

**Northern Westchester Hospital**  
**Medical Affairs**

Subject: IMPAIRED PHYSICIANS

Effective Date: January, 2005  
Reviewed: 03/08; 03/09; 03/10; 03/11; 03/12  
03/13, 07/15

Revised:  
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Distribution: Medical Staff

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**POLICY:** The Medical Staff and Hospital are committed to identifying "impaired physicians" and encouraging and allowing them to obtain treatment for substance abuse or other impairments, if available, so that after treatment physicians can return to the safe practice of medicine with appropriate monitoring.

For purposes of this policy, an impaired physician is defined as one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.

The Hospital and all Staff Members shall treat all information, findings, and recommendations pursuant hereto as confidential, except as otherwise expressly provided herein or as required by law.

**PURPOSE:** To provide safe, effective, timely, and respectful medical care to our patients, while fostering an environment that promotes physician health and optimal professional functioning.

**PROCEDURE:**

Report and Investigation

If any individual working in the Hospital has a reasonable suspicion that a physician appointed to the Medical Staff is impaired, *or an individual self-reports impairment*, the following steps should be taken:

1. A written report shall be given to the Hospital CEO, the Senior Vice President for Medical Affairs, the Chairman of the Medical Board, or the Department Chairman of the physician in question. The report shall include a description of the incident(s) that led to the belief that the physician may be impaired. The report must be factual. The individual making the report does not need to have proof of the impairment, but must state the facts leading to the suspicion. Such reporting shall be in addition to, and not in lieu of, a Medical Staff member's obligation to report professional misconduct pursuant to New York State Law.
2. The Senior Vice President for Medical Affairs, in consultation with the applicable Department Chief, or, in consultation with the Hospital CEO if the subject of the

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report is a Department Chief, shall evaluate and investigate the complaint, allegation, or concern. Such investigation may include, as appropriate, interviewing the physician, conducting a medical audit, and requesting that the physician undergo an evaluation of his/her physical and/or mental capabilities to serve on the Medical Staff, by one or more physicians acceptable to the Senior Vice President for Medical Affairs. The physician under review may, at his/her option, select a physician or physicians to conduct an additional evaluation and may present this evaluation to those conducting the investigation.

3. If the Senior Vice President for Medical Affairs and Department Chief, or, as the case may be, Hospital CEO, find that there is a reasonable basis to believe that continued practice by the physician would jeopardize the quality of care, safety, or well-being of patients, they shall proceed as follows:
  - a. Depending upon the severity of the problem and the nature of the impairment, make one of the following recommendations for action, with consideration of any reasonable accommodations the Hospital can make, which would eliminate the risk to patients or staff while allowing the physician to remain on the Medical Staff:
    - 1) Require the physician to undertake a rehabilitation program as a condition of continued appointment to the Medical Staff and clinical privileges
    - 2) Impose appropriate restrictions on the physician's practice
    - 3) Immediately suspend the physician's clinical privileges until rehabilitation has been accomplished, if the physician does not agree to discontinue practice voluntarily
  - b. If any recommendations constitute requests for corrective action pursuant to the Medical Staff Bylaws, forward such requests to the Chairman of the Medical Board, who shall act in accordance with the Medical Staff Bylaws.
  - c. Meet personally with the impaired physician to inform him/her that the results of the investigation indicate that the physician suffers from an impairment that affects his/her practice. The physician should not be told who filed the report or of the specific incidents contained in the report.

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4. The Hospital shall seek the advice of Hospital counsel to determine whether any conduct must be reported to law enforcement authorities or other government agencies and what further steps must be taken.
5. The original report and a description of the actions taken by the Medical Board, Senior Vice President for Medical Affairs or Hospital CEO should be included in the physician's confidential Quality file. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the physician's Quality file and the physician's activities and practice shall be monitored until it can be established that there is, or is not, an impairment problem. If the investigation reveals that there is no merit to the report, this should be documented, along with the report, in the physician's confidential Quality file, and considered a closed issue.
6. The CEO, Senior Vice President for Medical Affairs, or Chairman of the Medical Board shall inform the individual who filed the report that follow-up action was taken.

#### Rehabilitation referral

7. The Hospital and Medical Staff leadership shall direct the physician to the rehabilitation program established by the Medical Society of the State of New York, if appropriate, or such other program as may be approved by the Hospital. A physician shall not be reinstated until it is established, to the Hospital's satisfaction, that the physician has successfully completed the rehabilitation program established by the Medical Society of the State of New York or such other program as may be approved by the Hospital.

#### Reinstatement

8. Upon sufficient evidence that a physician, who has been found to be suffering an impairment, has successfully completed a rehabilitation program, the Hospital, in its discretion, may consider that physician for reinstatement to the Medical Staff in accordance with, and subject to, the Medical Staff Bylaws, Rules and Regulations of the Hospital. The Hospital shall act in consideration of the interest of patient care.
9. Sufficient evidence includes, but is not limited to, the following documentation:
  - a. A letter from the physician director of the rehabilitation where the physician was treated, along with consent for release of information including:

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- 1) Whether the physician is participating in the program and is in compliance with all terms of the program.
  - 2) To what extent the physician's behavior and conduct are monitored.
  - 3) The director's opinion regarding whether the physician is rehabilitated and is capable of resuming medical practice and providing continuous, competent care to patients.
  - 4) Recommendation for and description of any after care program.
- b. Documentation from the physician's primary care practitioner regarding the physician's condition, course of treatment, and opinion regarding whether the physician is rehabilitated and capable of resuming medical practice and providing continuous, competent care to patients.
  - c. The Hospital may, in its discretion, require an opinion from an additional physician consultant of its choice.
10. If after review of the above documentation, the Senior Vice President for Medical Affairs, the Department Chief, and the Chairman of the Medical Board determine that the physician is rehabilitated and capable of resuming care of patients, they will recommend to the Medical Board that the physician's Medical Staff membership and clinical privileges be reinstated.
  11. The physician will be required to obtain periodic reports to the Senior Vice President for Medical Affairs from his/her primary care physician for a period of time specified by the Senior Vice President for Medical Affairs, the Department Chief, and the Chairman of the Medical Board, stating that the physician is continuing treatment or therapy, as appropriate, and that his/her ability to care for patients in the hospital is not impaired.
  12. The physician's exercise of clinical privileges in the Hospital shall be monitored by the Department Chief or by a physician appointed by the Department Chief, for a period of time specified by the Senior Vice President for Medical Affairs, the Department Chief, and the Chairman of the Medical Board.
  13. The physician must agree to submit to random alcohol or drug screening tests (if appropriate to the impairment) at the request of a member of Hospital management for a period of at least one year.

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14. Any requests for information concerning the impaired physician shall be forwarded to the Hospital CEO or Senior Vice President of Medical Affairs for response.

Attachments: None

Approvals: Medical Board 3/05