



Policy /Procedure Document	
Manual:	N/A
Origination Date:	05/13/2000
Last Review Date:	08/22/2018
Next Review Due:	08/2023
Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Structuring Clinical Privileges in Light of Illness or Limitation
SCOPE:	This policy is intended for all Members of the Medical Staff with Clinical Privileges and Privilege Holders.
DOCUMENT TYPE:	N/A
PURPOSE:	To structure the Clinical Privileges of Practitioners whose abilities are diminished due to age or illness in the least restrictive way possible, with the primary concern being quality patient care.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A
PROCEDURE:	

Policy:

1. 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. It is further the policy of the Medical Staff and Hospital to structure the Clinical Privileges of Practitioners whose abilities are diminished due to age or illness in the least restrictive way possible, with the primary concern being quality patient care.
2. The Physician Assistance Committee shall address concerns that a Practitioner's health or limitations may affect patient care and shall work with any Practitioner whose abilities are diminished due to age or illness so as to structure his or her Clinical Privileges appropriately. The existence of the Physician Assistance Committee and the nature of its work shall be well publicized throughout the Hospital; however, all proceedings and communications by the Committee will be kept strictly confidential.
3. There may be occasions when a Practitioner's condition is such that safe, competent practice is no longer possible. In those circumstances, as in all matters before the Physician Assistance Committee, patient care concerns are paramount.

Composition of the Physician Assistance Committee:

The Physician Assistance Committee shall be comprised of Members of the Medical Staff, the Vice President of Medical Affairs and the Manager of Risk Management who will serve as the Coordinator of the Program. The Chair of the Committee may ask an individual with particular experience to serve on the Committee while it is addressing concerns in that individual's area of expertise.

Referrals to the Physician Assistance Committee:

1. The Credentials Committee, Hospital management, the Board, or any individual who has a concern that a Practitioner's health or condition may be affecting or could affect his or her ability to safely and competently practice in the Hospital may refer the matter to the Physician Assistance Committee. The referral shall outline the nature of the concerns and the specific incidents that gave rise to them.

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2. The referral shall be directed to the Committee Chair who shall immediately direct whatever investigation is necessary to understand the nature of the concern. That may include meeting with the individual who filed the report.

Procedure:

Meeting with the Practitioner:

1. The Practitioner whose health or behavior is in question shall be invited to meet with the Committee. The Practitioner shall be apprised of the nature of the meeting and of the opportunity to be accompanied by a practitioner who may be treating the condition at issue. The Practitioner may also have an attorney available for consultation at the meeting.
2. The purpose of this meeting is to discuss the nature of the problem, any modifications of the Practitioner's practice that may be appropriate and what accommodations, if any, can be made to enable the Practitioner to continue clinical practice. If accommodations or modifications to the Practitioner's practice are agreed upon, they shall be reduced to writing and maintained in the Practitioner's credentials file.
3. If the Practitioner declines to meet with the Committee, or if an appropriate course of action cannot be agreed upon, and there continues to be a concern about the Practitioner's health or ability to care for patients safely and competently, all available information on the matter shall be forwarded to the Credentials Committee for investigation in accordance with the Credentialing Procedures Manual.

Evaluation of Practitioner's Health Status: If the extent of the Practitioner's illness or limitations is not easily ascertainable, the Committee may require the Practitioner to submit to an appropriate evaluation by an individual or entity mutually acceptable to the Practitioner and the Committee. Such evaluation may include a physical or mental examination or drug testing. If the Practitioner declines such evaluation, the work of the Committee shall be concluded and it shall direct the matter to the Credentials Committee for investigation.

Ongoing Monitoring: Any ongoing monitoring that is determined to be required shall be the responsibility of the Committee or the person or entity to whom the responsibility is delegated by the Committee.

Reports to State Agencies/Patient Notification:

1. Whether a report needs to be filed with any state agencies shall be dictated by state law.
2. The extent to which any notice to patients of the conditions, limitations or accommodations is required shall be agreed upon by the Committee and the Practitioner and shall be included in the written agreement of accommodations and modifications that is kept in the Practitioner's credentials file.
3. Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussion of this matter with anyone other than those identified in this policy.
4. In the event of an apparent or actual conflict between this Policy and the Bylaws, Rules and Regulations, or other Policies of the Hospital or its Medical Staff, including the due process section of those Bylaws and Policies, the provisions of the Medical Staff Bylaws shall control.

Reinstatement: Consideration of full or partial reinstatement of a Practitioner's Clinical Privileges shall be conducted in the same manner as the initial consideration outlined above. Granting of Clinical Privileges, however, is a credentialing issue, so an application may be necessary to initiate the process as articulated in the Medical Staff Bylaws and the Hospital's Credentialing Policy.

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Reviewed Date:	Reviewed/Revised By	Summary of Changes:
05/13/2000		Original Document
04/06/2015	Michael Blakesley, MD	Capitalization
04/2018	Michael Blakesley,MD	Minor edits