

Impaired Licensed Independent Practitioners

Medical Staff Standards (MS.4.80 EP-1) requires education of licensed independent practitioners and staff about illness and impairment recognition issues specific to licensed independent practitioners (at-risk criteria).

As an integral part of patient safety, all UTMC physicians and employees have a duty to come forward should they have such concerns about physicians or any other licensed independent practitioners. You will find that policy 3364-87-16 at the University Policy Website addresses the process to be used upon identification of an impaired practitioner.

Signs of impairment that may be observed include physical state and behavior in the hospital. Examples are as follows:

- Deterioration in personal hygiene
- Deterioration in clothing and dressing habits
- Unusual patterns of prescribing and/or taking prescription drugs
- Frequent visits to physicians and dentists
- Accidents
- Emotional crises
- Making rounds late, or displaying inappropriate, abnormal behavior during rounds
- Decreasing quality of performance, e.g., in staff presentations, writing in charts
- Inappropriate orders or over-prescriptions of meds
- Reports of behavioral changes from other personnel
- Involvement in malpractice suits and legal sanctions against hospital
- Unavailability or inappropriate responses to telephone calls
- Hostile, withdrawn, unreasonable behavior to staff and patients
- Complaints by patients to staff about doctor's or practitioner's behavior

If you believe that a licensed independent practitioner is impaired...

Report your concern – Reports regarding suspected impaired licensed independent practitioners may be directed to Medical Staff Services (Dowling Hall 0015, Mail Stop 1108, Telephone 419.383.4071, Fax 419.383.6235) during normal working hours, or the Medical Director on call after normal working hours (page through hospital operator). If there is an immediate need for intervention, please contact your supervisor if on site, or the Administrative Coordinator at any other time. Your report should articulate the nature of the concern and the reasons in support of it. If requested, identity of informants will remain confidential.



Patient Rights and Responsibilities

You have the right to:

- Reasonable access to treatment that is available and medically indicated regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Choose whom you want to grant visitation privileges to during an inpatient stay without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Patient or surrogate may choose who may visit regardless of whether the visitor is family, a spouse, a domestic partner (including same sex domestic partner) or other type of visitor, as well as withdraw of such consent to visitation at any time.
- A family member, friend, or other individual to be present with the patient for emotional support during the course of stay. The presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.
- Generate advance medical directives and have them followed.
- Make or designate a representative to make informed decisions about your care. This includes risk, side effects and outcomes expected.
- Know the names and titles of doctors and other caregivers.
- Participate in the development and implementation of the plan of care.
- Be involved in making decisions about your care, treatment, and services, including the right to have your own physician promptly notified of your admission.
- Complete information about your diagnosis, condition and treatment in terms you can understand. An interpreter shall be available when you do not speak or understand English.
- Considerate care that respects your cultural and personal values, beliefs and preferences.
- Freedom from restraint that is not medically necessary.
- Know the reason for any limits to visitors, phone calls, mail or other communications.
- Request a change of provider or second opinion, if desired.
- Information about your continuing health-care needs along with information about resources available.
- Be as comfortable as possible (especially at the end of life) and to make decisions regarding life-sustaining treatment. Care is available to meet physical, mental, religious and other spiritual services.

- Request an ethics consult if you are having difficulty making health-care decisions. Do this by calling the hospital operator at 0 or 419.383.4000 and ask for the Institutional Ethics Committee chair or designee.
- Information about billed services and cost of care. Assistance shall be provided to apply for financial aid as needed.
- Appropriate assessment and satisfactory management of pain (includes options to manage pain).
- Your medical information and a copy of the Joint Notice of Privacy Practices to understand how we may use and disclose your medical information and how you may obtain a copy of this information.
- Receive care in a safe environment.
- Refuse care treatment and services (as permitted by law) and to be informed of the possible consequences of this action.
- Consent or refuse to participate in experimental treatment/research.
- Access protective services when needed.
- Voice concerns about your care or service. If the concern is not resolved, request to speak to the supervisor or manager. Voicing a concern or complaint will not affect your care or services.

You have the responsibility to:

- Provide a copy of any valid advance medical directive to the hospital.
- Act in a considerate and cooperative manner and respect the rights and property of others.
- Keep scheduled appointments or cancel them in advance.
- Provide accurate and complete information regarding your health history along with insurance and third-party payer information.
- Follow medical instructions and discuss changes or concerns about your ability to comply.
- Notify your provider of care regarding any changes in condition and ask questions if you do not understand information about your care.
- Accept the consequences of your action if you refuse treatment or do not follow instructions.
- Keep personal belongings and valuables in a safe place.
- Satisfy financial obligations for health services provided.
- Follow the rules and regulations of the health-care facility.

If you feel the problem has not been resolved to your satisfaction, please call the Customer Care Center at 419. 383.3606. A representative will assist in handling your concern in a timely manner. If a satisfactory solution is not reached, a formal grievance can be filed in writing. Forward to: Customer Care Center, Mail Stop 1048, The University of Toledo Medical Center, 3000 Arlington, Toledo, Ohio 43614.

If you feel that your concerns are not resolved, you may also call: Ohio Department of Health Complaint Hotline at 800.342.0553, Quality Improvement Organization for Medicare – State of Ohio (Medicare patients only) 800.589.7337 or Joint Commission Complaint Line 800.994.6610.

The University of Toledo Medical Center is dedicated to caring for each person with respect and dignity. We consider you a partner who wants to understand and make informed decisions about your health care. We also believe that you and your family (as desired) can participate if you know your rights and responsibilities. Guardians, legal representatives and parents (for minors) have the same rights and responsibilities.