and patient protection, it is the policy of the Professional Staff to identify compromised or impaired members, facilitate confidential treatment and rehabilitation, and monitor recovery activities.

The Professional Staff Health Committee achieves this purpose through prevention, intervention, and facilitation of treatment for medical, psychiatric, behavioral, or substance-use related problems of members. The process provides assistance and rehabilitation, rather than discipline, to aid members in retaining professional function consistent with providing high quality medical care.

The Physician Wellness Program also provides education regarding physician health and wellbeing, addressing prevention of conditions and behaviors that undermine a culture of safety.

**DEFINITIONS**

*Impaired or Compromised Member*

An “impaired or compromised member” is a Professional Staff Member (hereafter “Member”) who is or may be experiencing a medical, psychiatric, behavioral and substance-use related problem that affects or has the potential to affect his/her ability to treat patients safely. Impaired or compromised members include, but are not limited to, members under emotional or physical distress, those who may be experiencing cognitive impairment due to medical or psychiatric etiology, those whose behavior undermines a culture of safety, and those whose use of alcohol or other mood altering substances or medications is harmful to his/her health and has the potential to affect his/her performance.

*Impairment or Compromise*

Any condition or behavior, regardless of cause, which interferes with the Member’s ability to function as normally expected. Impairment or compromise may exist in one or multiple domains, including, but not limited to, psychomotor activity and skills, conceptual or factual recall, abstract thought processes, judgment, attentiveness, demeanor, and attitudes as manifested in speech or actions. Major symptoms of impairment or compromise may include declining work performance as manifested by repeated behaviors including decreased concern for patient wellbeing, unavailability, missed appointments, unexplained absences, incomplete medical records, poorly communicated medical orders, and withdrawal from hospital or other professional activities. Additional indications may be lapses in judgment, inappropriate relationships, boundary violations, signs or behavior related to intoxication, self-medication, or utilization of controlled substances, or misuse of alcohol. Change in character or personality, bizarre or embarrassing behaviors, deteriorating personal hygiene, and mood swings are further accompaniments of impairment or compromise. Compromise can also include excessive unprofessionalism; as indicated by behaviors including but not limited to, failure to return pages, repeated reports of poor or disrespectful communication, and harassing or aggressive behavior.

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*Observer*

Anyone who suspects that a Professional Staff member may be compromised and who notifies the Medical Director, Chief of Staff, Service Chief, or Unit Supervisor.

*Reviewer*

Medical Director, Chief of Staff, Service Chief, or designee, who once notified of a suspicion, gathers information, makes a determination regarding the allegation, and may refer to the Professional Staff Health Committee via completed documentation including a referral form and any supporting documents [see Appendix A “Referral to the Professional Staff Health Committee”].

*External Medical Review Officer*

A Medical Review Officer (MRO) is a licensed physician responsible for receiving and reviewing laboratory results generated by a drug and alcohol-testing program and evaluating medical explanations for certain drug test results. An external MRO is a MRO not affiliated with UCLA, who will therefore not be reviewing the drug or alcohol tests of colleagues and as such, is less likely to have a potential conflict of interest.

**PROCEDURE**

**Referral**

1. Self-Referral

When a Member wishes to self-report his/her compromised state, or legal concern, such as a charge of driving under the influence (DUI), he/she may refer themselves to the Professional Staff Health Committee for assistance, in line with its charge under the Bylaws.

2. Referral After Returning from Medical Leave for a Condition that May Affect Patient Care

If there is concern that a Member may be compromised in his/her ability to provide safe patient care upon return from medical leave, the Member may self-refer, or be referred by his/her Service Chief, or designee, for assessment by the Professional Staff Health Committee.

3. Third-part Reporting

A. No Imminent Danger to Patients

If anyone (defined as the “Observer”) suspects that a Member may be compromised, but is not thought to be an imminent danger to patients, the following procedure should be followed:

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- 1) The Observer should notify the Unit Supervisor or Service Chief. If a Unit Supervisor is notified, the Unit Supervisor will notify the Service Chief.
- 2) The Service Chief, or designee (defined as the “Reviewer”) will gather information, including interviewing the Member, and make a determination regarding the allegation and determine if a referral to the Professional Staff Health Committee is warranted.
- 3) If it is determined that a referral to the Professional Staff Health Committee is warranted, the Reviewer should compile all information from the Observer and complete the “Referral to the Professional Staff Health Committee” form. [APPENDIX A].

**B. Potential Imminent Danger to Patients**

If an Observer suspects that a Member may be practicing in a compromised state, which may reasonably be thought to be an imminent risk to patients, the following procedure should be followed:

- 1) The Observer will notify a Unit Supervisor or Service Chief. If a Unit Supervisor is notified, the Unit Supervisor will notify the Service Chief.
- 2) The Service Chief or designee (defined as the “Reviewer”) will make an assessment of whether there is imminent danger to patients. If there is, the Reviewer will immediately remove the Member from all patient care duties, and will alert the Medical Director and the Administrator On Call.
- 3) The Reviewer will come to the unit and, with the Medical Director, Administrator on Call, or designee, will meet in a private location with the Member who is suspected of being compromised and will make a determination regarding the allegation. Additional appropriate consultation may be requested as required.
- 4) The Reviewer will inform the Member of the reasons for suspecting compromise. The Reviewer will review performance or behavior and indicate why he/she is concerned.
- 5) The Reviewer should gather all information from the Observer and complete the “Referral to the Professional Staff Health Committee” form whenever possible. [APPENDIX A].

**Reasonable Suspicion Drug and Alcohol Testing**

**NO Concern of need for urgent medical attention for Professional Staff Member**

1. If a Service Chief has a reasonable belief that a Member is compromised due to the use of alcohol or psychoactive substances, he/she, or designee may ask the Member to submit to drug or alcohol testing. The Member will be asked to sign a consent form [APPENDIX C

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“Consent to Drug and Alcohol Testing”] to obtain a drug and/or alcohol-screening test. The Service Chief, or designee, shall document the basis for this request and have the form co-signed by a second witness [APPENDIX B “Observation Checklist for Reasonable Suspicion Drug Testing”]

2. The Service Chief, or designee will follow the “Procedure for Reasonable Suspicion Drug and Alcohol Testing” as follows:
  - A. Call or page the Professional Staff Health Committee Chair or Coordinator to oversee testing.
  - B. Complete observation checklist of symptoms from Appendix B.
  - C. Page the Chief of Staff to discuss the situation. The Chief of Staff or designee will act as second observer for the checklist of symptoms.
  - D. Have the Member fill out and sign the “Consent for Reasonable Suspicion Drug Testing” form (Appendix C)
  - E. Inform the Member that he/she is removed from patient care duties and potentially other UCLA Health activities pending the results of the evaluation by the Professional Staff Health Committee
  - F. Ask the Member for his/her ID and pager.
  - G. Inform the Member that he/she is highly recommended not to drive. He/she should call a friend or a taxi. Security will give him/her the “Driving Recommendation: Acknowledgement and Release” (Appendix D) to sign that acknowledges that he/she has heard this recommendation.
  - H. The Professional Staff Health Committee Chair or Coordinator will contact the drug/alcohol testing service to arrange testing. Testing can include, but is not limited to urine, hair, nails, breath and blood.
3. If the Member has negative alcohol and drug testing results, the Service Chief, or designee, will inform the Member of such. The Professional Staff Health Committee must receive verification of the negative result before recommending that the Member return to patient care.
4. If the Member has a positive, external MRO verified or non -negative drug test result or a confirmed test for alcohol, the Professional Staff Health Committee will request the Member to meet for a Professional Staff Health Committee Review (see below).
5. The Member has the option to refuse the drug and alcohol testing. If the Member refuses, this will be considered the same as a positive drug or alcohol test. This information will be

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given to the Professional Staff Leadership, who may take disciplinary action. (see Bylaws, Article 7)

**Concern that the Professional Staff Member is in need of urgent medical attention due to substance abuse**

1. If a Service Chief has a reasonable belief that a Member is compromised due to the use of alcohol or psychoactive substances, he/she, or designee, shall document the basis for this request and have the "Observation Checklist for Reasonable Suspicion Drug Testing" form co-signed by a second witness (Appendix B). This can occur after referral to the ED.
2. The Service Chief, or designee will follow the procedure for **Reasonable Suspicion Drug and Alcohol Testing** as follows:
  - A. Call the ED at (310) 267-8407. Request to speak with the Charge Nurse or ED Attending. Alert the ED that a UCLA physician is being brought in for care.
  - B. Call the Professional Staff Health Committee Chair or Coordinator.
  - C. Contact the Member's emergency contact, and will arrange with the emergency contact or the ED to be contacted once the individual is stable.
  - D. May contact the Chief of Staff to alert him/her to the situation.
  - E. Once the Member is deemed stable by the ED, may call security dispatch at (310) 267-7100 and ask them to inform the Security Supervisor that support is needed.
  - I. Inform the Member that he/she is removed from patient care duties and potentially other UCLA Health activities pending the results of the evaluation by the Professional Staff Health Committee.
  - F. Security or the Service Chief, Chief of Staff or designee will ask the Member for his/her ID and pager.
  - G. Security, the Service Chief, the Chief of Staff, or designee will inform the Member that he/she is highly recommended not to drive. He/she should call a friend or a taxi to arrange for pickup. Security will give the Member the "Driving Recommendation: Acknowledgement and Release" (Appendix D) to sign that acknowledges that he/she has heard this recommendation.
  - H. The Professional Staff Health Committee will arrange a drug/alcohol test for the individual. Testing can include, but is not limited to, urine, hair, nails, breath and blood.

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3. The Professional Staff Health Committee must receive verification of a negative drug/alcohol test result before recommending that the Member return to patient care. If the Member has negative alcohol and drug testing results, the Service Chief, or designee, will inform the Member of such.
4. If the Member has a positive, external MRO-verified or non-negative drug test result or a confirmed test for alcohol, the Professional Staff Health Committee will request the Member meet for a Professional Staff Health Committee Review (see below).
5. The Member has the option to refuse the drug and/or alcohol testing. If the Member refuses, this will be considered the same as a positive drug or alcohol test. This information will be given to Professional Staff Leadership, who may take disciplinary action.

**Professional Staff Health Committee Review**

When a Member is referred to the Professional Staff Health Committee, the Committee will assess and review the information provided by the Reviewer, meet with the Member to evaluate the information, discuss the initial assessment, and make a recommendation. Such recommendation may include: further evaluation, referral to an outside professional and/or facility for evaluation and/or treatment, professional coaching, education program and/or participation in a monitoring program, and/or regular toxicology screening. Any costs/fees associated with any type of assessment, evaluation, treatment, or program is the responsibility of the Member receiving the service.

**Evaluation**

1. If the Committee is unable to make a determination as to the validity of the concern; then further evaluation will be recommended.
2. The Professional Staff Health Committee will provide the Member with a list of several approved evaluators or evaluation programs.
3. The Member will inform the Professional Staff Health Committee of the evaluator that will be used, and will sign a release of information for the Professional Staff Health Committee to speak with the evaluator.
4. Refusal to sign the release of information will mean the Professional Staff Health Committee is unable to form a recommendation and will report this to the Member's Service.
5. If the Member is sent for an evaluation, and the evaluator determines that additional information is needed from third parties, such as the Member's Service Chief, treatment providers, family members or significant others, in order to make a recommendation, written permission shall first be obtained from the Member to speak with such third parties



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regarding the Member's condition. If a Member refuses to provide written permission, the Member will be asked to acknowledge that refusal may hinder the evaluator and Professional Staff Health Committee's ability to obtain a thorough evaluation and make a recommendation.

6. For an evaluation to be considered complete, the Member must agree to the evaluator carrying out all elements of an approved evaluation, including but not limited to, psychological testing, cognitive testing, drug/alcohol testing, collection of collateral information and medical, neuropsychiatric and psychiatric examination.
7. The evaluator will send the Professional Staff Health Committee a report following the evaluation.
8. If the Member decides that he/she does not want the evaluation sent to the Professional Staff Health Committee, this will be considered as choosing to not have an evaluation. The Member may not request to do a second evaluation to supplant the original. The Member may have a second evaluation done by a different vetted program, which the Professional Staff Health Committee will consider in conjunction with the original evaluation.
9. The Professional Staff Health Committee will use the evaluation report to form a recommendation regarding the Member's need for treatment, and recommendations regarding return to patient care.

**Monitoring**

1. A monitoring agreement will be created by the Professional Staff Health Committee to address the Member's circumstances [See APPENDICES E and F "Monitoring Agreements"], his/her needs, and may specify the conditions under which the Member could return to or remain in patient care. All monitoring agreements for Members with psychiatric or substance use related problems will include a requirement that the Member does not travel without prior approval from the Professional Staff Health Committee and his/her treatment provider in order to maintain continuity of treatment and testing.
2. The monitoring agreement for all members with medical, psychiatric or substance-use problems will also specify that the Member may not work in his/her capacity as a physician outside of UCLA Health without review by the Professional Staff Health Committee. If the Member does engage in such work, the Committee will notify the health care entity that the Member is under monitoring by the UCLA Professional Staff due to potential compromise.
3. The monitoring agreement will be signed by the Member, the Professional Staff Health Committee Chair, and the Chief of Staff or designee.
4. The roles of the Professional Staff Health Committee Coordinator and the Workplace Monitor will be described in the monitoring agreement. The Professional Staff Health



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Committee Coordinator will monitor compliance with all aspects of the monitoring agreement and will notify the Professional Staff Health Committee Chair or designee, immediately if the monitored Member is non-adherent to the recommendations, impaired, or unable to provide safe patient care.

5. Monitoring will be generally undertaken for at least 5 years. If a Member voluntarily resigns from the Professional Staff before the recommended period of monitoring is completed, the Professional Staff Health Committee will assist the Member in transition to the subsequent Physicians Health Program or Wellbeing Committee for monitoring if applicable.
6. If the Member declines to sign the monitoring agreement, the Professional Staff Health Committee will inform the Service Chief or Chief of Staff of this decision to determine if summary suspension is warranted.

**Treatment**

1. The Professional Staff Health Committee will inform the Member of the recommendation for treatment, educational activities or a coaching program.
2. The Professional Staff Health Committee will work with the Member to choose appropriate and vetted treatment, educational activities, or coaching options.
3. The Professional Staff Health Committee will inform the Member's Service Chief of the schedules of treatment, educational, or coaching programs, and of monitoring activities. The Member may request accommodation for treatment if necessary.
4. The Member will sign releases allowing the Professional Staff Health Committee to speak to his/her treatment, education or coaching provider. The Professional Staff Health Committee will communicate regularly with the provider(s). These conversations will not include details of the content of the treatment or training, but will be to determine general progress.

**Return to Work**

If a Member is deemed safe to continue working during the period he/she are participating in a treatment or educational program, or after the Member's return to work, the following will occur:

1. The Member's monitoring agreement will be reviewed and revised as needed. If the Member is remaining at work, a monitoring agreement will be finalized and signed.
2. The Member's progress will be overseen via regular reports from the worksite monitor and from the treatment, coaching or educational provider at the frequency outlined in the monitoring agreement.

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3. The Member will communicate regularly with the Professional Staff Health Committee at the frequency outlined in the monitoring agreement.
4. The Member's progress will be reviewed by the Professional Staff Health Committee on at least an annual basis for at least five (5) years.
5. If a concern regarding alcohol or substance use is raised and no substantiation of compromise is found after investigation, the Professional Staff Health Committee may recommend drug or alcohol use monitoring as a pre-cautionary measure.

**Non-Compliance**

1. If a Member does not consent to be seen by a vetted evaluator, complete the evaluation, participate in a vetted treatment program, or adhere to treatment, rehabilitation and monitoring activities, the Committee will notify the Member's Service Chief that the Member has chosen not to follow the recommendations of the Committee. At this time, the Professional Staff Health Committee may inform the Member and his/her Service Chief that the Professional Staff Health Committee will no longer monitor adherence to rehabilitation.

**REFERENCES**

1. California Medical Association: Guidelines for Hospital Medical Staff Wellbeing Committees
2. Federation of State Physician Health Programs: Physician Health Program Guidelines
3. Federation of State Medical Boards: Guidance on Physician Impairment
4. Joint Commission on Accreditation of Healthcare Organizations Medical Staff Standard, Physician Health, MS 4.8

**APPENDICES**

APPENDIX A: REFERRAL TO THE PROFESSIONAL STAFF HEALTH COMMITTEE

APPENDIX B: OBSERVATION CHECKLIST FOR REASONABLE SUSPICION DRUG TESTING

APPENDIX C: CONSENT TO DRUG AND ALCOHOL TESTING

APPENDIX D: DRIVING RECOMMENDATION: ACKNOWLEDGEMENT AND RELEASE

APPENDIX E: MONITORING AGREEMENT FOR SUBSTANCE USE, MEDICAL OR MENTAL HEALTH CONCERNS

APPENDIX F: MONITORING AGREEMENT FOR BEHAVIOR THAT UNDERMINES A CULTURE OF SAFETY

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- Professional Staff Health Committee: March 14, 2019
- Professional Staff Executive Committee: March 26, 2019
- Governing Body: March 31, 2019