

<p><b>Name of Policy:</b> <u><a href="#">Impaired licensed independent practitioners</a></u></p> <p><b>Policy Number:</b> 3364-87-16</p> <p><b>Approving Officer:</b> Chief of Staff Chief Executive Officer</p> <p><b>Responsible Agent:</b> Chief Medical Officer</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective Date:</b> 09/01/2023</p> <p><b>Initial Effective Date:</b> 07/14/99</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

It is the policy of the Medical Staff and Hospital to be sensitive to a practitioner's health or condition that may adversely affect that practitioner's ability to provide safe, competent care to patients. The concern is for high-quality patient care always, but it is accompanied by compassion for the practitioner whose abilities may be diminished in some way due to age or illness. To address such potential concerns, the Hospital and Medical Staff create an Impaired Practitioner Advisory Group. That Advisory Group is comprised of three core individuals with sensitivity and expertise in areas that may be before the group, but the Advisory Group will be expanded as necessary to address the particular situation before it. For instance, if the concern about the practitioner's health or ability is age-related, a gerontologist might serve on the Advisory Group; if the issue is infectious disease, a specialist in that arena might serve.

(B) Purpose of policy

Medical staff policy regarding structuring clinical privileges in light of illness or limitation.

(C) Procedure

- (1) One responsibility of the Advisory Group is to make the medical staff aware of its existence and the nature of its work. This can be accomplished through an article in the Hospital newsletter on an annual basis or through an annual presentation at orientation or other Medical Staff and/or Hospital-wide meetings. The reason for this requirement is that the Advisory Group can be effective when its existence and expertise are well known.
- (2) The Advisory Group may receive a referral from the practitioner whose health is at issue, the Credentials Committee, administration, the Board, or any concerned individual. The report should articulate the nature of the concern and the reasons

in support of it. If requested, identity of informants will remain confidential. Credibility of complaints, allegations, and concerns will be evaluated.

- (3) The report shall be directed to the Advisory Group Chair, who shall immediately direct whatever brief investigation is necessary to understand the nature of the concern. That may include meeting with the individual who filed the report.
- (4) The practitioner whose health or behavior is in questions should be invited to meet with the Advisory Group.
  - (a) The practitioner should be apprised of the nature of the meeting and of the opportunity to be accompanied by a physician who may be treating the condition at issue.
  - (b) The representative accompanying the practitioner should not be a lawyer. The purpose of this Advisory Group and this meeting is to discuss what, if any, problems exist and to work mutually towards a solution in the best interest of the practitioner's health and patient care.
- (5) If the practitioner declines to meet with the Advisory Group and there continues to be a concern about the practitioner's health or ability to care for patients safely and competently, that question shall be forwarded to the Credentials Committee for investigation in accordance with the policy.
- (6) The practitioner and the Advisory Group shall discuss the nature of the problem, what if any modifications of the practitioner's practice is appropriate, and what if any accommodations can be made to enable the practitioner to continue clinical practice.
- (7) If the extent of the practitioner's illness or limitation is not easily ascertainable, the Advisory Group shall require the practitioner to submit to an appropriate evaluation by an internal or external individual or entity mutually acceptable to the practitioner and the Advisory Group. If the practitioner declines such evaluation, the Advisory Group work shall be concluded and it shall direct this matter to the Credentials Committee for investigation.
- (8) The practitioner may be referred to appropriate professional internal or external resources for diagnosis and treatment of the condition or concern.
- (9) Once accommodations or limitations upon the practitioner's practice have been agreed upon, they should be reduced in writing and maintained in the credentials file. All members of the Credentials Committee shall have access to that agreement.
- (10) Any ongoing monitoring that is required shall be the responsibility of the Advisory Group or the person or entity to whom the responsibility is delegated by

