The Medical 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 Medical 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 Medical Staff members.

- Educating the Medical Staff and other members of the organization about how to recognize impairment and compromise;

- Enhancing the safety of Ronald Reagan UCLA Medical Center patients, Medical Staff, housestaff, and employees;

- Providing oversight, treatment and assistance for a potentially compromised Medical Staff member by:

  1) Ensuring the reporting of a potentially compromised Medical 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 Medical Staff member to the appropriate internal or external resource for diagnosis, evaluation, treatment, and monitoring of the condition under the guidance of the Medical Staff Health Committee;

  5) Monitoring the re-integration into active Medical Staff status according to the Medical Staff Health Committee Monitoring Agreement established between the Medical Staff member and the Medical Staff Health Committee; and
POLICY

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

The Medical 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 Medical 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.

Observer

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

Reviewer

Chief Medical Officer, 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 Medical Staff Health Committee via completed documentation including a referral form and any supporting documents [see Appendix A “Referral to the Medical 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 the 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 Medical Staff Health Committee for assistance, in line with its charge under the Bylaws Article 11.8.4.

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 Medical 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:

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 Medical Staff Health Committee is warranted.

3) If it is determined that a referral to the Medical Staff Health Committee is warranted, the Reviewer should compile all information from the Observer and complete the “Referral to the Medical 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 chief Medical Officer and the Administrator On Call.

3) The Reviewer will come to the unit and, with the Chief Medical Officer, 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 Medical Staff Health Committee” form whenever possible. [APPENDIX A].

Reasonable Suspicion Drug and Alcohol Testing

NO Concern of need for urgent medical attention for Medical 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 immediate drug or alcohol testing. The Member will be asked to sign a consent form [APPENDIX C “Consent Form 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 the Administrative Nursing Supervisor at (310) 267-6652 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 suspended effective immediately.
   F. The Administrative Nursing Supervisor, or designee, will call the designated external drug/alcohol testing service, which should arrive within one hour.
   G. The Administrative Nursing Supervisor, or designee, will call Security, who will be on standby to meet the external service.
   H. The Administrative Nursing Supervisor, or designee, will call the Medical Staff Health Committee Chair or Program Coordinator.
   I. The Administrative Nursing Supervisor, or designee, will escort the Member to a private location to wait.
   J. The Administrative Nursing Supervisor, or designee, and Security will stay with the Member until the collection service arrives and will introduce the Member to the collector.
   K. Security or the Administrative Nursing Supervisor, or designee, will show the external service to the designated bathroom, which the collector can use for the urine collection.
   L. The external service will administer a breathalyzer test. If a positive test is obtained the collector will re-administer the breathalyzer.
a. For the purpose of this policy, a Member is presumed to be under the influence of alcohol if the breathalyzer test finds levels that are above 0.0 gm/dl (0.0 %). Note that breath does not require verification by a physician trained and certified as a Medical Review Officer (MRO).

M. The external service will collect a urine sample.

N. Security will ask the Member for his/her ID and pager.

O. Security will 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.

P. If possible, the Administrative Nursing Supervisor, or designee, will stay in the vicinity while the external service is present. After the drug/alcohol tests are completed, try to determine if the Member has a ride home. Tell him/her that the Medical Staff Health Committee/Clinical Service will be in touch.

Q. The Administrative Nursing Supervisor will collect the breathalyzer strip and chain of custody form from the external service.

R. The Administrative Nursing Supervisor will put the breathalyzer strip, chain of custody form, consent to testing, and symptom checklist in a tamper proof envelope provided by the external service. Give the sealed envelope to Security, who will place it in a locked drawer in the Security Supervisor’s office.

S. The external service will ship the urine sample to the designated laboratory using an overnight shipping label, such as a FedEx label. The tracking number will be sent to the Medical Staff Health Committee.

T. The lab will conduct a health professional panel (Quest HPP1 – Health Professionals Panel) analysis of the sample.

3. If the Member has negative alcohol and drug testing results, the Service Chief, or designee, will inform the Member of such. The Medical 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 Medical Staff Health Committee will request the Member to meet for a Medical 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. A decision shall be made, in collaboration with Medical Staff leadership, as to whether the Member should be summarily suspended. (see Bylaws, Article 7)

Concern that the Medical 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, may ask the Member to submit to immediate drug or alcohol testing. The Member will be asked to sign a consent form (Appendix C) 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).

2. The Service Chief, or designee will follow the procedure for Reasonable Suspicion Drug and Alcohol Testing as follows:

   A. Call the Administrative Nursing Supervisor at (310) 267-6652 to oversee testing.

   B. Complete the observation checklist of symptoms (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. The Administrative Nursing Supervisor, or designee, will call security dispatch at (310) 267-7100. Ask Dispatch to inform a Security Supervisor that support is needed during the period waiting for drug/alcohol testing.

   E. The Administrative Nursing Supervisor, or designee, will escort the Member or Resident to a pre-determined (if possible) private area.

   F. The Administrative Nursing Supervisor, or designee, will call the Emergency Room at (310) 267-8407. Request to speak with the Charge Nurse or ER Attending. Ask if the Member can be brought to the ER for care and possible drug/alcohol testing by the external service.

   G. The Administrative Nursing Supervisor, or designee, will call the Medical Staff Health Committee Chair (310) 206-2782, Pager ID# 12372 and or Coordinator (310) 267-2728, Pager ID#91761.

   H. The Administrative Nursing Supervisor, or designee, will contact the Member’s emergency contact. Arrange with the emergency contact or the ER to be contacted once the individual is stable.
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I. Once the Member is deemed stable by the ER, the Administrative Nursing Supervisor will have the Chief of Staff or Service Chief inform the Member that he/she is suspended effective immediately.

J. Security will ask the Member for his/her ID and Pager.

K. Security will 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.

L. The Administrative Nursing Supervisor will ask the Medical Staff Health Committee to arrange a hair test for the individual.

3. If the Member has negative alcohol and drug testing results, the Service Chief, or designee, will inform the Member of such. The Medical 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 Medical Staff Health Committee will request the Member to meet for a Medical Staff Health Committee Review.

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. A decision shall be made, in collaboration with Medical Staff leadership, as to whether the Member should be summarily suspended.

**Medical Staff Health Committee Review**

When a Member is referred to the Medical 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 Medical Staff Health Committee will provide the Member with a list of several approved evaluators or evaluation programs.

3. The Member will inform the Medical Staff Health Committee of the evaluator that will be used, and will sign a release of information for the Medical Staff Health Committee to speak with the evaluator.

4. Refusal to sign the release of information will mean the Medical 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 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 Medical 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 Medical Staff Health Committee a report following the evaluation.

8. If the Member decides that he/she does not want the evaluation sent to the Medical 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 Medical Staff Health Committee will consider in conjunction with the original evaluation.

9. The Medical 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 Medical 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 Medical 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 Medical 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 Medical Staff due to potential compromise.

3. The monitoring agreement will be signed by the Member, the Medical Staff Health Committee Chair, and the Chief of Staff or designee.

4. The roles of the Medical Staff Health Committee Coordinator and the Workplace Monitor will be described in the monitoring agreement. The Medical Staff Health Committee Coordinator will monitor compliance with all aspects of the monitoring agreement and will notify the Medical 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 Medical Staff before the recommended period of monitoring is completed, the Medical 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 Medical 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 Medical Staff Health Committee will inform the Member of the recommendation for treatment, educational activities or a coaching program.

2. The Medical Staff Health Committee will work with the Member to choose appropriate and vetted treatment, educational activities, or coaching options.

3. The Medical 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 Medical Staff Health Committee to speak to his/her treatment, education or coaching provider. The Medical 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.

3. The Member will communicate regularly with the Medical Staff Health Committee at the frequency outlined in the monitoring agreement.

4. The Member’s progress will be reviewed by the Medical 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 Medical 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 Medical Staff Health Committee may inform the Member and his/her Service Chief that the Medical 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 MEDICAL 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

Medical Staff Health Committee: February 9, 2017
Medical Staff Executive Committee: February 23, 2017
Governing Body: February 28, 2017