

# MEDICAL EXECUTIVE COMMITTEE MEETING SUMMARY

## December, 2021

Following is a summary of Medical Executive Committee recommendations to the Board of Trustees:

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### A. MEDICAL STAFF RESIGNATIONS:

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Evan Allen, MD, effective 12/14/2021  
Joseph Carroll, DO, effective immediately  
Jason Grove, DPM, effective 1/1/2022  
Tracy Byrne, MD, effective 11/12/2021  
Leonard Ferguson, MD, effective 11/1/2021, transfer to Honorary staff status  
Timothy Onkka, Ph.D, effective immediately  
Lourine Garcia, NP, effective 11/21/2021  
Kristin Jamison, FNP, effective 12/17/2021  
Ann Broz, MD, effective 11/14/2021  
Howard Harvin, MD, effective 10/31/2021

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### B. APPOINTMENTS TO THE MEDICAL/AHP STAFF:

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Chad Miller, MD / teleneurology  
Kelly Marszalek, MD / family medicine  
Matthew Nash, MD / OB Hospitalist  
Michael Star, MD / neurohospitalist  
Francis Esguerra, MD / OB Hospitalist  
Elle Schultz, DO / Physician Extender – Emergency Department  
Laura Dieterlen, NP  
Melissa Turner, PA  
Jodi Braford, FNP

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### C. INFORMATIONAL:

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1. Approve addition to Section K.2 Residents/Fellows and Medical Students of the Medical Staff Rules & Regulations to allow Fellows enrolled in a post-residency training programs other than the Memorial Hospital Family Medicine Residency Program to participate in training activities and to admit, care for, and discharge patients through a Letter of Agreement with a Training Program affiliated with Memorial Hospital.  
  
**K.2** Fellows may be Active Members of the Medical Staff who are enrolled in a post-residency training program ~~through the Memorial Family Medicine Residency Program~~ affiliated with Memorial Hospital. They may admit, care for, and discharge patients as permitted by their Clinical Privileges. In addition, Fellows may also participate in training activities under the supervision of a Memorial Hospital Medical Staff Privilege Holder while learning procedures and medical skills for which they do not currently hold Privileges. Fellows in all of their training activities are under the supervision of ~~the graduate medical education~~ faculty, all of whom are Members of the Medical Staff who have been granted appropriate Clinical Privileges for the specific training activity. The rights, obligations, and instructional and disciplinary procedures for Fellows are delineated in the Policy and Procedure Manual of the Residency Program and/or the applicable Program Letter of Agreement. Supervising Practitioners or their designees AND a representative of the ~~residency~~ program faculty are available for consultation at all times to ensure that questions arising from Hospital staff members about the conduct of Fellows with respect to this policy can be promptly answered.

2. Approve revision to Section 2.12-3 Physician Assistance Committee of the Medical Staff Organizational Manual to make minor edits to the Procedure.

**2.12-3 PROCEDURE:**

Impairment exists when a Practitioner ~~exhibits~~ exemplifies, a change in behavior which might compromise ~~their~~ his/her ability to maintain the professional standards of practice established in this community and those mandated by law in the State of Indiana. Changes in behavior that demonstrate a failure to maintain such standards express themselves in many ways and to varying degrees. When a Practitioner is in this state, ~~they are~~ he/she is "impaired" and requires ~~treatment~~ intervention. Until appropriate initial treatment and continuing care programs are completed, the Practitioner is still considered impaired.

If at any time during the diagnosis, treatment, or rehabilitation phase of the process, it is determined that a Practitioner is unable to safely perform the Privileges he or she has been granted, the matter will be forwarded to Medical Staff Leadership for appropriate Corrective Action that includes strict adherence to any state or federally mandated reporting requirements.

A. Identifying the impaired Practitioner is the beginning of ~~his/her~~ recovery. The impairment may be self-reported by the Practitioner or it may be reported by colleagues or staff members. Prompt intervention and treatment are the next steps. Continuing care and monitored re-entry into professional, social, and family responsibilities represent the next phase in recovery. At this point, the Practitioner is not impaired, but recovering. As long as ~~he~~ they exhibits satisfactory progress in a monitored program of assistance, ~~he~~ they becomes more "recovered" and less "impaired." After two years, the "repaired" state can be expected to become "fixed" in the chemically dependent Practitioner.

B. Once a potential impairment has been identified, it falls to medical peers or hospital administrative staffs to initiate an immediate investigation, as the possibility of risk to the general public or patients from the potentially impaired Practitioner exists. Such assessment may lead to temporary Suspension of Privileges or other efforts to protect the individual patient. Once this has been achieved, the focus should be shifted to the Practitioner individually. ~~He or she~~ The Practitioner should be confronted in a gentle and supportive way. The Practitioner may deny all difficulties or minimize problems, in which case, consistent efforts should be continued to provide help and guidance toward treatment and rehabilitation. It may be necessary to force further treatment as a requirement for ~~restitution~~ resumption of Medical Staff Privileges, etc. Whenever possible, the goal should be to return the Practitioner, in a rehabilitated state, to competent practice, but with ongoing scrutiny through an identified and personalized monitoring system.

C. When impairment is identified within the Hospital, the Physician Assistance Committee must be immediately available to act. Usually this involves ~~confronting~~ meeting the Practitioner with at least two members of the Committee or the Medical Staff Officers; they never act alone.

D. Practitioner impairment may be in the obvious areas of alcohol or other drug abuse, physical impairment, or in psychiatric disturbances, such as progressive depression or manic-depressive illness. Significant stress leading to impairment can also occur from sexual misbehavior, or severe financial and business problems leading to anxiety, etc.

E. It is not the intention of the Physician Assistance Committee to address the issue of incompetence where lack of adequate training or skills is a problem unto itself and there pre-exists a particular complaint suggesting impairment.

F. The Committee will meet on an as needed basis to review the treatment progress of Practitioners for whom they are advocating, and if necessary, interview these Practitioners personally. Special meetings should be held promptly when a new complaint of impairment arises against a Practitioner or a Practitioner in recovery relapses. The Director of Risk Management and the Vice President of Medical Affairs will serve as ~~the~~ the coordinators of this program.

G. The Medical Licensing Board of Indiana at 844 IAC 5-1-2(g) (2) requires a Practitioner who has

personal knowledge, based upon a reasonable belief that another Practitioner has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of medicine, to promptly report such conduct to a peer review committee. This provision does not prohibit a Practitioner from promptly reporting the conduct directly to the Medical Licensing Board, if ~~he so chooses~~.

The regulation further provides that a practitioner who voluntarily submits himself to a peer review committee, or who is otherwise undergoing a course of treatment for addiction, severe dependency upon alcohol or other drugs or controlled substances, or for psychiatric impairment, where such treatment is sponsored or supervised by an impaired physician committee, is exempt from reporting to the Medical Licensing Board so long as the practitioner is complying with the course of treatment and so long as the practitioner is making satisfactory progress.

If a practitioner fails to comply with the peer review committee, or is not benefited by the course of treatment outlined by the peer review committee, then the chief administrative officer of the peer review committee, or his designee, or any member of the impaired physician committee is required to promptly report the facts and circumstances of the case to the Medical Licensing Board.

H. Indiana's Peer Review Immunity Statutes provide immunity for any Practitioner serving on the Physician Assistance Committee as long as the actions are taken in good faith. Confidentiality of Committee proceedings and communications are protected. This legal framework empowers the Committee to advocate and monitor impaired Practitioners without interference from outside peer review organizations or fear of litigation.

#### **2.12-4 Guidelines for Dealing with Impaired Practitioners:**

A. When Hospital personnel, a patient, or a patient's family expresses concern over the behavior of a Practitioner to a Hospital employee, then that Hospital employee must contact the Unit Director, Department Director, or the Nursing Supervisor immediately.

B. The Unit Director, Department Director, or Nursing Supervisor will first confirm the Practitioner's behavior is inappropriate, and then will inform the Practitioner that, "it is my responsibility necessary to contact the Chief of you're the Medical Staff Department." ~~The Director of Risk Management may provide assistance with notification.~~

C. The Chief of the Department will talk with the Practitioner regarding ~~his/her~~ their behavior. As a result of the conversation, if the Chief believes the Practitioner is unable to provide care to patients, then the Chief of the Department ~~assumes responsibility for the patients~~ will arrange for appropriate transition of patient care and the incident will be documented for review ~~by the Department Chief.~~

D. In the case where the Chief is not available, then the following people will be contacted in the following order:

~~1. The Vice Chief of the Medical Staff Department~~

2. The Vice President for Medical ~~Staff~~ Affairs.

3. The President of the Medical Staff

4. The President of the Hospital

E. The Chief of the Department should contact a member of the Physician Assistance Committee or the ~~Director of Risk Management~~ and the Vice President of Medical Affairs for assistance in dealing with a Practitioner who may be impaired.

F. The Practitioner may be requested to submit to drug screening as well as a blood/breath alcohol test. Failure to consent to such a request may be grounds for disciplinary action under the Medical Staff Bylaws and/or the Hospital's personnel policies in the case of an employed Practitioner.

With any type of drug/alcohol testing, i.e., breath, blood, or urine, the physician must sign a consent form. If the Practitioner refuses the testing, ~~have him/her~~ they should sign a form indicating refusal to submit to drug/alcohol testing.

If the Practitioner agrees to the test and is found to have a positive drug/alcohol level, the Chief of the Department or designee will inform the Practitioner ~~he/she is~~ they are to leave the Hospital. If the Practitioner refuses to leave the Hospital, then the Chief of the Department will contact either the President of the Medical Staff or President of the Hospital to Summarily Suspend ~~his/her~~ their Clinical Privileges. Upon refusing to leave the Hospital, the Chief of the Department will arrange to have security escort the Practitioner off of Hospital premises. If the Practitioner is deemed impaired, transportation for the Practitioner should be arranged. In both situations, the Chief of the Department will assume immediate responsibility for the care of the Practitioner's patient(s), or will arrange for immediate care of the patient(s), if necessary.

G. A report of the incident will be given to the Physician Assistance Committee for further evaluation, if necessary. A report will also be given to the Chief of the Department for evaluation and may be placed in the Practitioner's quality assurance file. Information placed in a Practitioner's quality assurance file will be used to assess the credentials of that Practitioner for Clinical Privileges at Memorial Hospital.

H. All actions taken in implementing these guidelines for dealing with impaired Practitioners shall be confidential and will constitute peer review activity.

I. Information relating to the Physician Assistance Committee involvement with a Practitioner will be maintained in a file separate from quality assurance and credential files