



Policy /Procedure Document	
Manual:	N/A
Origination Date:	11/18/2010
Last Review Date:	10/28/2015
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Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	ASSESSMENT OF PRACTITIONERS OVER THE AGE OF 72
SCOPE:	This policy is intended for all Members of the Medical Staff, Privilege Holders and Allied Health Professionals
DOCUMENT TYPE:	N/A
PURPOSE:	To outline the special considerations for reviewing initial and renewal requests for clinical privileges by physicians and allied health providers who are age 72 or older.
PHILOSOPHY:	It is the policy of Memorial Hospital to credential and privilege physicians and allied health providers who are compassionate and competent, regardless of age who fully meets the criteria established by the Memorial Hospital Medical Staff and its Board.
DEFINITIONS:	N/A
PROCEDURE:	

Policy:

It is the policy of Memorial Hospital and the Medical Staff to Credential and Privilege Practitioners and Allied Health Professionals who are compassionate and competent regardless of age, who fully meet the criteria established by the Medical Staff and the Hospital Board. It is recognized; however, that as we age, eyesight, hearing, and hand-eye coordination may deteriorate. Knowledge and judgment may also become compromised. It is also true that none of these may occur, and our senior Practitioners and Allied Health Professionals may be some of our best.

The objective of this policy is to outline the special considerations for reviewing initial and renewal requests for Clinical Privileges by Practitioners and Allied Health Professionals who are age 72 or older. These considerations relate to the unique capabilities, competencies (cognitive and technical/procedural) and health status (ability to perform) of each Practitioner and Allied Health Professional who is 72 or older.

In conjunction with their biennial reappointment, at the age of 72, Practitioners and Allied Health Professionals holding Clinical Privileges shall undergo an Examination that addresses both the physical and mental capability for the Privileges requested. The Examination will be conducted by a physician who is familiar with the Clinical Privileges related to the specialty under consideration and is acceptable to the Credentials Committee. Suggested elements for such a screening Examination are covered in Appendix A and B. The Examination results must be documented on the approved form (Appendix C) and submitted by the date requested.

After the age of 80, Practitioners and Allied Health Professionals must undergo an Examination as described above on an annual basis.

The Examination is a “fitness to work” evaluation and must indicate that the Practitioner or Allied Health Professional has no physical or mental impairment that would be likely to interfere with the safe and effective provision of care permitted under the Clinical Privileges being requested. If the Examination results indicate the potential to adversely affect the Practitioner or Allied Health Professional’s ability to perform the Clinical Privileges being requested, the matter will be processed in accordance with the applicable provisions of the Medical Staff Governance Documents.

In addition to the Examination, a Practitioner or Allied Health Professional may be required to undergo proctoring of their clinical performance as part of the assessment of their capacity to perform the requested Clinical Privileges. Such proctoring may be required in the absence of any previous performance concerns. The scope and duration of the proctoring shall be determined by the MEC on recommendation of the Department Chief and/or Credentials Committee.

Procedure:

In accordance with the above policy, Practitioners and Allied Health Professionals who have reached the age of 72 will be notified of the requirement for a physical and mental evaluation (Examination) at the time of their reappointment. Those who turn 72 during the reappointment cycle will not be required to comply with this policy until the next reappointment. After the age of 80, they will be notified on an annual basis.

The notification from the Medical Staff office will include:

- The suggested elements of a screening evaluation (Appendix A)
- Instructions for the Mini-Cog Test (Appendix B)
- A copy of the approved form upon which the Examination must be documented (Appendix C)
- The date that the results of the Examination are due
- A copy of the current held by the Practitioner or Allied Health Professional.
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In order to maintain confidentiality, the Examination results will be reviewed by the Chief of the Department and/or the Chair of the Credentials Committee. If the findings do not identify potential patient care concerns, the results will be filed in a confidential file as a matter of routine. However, if in the opinion of these Medical Staff reviewers, the results are of concern or raise further questions, the information will be shared with the Credentials Committee which will determine whether to 1) meet with the Practitioner or Allied Health Professional and/or 2) require that the applicant undergo proctoring of their clinical performance to assess their ability to perform the requested Clinical Privileges, and/or 3) forward the matter to the Physician Assistance Committee for appropriate assistance, and/or 4) forward the matter to the Medical Executive Committee for appropriate action.

If a required Examination is not obtained within 60 days of notification, the Practitioner or Allied Health Professional will be considered to have voluntarily relinquished their Privileges and any application for reappointment will not be processed further.

Document Revision History:		
Revision Date:	Revised By:	Summary of Changes:
11/18/2010	Medical Staff	Original Document
07/2015	Michael Blakesley, MD	Policy format and minor edits\
09/2015	Suhayl Nasr, MD	Replaced Neurologic exam with the Mini-Cog Test

Appendix A

Suggested Elements of a Screening Evaluation for Practitioners Age 72 and Older

NOTE TO THE EXAMINING PHYSICIAN:

The following elements of a medical evaluation, including history, physical examination and laboratory assessment, should be modified as appropriate to address the age, clinical condition, and Clinical Privileges requested by the clinician. Therefore, please be sure to review the clinician's requested Clinical Privileges before conducting this evaluation.

In order to respect the confidentiality of the clinician's medical information, the Memorial Hospital Medical Staff does not expect you as the examining physician to submit the complete results of your medical evaluation. The Medical Staff is only interested in, and should only receive a report on those aspects of the clinician's health that have the potential to adversely affect their ability to carry out any requested Privileges. Please use the attached form to submit the results of your assessment to the Medical Staff Office rather than submitting a complete history and physical examination.

Name

Current Clinical Privileges with requirements (call, extended surgeries, potential uninterrupted hours of work, etc.)

Medication list

- Allergies
- Past medical history
- Past surgical history
- Family History
- Social History
- Immunization history

Physical exam

- Vital Signs
- HEENT – with visual acuity and auditory acuity
- Neck/thyroid
- Heart Lungs
- Abdomen
- Genital
- Rectal
- Pulses
- Extremities (evidence of circulatory or neurologic deficits)

Immunizations: pneumococcal vaccine, influenza, tetanus-diphtheria boosters, hepatitis B vaccine

Potential Interventions: PPD

Laboratory/Radiology Screening:

- CBC plus differential; basic metabolic profile (glucose, BUN/Creatinine, electrolytes), HIV screen if indicated
- EKG if indicated
- More advanced studies predicated upon focused past medical history and positive findings

Mental Status Exam (Mini-Cog Test – See Appendix B)

Requirement for follow up based upon positive findings which might include a comprehensive physical/neurological evaluation with interpretation by a specialist who is cognitive of impairments and their effect upon the capacity to perform specific Privileges.

Appendix B

Instructions for the Mini-Cog Test

Administration

The Mini-Cog test is a 3-minute instrument to screen for cognitive impairment in older adults in the primary care setting. The Mini-Cog uses a three-item recall test for memory and a simply scored clock-drawing test (CDT). The latter serves as an “informative distractor,” helping to clarify scores when the memory recall score is intermediate. The Mini-Cog was as effective as or better than established screening tests in both an epidemiologic survey in a mainstream sample and a multi-ethnic, multilingual population comprising many individuals of low socioeconomic status and education level. In comparative tests, the Mini-Cog was at least twice as fast as the Mini-Mental State Examination. The Mini-Cog is less affected by subject ethnicity, language, and education, and can detect a variety of different dementias. Moreover, the Mini-Cog detects many people with mild cognitive impairment (cognitive impairment too mild to meet diagnostic criteria for dementia).

Scoring (see figure 1)

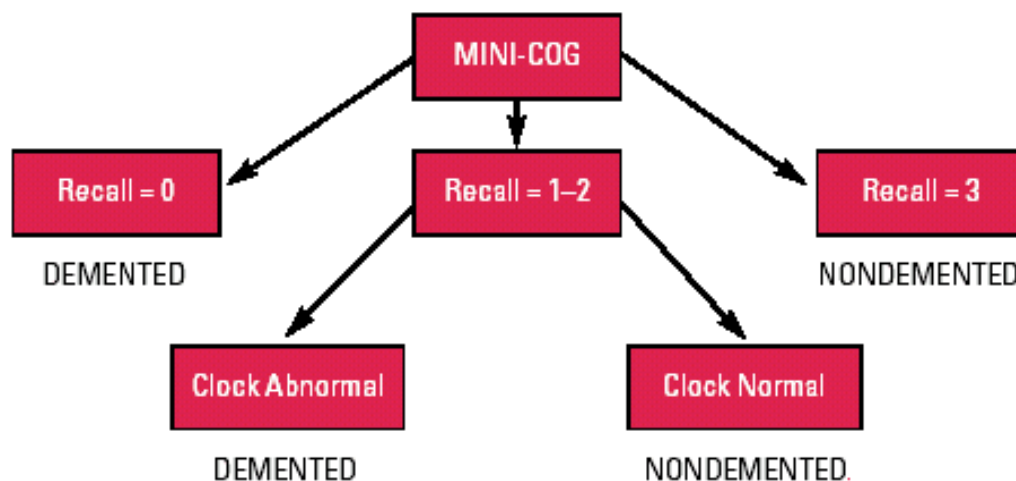
1 point for each recalled word

Score clock drawing as **Normal** (the patient places the correct time and the clock appears grossly normal) or **Abnormal**

Score

- 0 Positive for cognitive impairment
- 1-2 **Abnormal** CDT then positive for cognitive impairment
- 1-2 **Normal** CDT then negative for cognitive impairment
- 3 Negative screen for dementia (no need to score CDT)

Figure 1. The Mini-Cog scoring algorithm. The Mini-Cog uses a three-item recall test for memory and the intuitive clock-drawing test. The latter serves as an “informative distractor,” helping to clarify scores when the memory recall score is intermediate.



Reference

Borson S. The mini-cog: a cognitive “vitals signs” measure for dementia screening in multi-lingual elderly Int J Geriatr Psychiatry 2000; 15(11):1021.

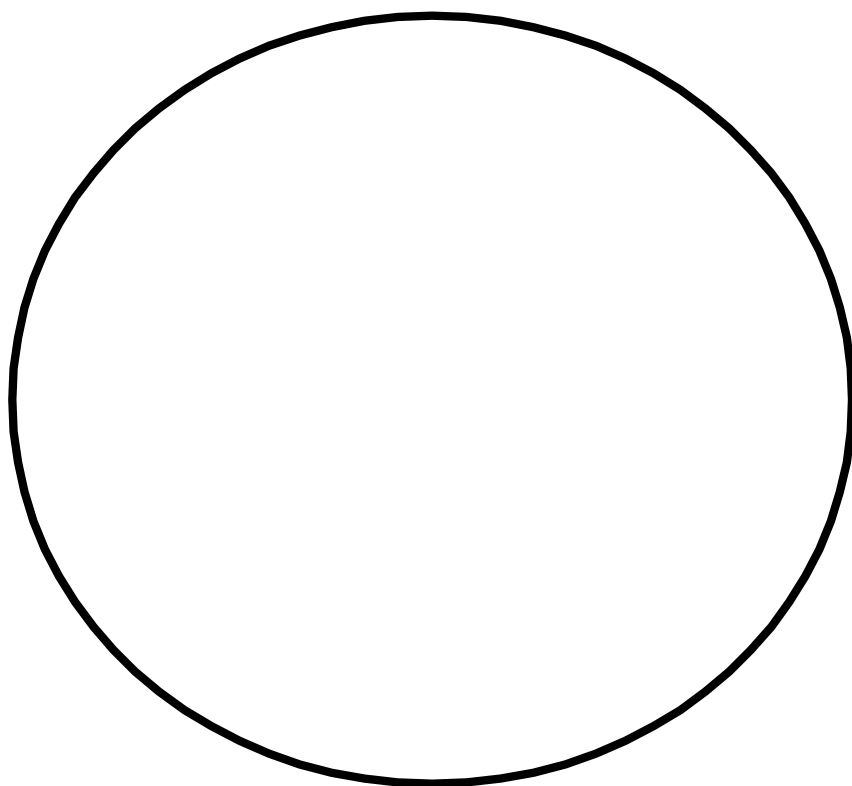
Appendix B cont.
Instructions for the Mini-Cog Test

Patient Name: _____ **DOB:** _____

Date: _____

Instructions

Inside the circle draw the hours of a clock as if a child would draw them Place the hands of the clock to represent the time “forty five minutes past ten o’clock”



Appendix B cont. Instructions for the Mini-Cog Test

1. Instruct the patient to listen carefully and repeat the following

APPLE WATCH PENNY

MANZANA RELOJ PESETA

2. Administer the Clock Drawing Test

3. Ask the patient to repeat the three words given previously

Scoring

Number of correct items recalled _____ [if 3 then negative screen. STOP]

If answer is 1-2

Is CDT Abnormal?

No

Yes

If No, then negative screen

If Yes, then screen positive for cognitive impairment

Appendix C Screening Evaluation Report Form

Clinician being evaluated: _____

1. On history, are there symptoms or conditions that raise concern about this clinician's ability to consistently perform the requested Privileges in a safe and effective manner?

☐ Yes ☐ No If YES, please describe:

2. On physical examination, are there any findings that raise concern about this clinician's ability to consistently perform the requested Privileges in a safe and effective manner?

☐ Yes ☐ No General
☐ Yes ☐ No Cognitive Abilities
☐ Yes ☐ No Motor Skills
☐ Yes ☐ No Sensory Functioning

If you answered YES to any of the above concerns on physical examination, please describe:

3. Do tests or studies performed on this clinician raise concern about this clinician's ability to consistently perform the requested Privileges in a safe and effective manner?

☐ Yes ☐ No If YES, please describe:

4. Recommendations for further study or evaluation:

Appendix C cont. Screening Evaluation Report Form

I attest that I have performed a complete history and physical exam on the above named clinician on this date and that I have reviewed the Clinical Privileges requested by this clinician.

RECOMMENDATION:

In my professional opinion, this clinician:

- ☐ Does not have any physical/mental impairment that would interfere with the safe and effective provision of care permitted under the privileges requested.
- ☐ Has the following physical/mental impairment that may interfere with his/her ability to practice.

Please indicate whether an accommodation is necessary for this practitioner to function without posing a threat to patient care:

- ☐ Requires further evaluation. Please describe:

- ☐ Other. Please describe:

Signature: _____ Date: _____

Print Name: _____ Phone #: _____