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;

- Assuring 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 illness 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 illness or addiction under the guidance of the Medical Staff Health Committee;
  
  5) Monitoring the re-integration into active Medical Staff status according to the Professional Health Program Monitoring Agreement established between the Medical Staff member and the Medical Staff; and
  
  6) When deemed necessary, facilitating the safe removal of the compromised Medical Staff member from the Ronald Reagan UCLA Medical Center.
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 Program 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 Medical Staff Health 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 whose behavior undermines a culture of safety, and those whose use of alcohol or other mood altering substances or medications is harmful to their health and has the potential to affect their 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 in 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 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. Change in character or personality, bizarre or embarrassing behaviors 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, not returning pages, repeated reports of poor or disrespectful communication, and harassing or aggressive behavior.

Observer
MEDICAL STAFF HEALTH PROGRAM (IMPAIRED OR COMPROMISED PHYSICIAN)  
MS 107

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

Reviewer

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 person who is a licensed physician and who is 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 University, 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), they 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 their Service Chief 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 call the Administrator on Call.

3) The Reviewer will come to the unit and, with the Administrator on Call, 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

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 2nd 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. The Service Chief, or designee, will call the designated external drug/alcohol testing service, which should arrive within one hour.

   B. The Service Chief, or designee, will call Security, who will be on standby to meet the external service.

   C. The Service Chief, or designee, will call the Medical Staff Health Committee Chair or Program Coordinator.

   D. The Service Chief, or designee and a member of security will stay with the Member until the collection service arrives and will introduce the Member to the collector.

   E. The Service Chief, or designee, will inform the Member he/she is on leave, and ask the Member for his/her ID badge and pager.

   F. The external service will administer a breathalyzer test. If they get a positive test they will re-administer the breathalyzer.

      a. For the purpose of this policy, a Medical Staff 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 breathalyzer results do not require verification by a physician trained and certified as a Medical Review Officer (MRO).

   G. The Service Chief, or designee will show the external service to the designated bathroom, which they can use for the urine collection.

   H. The external service will collect a non-observed urine sample.

   I. Security will have the Member sign a transportation form to document that the Member has been informed that they should not drive home.

   J. The Service Chief or designee will collect any necessary information from the external service and the “Observation Checklist for Reasonable Suspicion Drug Testing” [APPENDIX B], place in a provided, tamper-proof envelope, and give to the Nursing Supervisor on duty, noting the name of recipient (Medical Staff Health Committee) and the time this information transfer took place.

   K. 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.
L. 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 that the Member 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)

**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 cannot determine if no additional action is warranted or if treatment is indicated; 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 the 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 D and E “Templates of 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 the UCLA Health System 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. 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 they 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 does not choose 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
MEDICAL STAFF HEALTH PROGRAM (IMPAIRED OR COMPROMISED PHYSICIAN)

APPENDICES

APPENDIX A: REFERRAL TO THE MEDICAL STAFF HEALTH COMMITTEE FORM
APPENDIX B: OBSERVATION CHECKLIST FOR REASONABLE SUSPICION DRUG TESTING
APPENDIX C: CONSENT FORM TO DRUG AND ALCOHOL TESTING
APPENDIX D: TEMPLATE OF MONITORING AGREEMENT FOR SUBSTANCE USE, MEDICAL OR MENTAL HEALTH CONCERNS
APPENDIX E: TEMPLATE OF MONITORING AGREEMENT FOR BEHAVIOR THAT UNDERMINES A CULTURE OF SAFETY

Medical Staff Health Committee: February 11, 2016
Medical Staff Executive Committee: February 25, 2016
Governing Body: February 29, 2016
APPENDIX A

REFERRAL TO THE MEDICAL STAFF HEALTH COMMITTEE

Complete this form in its entirety, sign and submit it to the Medical Staff Health Committee
Fax: (310)206-2072
Email: kmiotto@mednet.ucla.edu; rwilkinson@mednet.ucla.edu

Date: _______________ Time: _______________ Location of Incident: ____________________

Description of Incident
Please describe the behavior observed as factually and objectively as possible, including the
events, which precipitated the behavior, if known. Provide all relevant details. (Please continue
on a separate page as needed)

Others Present:

Effect on Patient Care or Hospital Operations

Did the behavior affect or involve a patient?____ Yes ____ No _____
If yes, provide the patient’s name: ___________________________ MR# ______________
Please describe the effect of the clinician’s behavior on patient care or hospital operations.

Action Taken

Was the Unit supervisor, Service Chief, Chief Medical Officer, or any other person notified of
the incident?

______ Yes  Name of person notified: ____________________________________________

______ No

Date: _______________ Name of Reviewer Reporting: _______________________
________________________________________________(signature)
APPENDIX B
OBSERVATION CHECKLIST FOR REASONABLE SUSPICION DRUG TESTING

Complete this form in its entirety, sign and include with documents from the external drug testing service.

Date: _______________ Time: _______________ Location of Incident: ____________________

Any single poor performance or work habit behavior (unless extreme) is probably not a cause for great concern, but when such performance or habits occur in patterns intervention may be warranted. Signs of substance use in physicians can be different from those in other professions, as frequently changes to workplace behavior are the last to become apparent.

You may also observe a Medical Staff member in light of a report of drug use provided by a reliable and credible source that has been independently corroborated.

☐ Mood swings
☐ Increased episodes of anger/irritability/hostility
☐ Appearing overwhelmed
☐ Forgetfulness
☐ Flulike symptoms
☐ Fatigue or appearance of over-sedation
☐ Bloodshot and/or watery eyes
☐ Consistently dilated or pin-point pupils
☐ Alcohol detectable on breath or smell of burnt leaves
☐ Tardiness/absenteeism/frequent breaks
☐ Missed appointments/deadlines
☐ Unable to be contacted (ex. “broken pager”)
☐ Medical/charting errors
☐ Complaints from patients, colleagues, supervisors
☐ Rounding at variable times
☐ Unexplained disappearances
☐ Taking extra shifts (especially at night)
☐ Missing/broken vials
☐ Extra attention to patients receiving abusable medications
☐ Signing out increasing amounts of narcotics or quantities inappropriate for the given case
☐ Failure to document wastage/have wastage witnessed
☐ Pharmaceutical waste analysis is out of standard range

____________________________________                                             ___________________
Signature of Reviewer                                                                                 Date

____________________________________                                             ___________________
Signature of 2nd Observer                                                                            Date
APPENDIX C
CONSENT TO DRUG AND ALCOHOL TESTING

I, __________________________, consent to submit urine, breath, blood or other specimens according to Ronald Reagan UCLA Medical Center Medical Staff Policy MS 107. I understand that these specimens or samples will be used for the purpose of conducting a chemical analysis to determine if I have the presence of drugs or alcohol at levels above those permitted by UCLA Health System (see below).

I further give my permission to UCLA Health System to release my detailed screening results to any authorized Medical Review Officer. Pass or Fail information will only be transmitted to the Chief of Staff, and the Medical Staff Health Committee (in the case of a positive test). I understand that this examination is being conducted pursuant to Medical Staff policies. I will cooperate fully with UCLA Health System and its designated testing personnel in the administering of the drug and alcohol testing. I am consenting to this test, as a part of my continued membership and if I refuse or fail to fully cooperate, I will be assumed to have a positive result.

I certify that any urine, breath or blood specimen or sample given by me belongs to me and is given solely for the purposes of drug and alcohol testing. I further certify that the above information is correct to the best of my knowledge. I understand that UCLA Health System may require me to produce documentation to verify the above information.

I hereby release and agree to hold UCLA Health System and its representatives harmless against any and all claims, charges or causes of action whatsoever I now have or may have in the future which may arise from this test. I understand that UCLA Health System or any other laboratory selected by UCLA has exclusive control over the method of conducting this test.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE PROVISIONS.

________________________________  ______________________________
Medical Staff Member Signature    Date

__________________________________   ______________________________
Witness Signature          Date
The Medical Staff Health Committee (MSHC) has developed a monitoring program for the Medical Staff of Ronald Reagan UCLA Medical Center. The Program is supportive and designed to protect the safety and welfare of our patients while aiding members with medical (including chronic pain), psychiatric, behavioral and substance-use related problems that impair their ability to work and function at their best. The success of the Program is dependent upon a commitment by the member to participate in all aspects of the Program, as well as the ability of MSHC to monitor the member’s progress. This agreement will be adapted depending on whether it is a substance use, medical or mental health concern.

The following serves to memorialize the terms and conditions of the monitoring agreement between ______________________, M.D. (“Member”) and The Regents of the University of California, on behalf of the UCLA Health System.

Evaluation

If the MSHC cannot determine that treatment is warranted or that no additional action is warranted, or if there is a need to assess for other etiology; further evaluation will be conducted as follows:

1. If the Committee cannot determine if no additional action is warranted or if treatment is indicated; 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 may mean the Medical Staff Health Committee will be 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 this refusal might hinder the evaluator and the Medical Staff Health Committee’s ability to obtain a thorough evaluation and make a recommendation.
MEDICAL STAFF HEALTH PROGRAM (IMPAIRED OR COMPROMISED PHYSICIAN)  
MS 107

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, and.

7. The evaluator will send the Medical Staff Health Committee a report following the evaluation.

8. If the Member decides that they do not want the evaluation sent to the Medical Staff Health Committee, this will be the same 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.

**Treating Provider**

The Member is required to have a healthcare provider with demonstrated relevant expertise in the treatment of healthcare professionals suffering from substance use related problems, mental health, cognitive or behavioral problems or chronic pain (the “Treating Provider”). The Treating Provider should have the ability to suitably treat the Member on an outpatient basis, but should also have the ability to provide or refer the Member to a suitable inpatient facility as needed. The MSHC needs to approve the selected Treating Provider. Monthly or more frequent visits with the treatment provider are required. In the event Member fails to select a Treating Provider, or when the MSHC does not approve the selected provider, the MSHC may select the Treating Provider for Member. In the event Member changes Treating Provider, the MSHC needs to approve the selected Treating Provider in advance. As recommended by the Treating Provider or requested by the MSHC, the Treating Provider shall be responsible for the following types of activities:

1. Obtaining appropriate laboratory tests, which may include periodic alcohol and toxicology screens;

2. Monitoring attendance at counseling sessions or support group such as a 12-step program, a healthcare professional support group, and licensed counseling sessions, as indicated;

3. Providing regular written progress reports to the MSHC; and

4. Notifying the MSHC if he/she believes patient safety may be adversely affected by Member’s continuing active medical practice or if the Member poses a physical threat to him/herself or others.
Authorization to Release Medical Information

The Member shall complete the “Authorization to Release Medical Information” form authorizing the Treating Provider, the licensed counselor, and any drug testing service/agency to communicate regularly with the MSHC and share information relating to the Member’s participation and progress in treatment. This information shall include, but is not limited to, Member’s personal health information (“PHI”) and the treating physician’s impressions about Member and Member’s progress. The Member will also complete an “Authorization to Release Medical Information” form authorizing the Committee to communicate with their Service Chief. This information shall relate to the Member’s compliance and progress in treatment.

Toxicology Testing [Delete if not applicable]

The Member shall enroll in a professional toxicology testing program that will provide random testing of breath or biological specimens results of which will be sent to the Treating Provider and the Member. The selected toxicology-testing program shall use an approved laboratory with an established chain of custody for samples. Screening will be for appropriate substance of abuse or narcotic antagonist. If necessary, duplicate samples and witnessed sample screening will also occur. If the Member has a positive test, it is the Member’s responsibility to notify the MSHC immediately. In addition, Member shall refrain from energy drinks, herbal supplements, mouthwash, or any other type of substance that may inadvertently cause false positives on drug screens.

Workplace Assignment

If at any time the Member’s Treating Provider and/or the MSHC determine that the Member is unable to safely practice medicine, some or all of the Member’s responsibilities shall be immediately reassigned until the Treating Provider and the MSHC feel that patient safety is no longer at risk. The Member shall agree to perform whatever work assignments are determined by his/her Service Chief to be appropriate.

Workplace Monitor

A Workplace Monitor shall be appointed by the Service Chief and/or the MSHC to observe the Member on a regular basis to assess whether the Member may be impaired or unable to work safely. The Member will meet regularly with the Workplace Monitor in order to assess any ongoing or developing problems that might increase the likelihood for relapse, or might be a sign of continued substance abuse or impairment due to a mental, behavioral or physical health conditions. The Workplace Monitor shall immediately inform the MSHC if s/he observes any unusual or concerning behavior. The Member may propose the name of an appropriate Workplace Monitor, subject to the approval of the MSHC. In the event the Member fails to identify an approved workplace monitor, the MSHC shall make the selection.
Medical Staff Health Committee Coordinator

The Medical Staff Health Committee coordinator will act as a case manager. The Member is required to check-in with the Coordinator at regular intervals, as determined by the Committee. The Coordinator will speak regularly with the Member’s treatment provider(s) and worksite monitor. If the Member was referred to the Committee by their Service Chief, the Coordinator will provide broad feedback to the referrer.

Licensed Counseling or Certified Coach

The Member shall regularly attend sessions with a licensed counselor or certified coach at a frequency identified by the MSHC who has relevant experience in working with physicians who have addiction or dependence, or significant mental or behavioral health or pain issues. Changes in the frequency of sessions, or termination of the sessions, are subject to the approval of the MSHC. If the Treating Provider is a licensed counselor, s/he may conduct the sessions. If the licensed counselor is not the Treating Provider, s/he shall inform the Treating Provider and the MSHC if an issue arises that may affect patient safety.

Self-prescribing

The Member shall have a personal primary care provider. The Member shall not self-prescribe any medications. The Member shall continue care and receive any prescriptions for medications only from the doctors involved in their direct care. The Treating Provider will obtain the necessary release of information to contact the Member’s primary care provider periodically to monitor their well-being.

External Work in Medical Capacity

The Member shall not engage employment in a medical capacity of any kind while on leave for evaluation or treatment. Once the Member has returned to the workplace, the Member will not engage employment in a medical capacity outside of his/her primary UCLA position, without prior approval of the MSHC.

Travel

The Member will not travel out of the city without informing the MSHC. The MSHC may recommend that travel is restricted to insure proper monitoring.
Relapse Management

The response to a relapse may vary depending upon the Member’s condition, history and the circumstances surrounding the relapse. The policy towards relapse may vary by department. For example, Anesthesiology has a zero tolerance policy, and in the event of substance use relapse, reporting and termination actions will be determined by the department.

If the Member’s problems concern substance use disorder, the following information applies. The levels of relapse behavior include:

- **Level 1**: Behavior that might indicate a relapse without substance use
- **Level 2**: Relapse with substance use that is not in the context of patient care
- **Level 3**: Relapse with substance use in the context of active medical practice

In the event of a relapse, Member shall immediately stop active patient contact and immediately notify the MSHC or the Chief of Staff. The relapse shall be reviewed by the MSHC to determine what action should be taken, including referral to the appropriate administrative bodies within UCLA Health System. The Chief of Staff or designee shall determine the appropriate notification to the Medical Board of California.

**Effect of Non-Compliance**

In the event the Member fails to comply with any requirement of this Agreement, or terminates his/her participation in the Program against medical advice or refuses recommended treatment, the Treating Provider shall inform the MSHC who will report it to the Chief of Staff and Member’s Service Chief. The Chief of Staff and the Chief Medical Officer shall determine whether the Member shall be subject to disciplinary action and what notification, if any, will be made to the Medical Board of California.

**Duration of Monitoring Agreement**

Member’s participating in the Program begins ____/____/____ and shall end ____/____/____, assuming satisfactory progress and absence of relapse. The MSHC shall review this Monitoring Agreement every six (6) months. The MSHC also has the right to make modifications as needed.

**Cost of Monitoring**

All costs of the Member’s participation in the Program, including but not limited to: costs for the Treating Provider, toxicology screens, and licensed counselor shall be the responsibility of the Member.
Confidentiality

The confidentiality of the Member’s PHI and his/her participation in the Program shall be protected unless prohibited by law. MSHC records shall be maintained separately from Member’s credentials file. The MSHC shall inform the Chief of Staff and the Member’s Service Chief of general information about the Member’s condition as necessary, including his/her status related to participation in the Program as well as ability to work safely, but will not otherwise share Member’s PHI.

MSHC Chair Rights

At all times, the Chair of the MSHC or Medical Staff designee, shall have the right to act on behalf of the MSHC on any matter until such time as the MSHC has had an opportunity to vote on that matter.
By signing below, you have read and understand the above information and agree to comply with its terms.

MEMBER:
Signature: ____________________________ Date: ______________
Print Name: _______________________________________________________

TREATING PROVIDER:
Print Name: _______________________________________________________

WORKPLACE MONITOR:
Print Name: _______________________________________________________

COMMITTEE CHAIR:
Signature: ____________________________ Date: ______________
Print Name: _______________________________________________________

CHIEF OF THE MEDICAL STAFF, or designee:
Signature: ____________________________ Date: ______________
Print Name: _______________________________________________________
MEDICAL STAFF HEALTH PROGRAM (IMPAIRED OR COMPROMISED PHYSICIAN)

APPENDIX E

MONITORING AGREEMENT FOR BEHAVIOR THAT UNDERMINES A CULTURE OF SAFETY

The Medical Staff Health Committee (MSHC) has developed a supportive program designed to protect the safety and welfare of our patients while aiding members who engage in a behavior that undermines the culture of safety, acceptable professional functioning, teamwork or workplace morale. The success of the Program is dependent upon a commitment by the member to participate in all aspects of the recommended program, as well as the ability of the MSHC to monitor the member’s progress.

The following serves to memorialize the terms and conditions of the monitoring agreement between ______________________, M.D. (“Member”) and The Regents of the University of California, on behalf of the UCLA Health System.

Evaluation

If the Medical Staff Health Committee cannot determine whether or not there are underlying causes, such as substance use or mental health concerns that my be impacting behavior; then further evaluation will be conducted as follows:

1. If the Committee cannot determine if no additional action is warranted or if treatment is indicated; 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 may mean the Medical Staff Health Committee will be 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 this refusal might hinder the evaluator and the 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, and.

7. The evaluator will send the Medical Staff Health Committee a report following the evaluation.

8. If the Member decides that they do not want the evaluation sent to the Medical Staff Health Committee, this will be the same 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.

Coaching or Licensed Counseling

The Member will be recommended coaching or counseling programs with demonstrated expertise in working with health professionals who are engaging in behaviors that undermine the culture of safety, and impede acceptable professional functioning, teamwork or workplace morale. The MSHC needs to approve the selected coach or counselor. Regular visits with the vetted coach or counselor are required. In the event the Member changes coach or counselor, the Committee needs to approve the selected coach or counselor in advance. As recommended by the coach or counselor or requested by the Committee, the coach shall be responsible for the following types of activities:

1. Providing regular written progress reports to the Committee; and

2. Notifying the Committee if s/he believes patient safety may be adversely affected by Member’s continuing active medical practice or if the Member poses a physical threat to him/herself or others.

Educational Courses

The Committee may recommend that the member attend continuing medical education or training courses the specifically address the behaviors that are under remediation. The Committee will recommend the number and frequency of these courses. The Committee needs to approve of the courses and the member must provide verification of attendance or a certificate of completion for them to satisfy the terms of this contract.
Workplace Assignment

If at any time the Committee determine that Member is unable to safely practice medicine, some or all of Member’s responsibilities may be immediately reassigned until the Committee feel that patient safety is no longer at risk. Member shall agree to perform whatever work assignments are determined by his/her Service Chief to be appropriate.

Workplace Monitor

When appropriate, a RRUMC Workplace Monitor may be appointed by the Service Chief and/or the Committee to observe Member on a regular basis to assess whether Member may be compromised or engaging in significant unprofessional behaviors or is unable to provide safe patient care. The Member will meet regularly with the Workplace Monitor in order to assess any ongoing or developing problems that might increase the likelihood for behavioral relapse. The Workplace Monitor shall immediately inform the Committee if s/he observes any unusual or concerning behavior. Member may propose the name of an appropriate Workplace Monitor, subject to the approval of the Committee. In the event Member fails to identify an approved workplace monitor, the Committee shall make the selection.

Medical Staff Health Committee Coordinator

The Medical Staff Health Committee Coordinator will act as a case manager. The member is required to check-in with the Coordinator at regular intervals (weekly, monthly, quarterly), as determined by the Committee. The Coordinator will speak regularly with the member’s coach and/or licensed counselor, and worksite monitor. The member is required to provide the Coordinator with certificates from any educational courses attended. If the member was referred to the Committee by his/her Service Chief, the Coordinator will provide broad feedback to the referent.

Authorization to Release Medical Information

Member shall complete the “Authorization to Release Medical Information” form authorizing the coach, evaluator, and/or licensed counselor to communicate regularly with the Committee and share information relating to Member’s participation and progress in treatment or intervention. This information shall include, but is not limited to, Member’s personal health information (“PHI”) and the treating physician’s impressions about Member and Member’s progress. The Member will also complete an “Authorization to Release Medical Information” form authorizing the Committee to communicate with their Service Chief. This information shall relate to the Member’s compliance and progress in treatment.

Primary Care Provider

The Member is encouraged to have personal primary care provider and should not self-prescribe any medications.
Description of Consequences of Behavioral Relapse

The response to a behavioral relapse may vary depending upon the circumstances surrounding the relapse. The relapse shall be reviewed by the Committee to determine what action should be taken, including possible referral to the appropriate administrative bodies within RRUMC.

Effect of Non-Compliance

In the event of non-compliance with the requirements of this agreement or termination of participation in the monitoring program against the advice of the Committee, the Committee Chair will report this to the Chief of Staff, the Service Chief, and Hospital Administration. The Chief of Staff and Service Chief will determine what action to take, including possible corrective action by the Medical Staff.

Cost of Education, Intervention or Treatment

All costs of Member’s participation in the Program, including but not limited to: costs for the coach, licensed counselor or educational course shall be the responsibility of Member.

Duration of Monitoring Agreement

Member’s participation in the Program begins ____/____/____ and shall end ____/____/____, assuming satisfactory progress and absence of relapse. The Committee shall review this Monitoring Agreement every six (6) months. The Committee also has the right to make modifications as needed.

Confidentiality

The confidentiality of Member’s PHI and his/her participation in the program shall be protected at all times. Committee records shall be maintained separately from Member’s credentials file. The Committee shall inform the Chief of Staff and Member’s Service Chief of general information about Member’s condition as necessary, including his/her status related to participation in the Program as well as ability to work safely, but will not otherwise share Member’s PHI.

MSHC Chair Rights

At all times, the Chair of the Committee shall have the right to act on behalf of the Committee on any matter until such time as the Committee has had an opportunity to vote on that matter.
By signing below, you have read and understand the above information and agree to comply with its terms.

MEMBER:
Signature: ____________________________ Date: ______________
Print Name: __________________________________________________

COACH/COACHING PROGRAM:
Print Name: __________________________________________________

WORKPLACE MONITOR:
Print Name: __________________________________________________

COMMITTEE CHAIR:
Signature: ____________________________ Date: ______________
Print Name: __________________________________________________

CHIEF OF THE MEDICAL STAFF, or designee:
Signature: ____________________________ Date: ______________
Print Name: __________________________________________________