

Children's Hospital and Health System Administrative Policy and Procedure

This policy applies to the following entity(s):

Children's Hospital and Health System

SUBJECT: Medical and Professional Healthcare Provider Staff Members – Suspected Impairment

Definitions

Impairment – an inability to provide care, treatment, and services to patients with reasonable skill and safety because of an illness (physical or mental), including deterioration through the aging process, loss of motor skill, inappropriate behavior in the professional setting, or excessive use or abuse of drugs, including alcohol.

Medical Staff Leader(s) – definitions are Medical Staff specific, are defined in governing documents, and include the following:

- **Milwaukee:** President of the Medical Staff, Chief Medical Officer, Associate Chief Medical Officer
- **Fox Valley:** Associate Chief Medical Officer, Chief Medical Officer
- **Surgicenter of Greater Milwaukee:** Associate Chief Medical Officer, Chief Medical Officer

POLICY

Children's Hospital and Health System (CHHS) makes every effort to ensure that members of its Medical and Professional Health Care Provider Staff ("Providers") practicing at CHHS are competent and able to carry out their patient care responsibilities free of any impairments that adversely affect their judgment or clinical performance.

CHHS and Medical Staff Leaders are required to investigate alleged Provider impairments and take appropriate action to support providers and protect patient safety as detailed in the following procedure.

CHHS encourages Providers to seek treatment for any potential impairment prior to the time that a report of suspected impairment is received. Confidentiality of the Provider seeking referral or referred for assistance shall be maintained except as limited by law, ethical obligation, or when the health and/or safety of a patient or others is threatened.

It is the intent of CHHS and Medical Staff Leaders to assist impaired Providers as much as reasonably possible to regain their clinical competence and judgment and safely carry out their

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patient care responsibilities. All requests for information concerning an impaired Provider shall be forwarded to the Medical Staff Leaders or the Professional Health Committee, as outlined in this policy. All information about suspected impairment is confidential, except to the extent necessary to protect patient or staff safety.

PROCEDURE

CHHS will provide education on how to recognize potential illness and/or impairment through written communication to Providers and CHHS staff. The Professional Health Committee is available as a resource for such education.

Signs and symptoms of potential illness/impairment include but are not limited to:

1. Personality changes/mood swings
2. Loss of efficiency and reliability
3. Increasing personal and professional isolation
4. Inappropriate anger or resentment
5. Abusive language or demeaning others
6. Deterioration of physical skills
7. Memory loss
8. Increase in tardiness or absenteeism
9. Lack of empathy toward others

If an individual has a reasonable suspicion that a Provider may be impaired and this impairment may adversely affect patient care and/or safety, the following steps should be taken:

Reporting:

The Professional Review Committee, or Medical Staff Leaders may receive referrals of suspected impairment. (See Addendum A for confidential voicemail option.) These referrals may come from the Provider themselves; from CHHS or Medical Staff leadership, CHHS employees, or patients or families; or anonymously. The referral shall include a description of the circumstance(s) that led to the belief that the Provider may be impaired. The individual making the report does not need to have proof of the impairment but must state the facts leading to the suspicions.

In cases where immediate action is required in the best interest of patient care and/or safety, a report is to be provided directly to a Medical Staff Leader. The Provider may be placed on precautionary suspension or restriction from providing care, treatment, and services in accordance with Medical Staff Bylaws.

The confidentiality of those individuals reporting incidents of suspected impairment is protected.

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Inquiry:

If, after discussing the circumstance(s) with the individual who filed the report, the Medical Staff Leader or Professional Review Committee believes there is credibility to the complaint, allegation, or concern and if there is sufficient information to warrant an inquiry, the Medical Staff Leader shall conduct an evaluation in accordance with the procedures described in the Bylaws.

Post-investigation:

If the investigation reveals that there is no merit to the report, the report with the investigation and the "no merit" findings are placed in the Provider's confidential file and the Provider is notified. If, after the investigation, it is found that sufficient evidence exists that the Provider may be impaired, the Medical Staff Leader or the Professional Review Committee shall take further action in accordance with the Medical Staff Bylaws.

Confidentiality:

The confidentiality of the Provider seeking referral or referred for assistance is maintained, except as limited by applicable law, ethical obligation, or when the health and safety of a patient or staff is threatened. Throughout the entire process, all parties should avoid speculation, gossip, and any discussions with anyone outside those described in this procedure.

Rehabilitation: (If appropriate)

The Medical Staff Leader or Professional Review Committee, if they deem it appropriate, will assist the Provider in locating a suitable rehabilitation program. The Provider must authorize the release of information from the director of the rehabilitation program where the Provider is being treated or from the Provider's attending physician. The Professional Review Committee receives periodic reports from rehabilitation programs and treating physicians regarding the progress of the affected Provider to include the following:

- Whether the Provider is participating in the program/treatment;
- Whether the Provider is in compliance with all of the terms of the program/treatment; and
- Whether the Provider attends support group meetings or aftercare programs regularly (if appropriate).

The Professional Review Committee is responsible for monitoring the affected Provider and the safety of patients until rehabilitation or any disciplinary process is complete and periodically thereafter as needed or required.

Reinstatement:

The Provider shall not be reinstated until it is established to the Medical Executive Committee's satisfaction that the Provider has been successfully rehabilitated. Appropriate actions consistent with the Medical Staff Bylaws shall be initiated when a Provider fails to complete the required rehabilitation program.

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Upon documentation that a Provider has been successfully rehabilitated, the Provider may apply for reinstatement in accord with the Medical Staff Bylaws.

Related Policies and Procedures

- Human Resource Policy and Procedure “Substance Abuse Testing – Drug-Free Workplace”
- Administrative Policy and Procedure “Patient Privacy – Confidentiality,” Patient Information
- Administrative Policy and Procedure “Harassment and Disruptive Behavior”
- Medical Staff Governance documents for Children’s Wisconsin, Children’s Wisconsin Fox Valley, and Surgicenter of Greater Milwaukee

Approved by the:

Chief Medical Officer March 6, 2025

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Addendum A

A confidential voicemail box is available to receive routine inquiries, complaints, or concerns regarding Providers' health/wellness issues.

Confidential voicemail box – (414) 266-6280

Any issues with a serious potential impact to patient care are to be reported directly to a Medical Staff Leader.