

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital</i>	Last Approval Date: August 2011
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I. POLICY

Stanford Hospital and Clinics (SHC) and Lucile Packard Children’s Hospital (LPCH) Health and Well Being Committee focuses on the matter of the impaired physician and physician-in-training in the Hospital. The Medical Staff will establish and monitor the efforts of a Physician Support Panel with responsibility for dealing directly and confidentially with impaired physicians and physicians in training

II. PURPOSE

The physician health program shall include mechanisms for the following:

- Development of measures, such as educational programs, to assist Medical Staff and other hospital staff to recognize signs and symptoms of potential or actual impairment

- Develop programs that recognize the role of stress in the life of the provider, and assist the provider in dealing with stress

- The identification of those individuals who are, or may be, impaired, together with a recommendation or requirement for evaluation, treatment, and/or rehabilitation

- Mechanism for self-referral by a provider and/or referral by other hospital staff

- Referral of the affected provider to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern

- Maintenance of the confidentiality of the provider seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened

- Monitoring of the affected provider and the safety of patients until the rehabilitation or any disciplinary process is complete

- Reporting to the Medical Staff Leadership instances in which a provider is providing unsafe care or treatment

III. DEFINITIONS

A. Impairment

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1. Refers to any condition, regardless of cause, which interferes with the individual's ability to function as normally expected. Impairment may exist in one or in multiple domains, including, but not limited to, psychomotor activity and skills, conceptual or factual recall, integrating or synthetic thought processes, judgment, attentiveness, demeanor, and attitudes as manifested in speech or actions.
- B. Impaired Provider
 1. One who is unable to practice his/her profession with reasonable skill and safety because of a physical or mental illness, including deterioration through the aging process, loss of motor skill, excessive use or abuse of drugs including alcohol, displaying disruptive behavior.

IV. POLICY STATEMENT

The Medical Staffs of Stanford Hospital and Clinics and Lucile Packard Children's Hospital are committed to supporting the well being and health of the members of the Medical Staffs and Physicians-in-Training, in so doing protect patient welfare, improve patient care, and improve Medical Staff functioning. The Physician Health Program provides education about physician health, addressing prevention of physical, psychiatric, or emotional illness, and facilitates confidential diagnosis, treatment, and rehabilitation of providers who suffer from a potentially impairing condition.

V. PROCEDURES

- A. Committee
 1. The Physician Well-Being Committee promotes and supports the well being of the medical staff and physicians-in-training, in so doing to protect patient welfare, improve patient care, and improve Medical Staff functioning. The Committee works to achieve this purpose through facilitation of treatment for, prevention of, and intervention in alcohol-related, drug-related, or behavioral problems of members of the Medical Staff and physicians in training. The Committee aims to foster a culture of mutual concern, safety and professionalism. In addition, this Committee develops programs to assist providers in recognizing and reducing stress, and provides counseling resources for providers and their families.

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2. The Physician Well-Being Committee has adopted the following guidelines as a foundation for development and preservation of this program:
 - a. Physician health is important
 - b. Healthy providers are a community asset to be fostered and maintained
 - c. Healthy providers are fundamental to quality patient care
 - d. A psychological sense of community with one's peers is vital to personal well-being
 - e. Healthy providers are more productive and enhance the workplace environment
 - f. The medical profession should foster Physician Well-Being
 - g. Changes in the healthcare environment are contributing to personal and professional challenges and stresses for providers
 - h. The medical profession has inherent stresses that require specific attention to ensure provider well-being
 - i. Providers should train and work in environments that promote healthy lives for them, their families, their support personnel and their patients
 - j. Well-being depends on responsible behavior and decision-making by all parties in the healthcare environment
 - k. Providers should have resources available to them to anticipate and manage episodic personal issues
 - l. Continuous learning is fundamental to a healthy lifestyle
 - m. Educational programs should foster physician well-being
 - n. Medical education programs have a responsibility to develop the knowledge, attitudes and skills necessary for personal wellness
3. The composition of the Well Being Committee is outlined in the Medical Staff Bylaws of Stanford Hospital and Clinics and Lucile Packard Children's Hospital.
4. The committee will review the behavior, interactions, adverse incidents, and clinical course of patients pertinent to referral of any members of the Medical Staff physicians in training. Referrals can come from various sources: self-referral; co-worker referral; supervisor/Medical Board referral; any concerned provider; Credentials Committee referral based on background check information (i.e. DUI). The Committee will also follow up on any

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current or previous issues that provider as attested to. The committee has set a threshold to review and evaluate any incidents which have occurred within the previous seven (7) years.

5. The committee will base a decision to recommend intervention on the results of that review. It is the intent for this committee to recommend interventions, which can correct the difficulty before disciplinary action is necessary. The committee will identify the condition, supportively confront the provider, help obtain indicated treatment, and monitor the recovering provider during rehabilitation. The committee will function in a non-punitive and confidential manner. All findings and records shall be considered confidential and not a part of disciplinary records. If egregious behavior continues and there may be potential risk of patient harm all activities will be reported promptly to the Chief of Staff(s).
 6. The Well Being Committee does not hold disciplinary power. Disciplinary power is held by service/division committees, the Credentials Committee, the Medical Executive Committee of the Medical Staff and ultimately by the Boards of Directors of Stanford Hospital and Clinics and Lucile Packard Children's Hospital. After intervention, the Well Being Committee may at its jurisdiction, appoint an outside agency to monitor recovery. Interpersonal problems are usually managed on a case-by-case basis with evaluations and counseling. Substance abuse problems require more specific policies.
- B. Substance Abuse
1. Substance abuse may be defined as a chronic, progressive disease characterized by compulsive chemical use in spite of adverse consequences. Substance abuse causes personal and professional impairment. Substance abuse may result from the abuse of alcohol, the use of illegal drugs, or the unlawful use of controlled substances without a specific medical indication.
- C. Disruptive Behavior
1. Disruptive behavior may be defined as conduct that interferes with the provision of quality patient care; constitutes sexual harassment; making or threatening reprisals for reporting disruptive behavior; shouting or using vulgar, profane or abusive language; abusive behavior towards patients or staff; physical assault; intimidating behavior; or refusal to cooperate with other staff members.
- D. Process

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1. It shall be the duty of all members of the Medical Staff to report concerns about substance abuse in themselves or other members of the Medical Staff or physicians in training. Reports should be made to the Chief of Service, Chief of Staff, or Well Being Committee. The identity of the reporter shall be confidential and information regarding the nature of the allegation(s) will be restricted as much as possible.
2. Since early identification is necessary for successful rehabilitation, and to protect the safety of the public, the Well Being Committee will investigate inquiries and reports from as broad a group as possible including physicians, nurses, hospital employees, patients, family members of physicians, and others as deemed appropriate on a case-by-case basis.
3. The Well Being Committee, in consultation with the Chief of the involved clinical service/division, will investigate all reports or complaints. If the complaint is relevant, the Chair of the Well Being Committee and/or the Chief of the involved service/division or their designee, will confront the provider in question and discuss the problem.
4. The Chair of the Well Being Committee and the Chief of the involved Service/Division will attempt to obtain agreement by the Provider about the nature of the problem and his/her consent to participate in a rehabilitation program tailored to meet the provider's specific situation.
5. If an agreement about the nature of the problem and/or agreement about participation in a rehabilitation program cannot be reached with the provider, the matter will be referred back to the Well Being Committee and to the Chief of Staff with a formal recommendation based on the committee's findings. The provider may then be subject to formal disciplinary action as provided in the Medical Staff Bylaws

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6. If the provider agrees to participate in the rehabilitation program, the Chief of the Service/Division, the Chief of Staff, and the Well Being Committee will draw up a formal contract specifying the treatment program. This agreement will be in writing and will be signed by the provider. Providers who have enrolled themselves in a treatment program, such as individual psychotherapy or 12-Step recovery group, must inform their Service/Division Chief and the Well Being Committee. The provider will agree to a formal leave of absence if the Well Being Committee deems the leave necessary. Any costs/fees associated with any type of rehabilitation/behavioral assessment, evaluation, treatment or program will be the responsibility of the provider receiving the service.

E. Re-entry to Workplace

1. Leave of absence for treatment of chemical dependency shall become part of the member's confidential file
2. During and following treatment, as a condition of Medical Staff reinstatement or access to the institution, the provider may be required to provide to the Well Being Committee satisfactory evidence of compliance with the formal contract or letter of agreement between the provider and the Well Being Committee.
3. If, based on satisfactory completion and presentation of the above requirements, the Well Being Committee, along with the recommendation of the provider's treatment team, determines that the provider may return from leave of absence to clinical practice without presenting a risk or harm to his/her self or to the public, the provider will be allowed to return to practice after signing an individualized re-entry contract, that will detail specific conditions under which clinical privileges will be granted.
4. Where medical and/or psychiatric treatment is part of the rehabilitation program, the Well Being Committee must approve the treating physician(s) and/or treatment program. Neither the Chief of Service/Division nor members of the Well Being Committee will treat providers undergoing rehabilitation. The Well Being Committee may request regular reports from the aftercare program as to the patient's progress in the treatment program.

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5. If a provider who has completed a rehabilitation program poses a direct threat to the health or safety of him/herself or others, he/she will not have privileges or will not be reinstated. The determination whether a provider poses a significant risk of substantial harm to him/herself or others will be made on a case by case basis. This assessment will be based on a reasonable medical judgment and the best available objective evidence. In determining whether an individual would pose a direct threat, the committee will consider the rate of recidivism with certain types of addiction; the availability of narcotics to certain specialists; and the nature of severity of the potential harm that could occur in the event of relapse.
6. New members of the Medical Staff will be evaluated on an individual basis, if needed, prior to appointment as to their risk for patient harm.
7. Follow-up by the Well Being Committee will be maintained for at least five (5) years after treatment.

VI. DOCUMENT INFORMATION

- A. Author/Original Date
June 2006, Well Being Committee
- B. Gatekeeper of Original Document
Administrative Manual Coordinators and Editors
- C. Distribution and Training Requirements
 1. This policy resides in the Medical Staff Policy Manual of SHC and LPCH.
 2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.
- D. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- E. Review and Revision History
This is a revised.

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- F. Approvals
- October 2006, Well Being Committee
 - November 2006, SHC Medical Board
 - November 2006, SHC Board of Directors
 - November 2006, LPCH Medical Board
 - November 2006, LPCH Board of Directors
 - SHC/LPCH Well-Being Committee, July 2011
 - SHC MEC – August 2011
 - SHC Board of Directors – August 2011
 - LPCH Policy Committee - August 2011
 - LPCH MEC – August 2011
 - LPCH Board of Directors. – August 2011

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