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- Hostile, withdrawn, unreasonable behavior to staff and patients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 419.383.5322, 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.

Signature: ____________________________ Date: ____________________________

Name: _______________________________