

POLICY:

- A. The hospital and its medical staff are committed to patient safety and to providing patients with quality care. To this end, the hospital, and its medical staff, desire to develop, implement and maintain a process to identify and manage physician and Allied Health Professional (AHP) health, including (i) education of hospital and medical staff generally about illness and impairment recognition and prevention, (ii) investigation of allegations of physician or AHP impairment, and (iii) assistance in diagnosis and treatment referral and monitoring, in order to assist an impaired physician or AHP to retain or regain optimal professional functioning, consistent with patient protection. Impairment may result from any cause, including physical, psychiatric or emotional condition that may lead to or results in less than optimal professional functioning.
- B. The Practitioner Well Being (PWB) Committee shall supervise the development, implementation and maintenance of this process on behalf of the medical staff. The process shall encourage physicians and AHP's suffering from an impairment that may or does affect the ability to practice medicine to voluntarily disclose the situation to the Practitioner Well Being Committee so that appropriate steps can be taken to protect patients and to help the physician to practice safely and competently.
- C. To the extent possible, and consistent with quality of care and patient safety concerns, the Practitioner Well Being Committee will handle impairment matters in a confidential fashion, subject to any and all state or federally mandated reporting requirements or as otherwise limited by law, ethical obligations or a threat to patient safety. The Practitioner Well Being Committee shall keep the Chief Executive Officer and the Chief of Staff apprised of matter under review.
- D. Definition of an impaired physician or AHP: One who is unwilling or unable to practice medicine, in whole or part, or otherwise perform functions ancillary to and necessary for optimal professional functioning, with reasonable skill and safety to patients because of any cause, including, but not limited to a physical, psychiatric or emotional condition including, but not limited to deterioration through the aging process or loss of motor skill, or use or abuse of drugs including alcohol.
- E. The Chair of the PWB Committee has the authority to act on behalf of the Committee and report any activity to the entire Committee at its next scheduled meeting.

PROCEDURE:

Education: Torrance Memorial and the Practitioner Well Being Committee shall work together to ensure the development, implementation and maintenance of a process or program to educate medical staff and other appropriate Medical Center staff about illness and impairment recognition issues specific to physicians or AHP's.

Self Referral: Torrance Memorial and the Practitioner Well Being Committee shall work together to ensure the development, implementation and maintenance of a process or program to encourage impaired physicians or AHP's to voluntarily refer themselves to the Practitioner Well Being Committee, which shall endeavor to facilitate confidential diagnosis, treatment and rehabilitation of such physicians.

MECHANISM FOR REPORTING BY TORRANCE MEMORIAL PERSONNEL:

Evaluation of Such Reports

- A. If any individual has a concern that a member of the medical staff or AHP may be impaired in any way that may affect their at the hospital, a report shall be given to the Chief Executive Officer, the Chief of Staff, Director, Medical Staff Services/Performance Improvement, or any member of the Practitioner Well Being Committee. The report shall include a factual description of the incident(s) that led to the concern.
- B. If, after discussing the incident(s) with the individual who filed the report, the Chief Executive Officer, the Chief of Staff, Director, Medical Staff Services/Performance Improvement and/or any member of the Practitioner Well Being Committee believes there is enough credible information to warrant a review, the matter shall be referred to the Practitioner Well Being Committee.
- C. The Practitioner Well Being Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention.
- D. As part of its review, the Practitioner Well Being Committee may meet with the individual(s) who prepared the report.
- E. If the Practitioner Well Being Committee has reason to believe that the physician or AHP is or might be impaired, it shall meet with the physician or AHP. The Chairman of the Practitioner Well Being Committee will determine who should attend this meeting. At this meeting, the physician should be told that there is a concern that he or she might be suffering from an impairment that affects his or her practice. The physician should not be told who filed the initial report but should be advised of the nature of the concern.

Diagnosis, Treatment and Monitoring of the Impaired Physician or AHP Conduct

- A. As part of its review, the Practitioner Well Being Committee may request that the physician or AHP be evaluated by an appropriate internal or external professional resource and that the results of such evaluation, including diagnosis and treatment recommendations, if any, be provided to it. A consent for the release of information to the Practitioner Well Being Committee is attached as Appendix A.
- B. Depending upon the severity of the problem and the nature of the impairment, the Practitioner Well Being Committee has the following options available to it:
 - i. Recommend that the physician or AHP voluntarily take a leave of absence, during which time they would participate in a rehabilitation or treatment program to address and resolve the impairment;
 - ii. Recommend that appropriate conditions or limitations be placed on the physician's or AHP's practice;
 - iii. Recommend that the physician or AHP voluntarily agree to refrain from exercising some or all privileges in the hospital until rehabilitation or treatment has been completed or an accommodation has been made to ensure that they are able to practice safely and competently;
 - iv. Recommend that some or all of the physician's or AHP's privileges be suspended if they do not voluntarily agree to refrain from practicing in the hospital.
- C. If the Practitioner Well Being Committee recommends that the physician or AHP participate in a rehabilitation or treatment program, it should assist them in locating a suitable program.
- D. If the physician or AHP agrees to abide by the recommendation of the Practitioner Well Being Committee, then a confidential report will be made to the Chief Executive Officer and the Chief of Staff. In the event there is a concern by the Chief Executive Officer or the Chief of Staff that

the action of the Practitioner Well Being committee is not sufficient to protect patients, the matter will be referred back to the Practitioner Well Being Committee with specific recommendations on how to revise the action or it will be referred to the Medical Executive Committee for an investigation.

- E. If any individual has a reasonable concern that a member of the medical staff or AHP may be impaired while on hospital premises and the individual believes that an immediate response is necessary in order to protect the health and safety of patients or the orderly operation of the hospital, the individual shall immediately notify the relevant department chair, Chief Executive Officer (CEO) or designee. The department chair shall assess the physician and determine whether it appears that an impairment exists that affects their ability to safely practice medicine in the hospital. The department chair may relieve the physician or AHP of responsibility for the patient or patients and assign to another individual with appropriate clinical privileges the responsibility for care of the affected physician's or AHP's hospitalized patients. The wishes of the patient shall be considered in the selection of the covering physician. Patients may be assigned to the physician on call. The affected patients shall be informed that the physician is unable to proceed with their care due to illness.

Following the immediate response, the individual and the department chair shall file formal reports as described in the Policy in order for the question of impairment to be more fully assessed and addressed.

REINSTATEMENT:

- A. Upon sufficient proof that a physician or AHP has an impairment and has successfully completed a rehabilitation or treatment program, the Practitioner Well Being Committee may recommend that the physician's clinical privileges be reinstated. In making a recommendation that an impaired physician or AHP be reinstated, the Practitioner Well Being Committee must consider patient care interests as paramount.
- B. Prior to recommending reinstatement, the Practitioner Well Being Committee must obtain a letter from the physician overseeing the rehabilitation or treatment program. (A copy of a release from the physician authorizing this letter is attached as Appendix B.) The letter must address the following:
- i. The nature of the physician's or AHP's condition;
 - ii. Whether the physician or AHP is participating in a rehabilitation or treatment program and a description of the program;
 - iii. Whether the physician or AHP is in compliance with all the terms of the program;
 - iv. To what extent the physician's or AHP's behavior and conduct need to be monitored;
 - v. Whether the physician or AHP is rehabilitated;
 - vi. Whether an after-care program has been recommended to the physician or AHP and, if so, a description of the after-care program; and
 - vii. Whether the physician or AHP is capable of resuming medical practice and providing continuous, competent care to patients.
- C. Before recommending reinstatement, the Practitioner Well Being Committee may request a second opinion on the above issues from a physician of its choice.
- D. Assuming that all of the information received indicates that the physician or AHP is capable of resuming care of patients, the following additional precautions shall be taken before the physician's or AHP's clinical privileges are reinstated:
- i. The physician or AHP must identify at least one practitioner who is willing to assume responsibility for the care of their patients in the event of the physician's or AHP's inability or unavailability; and

- ii. The physician or AHP shall be required to provide periodic reports to the Practitioner Well Being Committee from their attending physician, for a period of time specified by the Committee, stating that the physician or AHP is continuing rehabilitation or treatment, as appropriate, and that their ability to treat and care for patients in the hospital is not impaired. Additional conditions may also be recommended for the physician's or AHP's reinstatement.
- E. The final decision to reinstate a physician's or AHP's clinical privileges must be approved by the the Chief of Staff.
- F. The physician's or AHP's exercise of clinical privileges in the hospital shall be monitored by the department chief or by a physician appointed by the department chief. The nature of that monitoring shall be recommended by the Practitioner Well Being Committee in consultation with the Chief of Staff.
- G. If the physician or AHP has an impairment relating to substance abuse, the physician or AHP must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the the Chief of Staff, or any member of the Practitioner Well Being Committee.
- H. In the event of any 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 investigation, hearing and appeal section of those bylaws and policies, the provisions of this policy shall control.
- I. Contract to Assist with Recovery Program: The Practitioner Well Being Committee may request the physician or AHP to enter into a contract that outlines what is required as part of the initiation and maintenance of a Recovery Program. See Appendix D.

COMMENCEMENT OF AN INVESTIGATION:

- A. The hospital and the medical staff believe that issues of impairment can best be dealt with by the Practitioner Well Being Committee to the extent possible. If, however, the Practitioner Well Being Committee makes a recommendation, including a recommendation for an evaluation or a restriction or limitation on privileges, and the physician or AHP refuses to abide by the recommendation, the matter shall be referred to the Medical Executive Committee for an investigation to be conducted pursuant to the Bylaws.

DOCUMENTATION AND CONFIDENTIALITY:

- A. The original report and a description of any recommendations made by the Practitioner Well Being Committee shall be included in the physician's or AHP's credentials file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review 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 or AHP's credential file and the physician's or AHP's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the physician's or AHP's practice. The physician or AHP shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in their credential file.
- B. The Chief Medical Officer, the Chief of Staff or the Director, Medical Staff Services/Performance Improvement, shall inform the individual who filed the report that follow up action was taken.
- C. Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in the policy.
- D. If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the physician, AHP or othersthe Chief Medical Officer, or the Director, Medical

Staff Services/Performance Improvement, in consultation with the Chief of Staff, may contact law enforcement authorities or other governmental agencies.

- E. All requests for information concerning the impaired physician or AHP shall be forwarded to the Chair of the Practitioner Well Being Committee.
- F. Nothing in this policy precludes immediate referral to the Executive Committee (or to the Board) or the elimination of any particular step in the policy in dealing with conduct that may compromise patient care.

Appendix A

Consent for Release of Information Pertaining to Evaluation

I hereby request that _____ [the Facility] provide _____ Torrance Memorial Medical Center (the Hospital) and its Medical Executive Committee (or Practitioner Well Being Committee) with all information relevant to your evaluation of my ability to care for patients safely, to competently fulfill the responsibilities of medical staff appointment and to relate cooperatively to others in the Hospital.

I also request that the Hospital and Medical Executive Committee (or Practitioner Well Being committee) provide _____ [the Facility] with a copy of any information which it believes supports the need for the evaluation and any other information that _____ [the Facility] might request.

Release of All Claims

The undersigned, together with (my/its) affiliates, directors, officers, partners, employees, shareholders and agents, if any and as applicable (the "Releasing Party"), hereby fully releases and forever discharge, to the fullest extent permissible by law, Torrance Memorial Medical Center, and its medical staff members and committees, individually and collectively, including their respective affiliates, directors, officers, partners, employees, shareholders, and agents (the "Released Parties"), from, any and all claims, contracts and potential liabilities, whether known or unknown, foreseen or unforeseen, patent or latent, in contract or tort, for any and all past and future damages, actual or exemplary, that Releasing Party has, or may have, against the Release Parties related either directly or indirectly to the information requested herein, the Releasing Party hereby further covenants not to sue or institute or cause to be instituted any action in any federal, state or local agency or any court or other tribunal against the Released Parties, that is related directly or indirectly to information requested herein. The undersigned expressly acknowledges that (he/she/it) has read and understood the Release and has entered into it voluntarily and without coercion.

Date

Signature of Physician/Allied Health Professional

Appendix B

Consent for Release of Information

I hereby request that Dr. _____ [physician overseeing treatment] provide Torrance Memorial Medical Center (“the Hospital”) and its Medical Executive Committee (or Practitioner Well Being Committee) with information pertaining to my rehabilitation or treatment program.

Specifically, this information should include:

- (a) the nature of my condition;
- (b) whether I am participating in a rehabilitation or treatment program;
- (c) whether I am in compliance with all of the terms of the program;
- (d) to what extent my behavior and/or conduct needs to be monitored;
- (e) whether I am rehabilitated;
- (f) whether an after-care program has been recommended for me and, if so, a description of the after-care program; and
- (g) whether I am capable of resuming medical practice and providing continuous, competent care to patients.

I also request that Dr. _____ provide the Hospital and its Medical Executive Committee (or Practitioner Well Being Committee) with periodic reports relating to my ongoing rehabilitation or treatment and my ability to treat and care for patients in the Hospital.

Release of All Claims. The undersigned, together with (my/its) affiliates, directors, officers, partners, employees, shareholders and agents, if any and as applicable (the “Releasing Party”), hereby fully release and forever discharge, to the fullest extent permissible by law, Torrance Memorial Medical Center, and its medical staff members and committees, individually and collectively, including their respective affiliates, directors, officers, partners, employees, shareholders, and agents (the “Released Parties”), from any and all claims, contracts and potential liabilities, whether known or unknown, foreseen or unforeseen, patent or latent, in contract or tort, for any and all past and future damages, actual or exemplary, that Releasing Party has, or may have, against the Released Parties related either directly or indirectly to the information requested herein, the Releasing Party hereby further covenants not to sue for to institute or cause to be instituted any action in any federal, state or local agency or any court or other tribunal against the Released Parties, that is related directly or indirectly to information requested herein. The undersigned expressly acknowledges that (he/she/it) has read and understood the Release and has entered into it voluntarily and without coercion.

Date

Signature of Physician/Allied Health Professional

Appendix C

Health Status Assessment

CONFIDENTIAL PEER REVIEW DOCUMENT

HEALTH STATUS ASSESSMENT

Please respond to the following questions based upon your assessment of _____'s current health status (if additional space is required, please attach separate sheet):

1. Does _____ have any physical, psychiatric, or emotional condition that could affect his/her ability safely to exercise the clinical privileges set forth on the attached list and/or perform the duties of appointment, including response to emergency call?
_____ Yes _____ No

If yes, please provide the diagnosis/diagnoses and prognosis: _____

2. Is _____ currently taking any medication that may affect either clinical judgment or motor skills? _____ Yes _____ No

If yes, please specify medications and any side effects: _____

3. Is _____ currently under any limitations concerning activities or work load?
_____ Yes _____ No

If yes, please specify: _____

4. Is _____ currently under the care of a physician? _____ Yes _____ No

If yes, please identify: _____

5. In your opinion, is any accommodation necessary to permit . _____ to exercise privileges safely and/or to fulfill medical staff responsibilities appropriately?
_____ Yes _____ No

If yes, please explain any such accommodation: _____

Date

Signature of Physician Evaluator

Appendix D

Contract Between Practitioner Well Being Committee and Practitioner

CONTRACT BETWEEN PRACTITIONER AND HEALTH CARE PRACTITIONER/PHYSICIAN

The Torrance Memorial Medical Center's Practitioner Well Being Committee is available to assist physicians and other health care practitioners with initiation and maintenance of a recovery program.

Our goal is to:

1. Act in an advocacy role for you.
2. Offer you an ongoing support system.
3. Work together with you to develop and coordinate a comprehensive recovery program.

A. The Practitioner Well Being Committee, after reviewing your situation, has concluded the following recommendations, given your agreement with the contract, as stipulated below:

1. Should the physician or Allied Health Professional be exercising their privileges at this time?

a. They should be able to exercise their at this time.

b. They should limit the work to:

Hours/Week

Hours of Call/Week

Administrative Activities Only

Other (Specify): _____

2. Should an oral/clinical examination by the /appropriate licensing board be required to assess the competency of the practitioner to practice medicine?

a. Yes

b. No

c. Other: _____

3. Should the practitioner be in a formal follow up program?

a. Yes

b. No

c. Other: _____

4. The practitioner agrees to abstain from alcohol, substances of abuse/dependence, and all psychotropic drugs, except for those prescribed by physicians outlined in this contract and approved by the committee.

5. The practitioner agrees to random supervised urine drug screens for:

_____ (# months/years)

Administered by: _____ with special screening for: _____

_____ and a minimum of _____ screens performed each month. Results must be presented to the Practitioner Well Being Committee upon request.

6. If not referred to a formal follow-up program, what is the recommendation for monitoring/support/recovery?

a. Facilitated Groups:

Group: _____ /week

Group: _____/week

- b. 90 meetings of ____AA, ____NA, ____CA, etc. in 90 days, then 3-4 meetings/week.
 - c. Obtain and have an ongoing active relationship with a Sponsor.
 - d. Obtain verification of meeting attendance to the committee ____ Yes / ____ No
 - e. Undergo psychiatric evaluation by a Practitioner Well Being Committee approved practitioner within ____ days to address: _____
____ Yes / ____ No
 - f. Psychiatric/psychopharmacologic management for: _____
with Dr. _____ with quarterly (semi-annual) reports to the committee.
 - g. Undergo medical evaluation within ____ days to address: _____
____ Yes / ____ No
 - h. Obtain a physical/medical evaluation and follow-up management for: _____
_____ with Dr. _____ with an initial report and follow-up quarterly reports (semi-annually) to the Practitioner Well Being Committee.
 - i. Obtain a battery of psychological tests within ____ days to address: _____
____ Yes / ____ No
 - j. Obtain a neurological examination within ____ days to address: _____
____ Yes / ____ No
 - k. Obtain a neuropsychologic testing within ____ days to address: _____
____ Yes / ____ No
 - l. Other groups or special therapy (e.g. martial, PTSD, abuse) for: _____
_____ with _____. Quarterly (semi-annual) reports to be submitted to the committee.
 - m. Will take Naltrexone/Antabuse as recommended by the approved evaluating psychiatrist/primary care physician, unless contraindicated by the treating physicians.
____ Yes / ____ No
 - n. Will agree to recommend Alanon or _____ to my family.
____ Yes / ____ No
 - o. Other provisions: _____

7. The practitioner agrees not to self-prescribe anything.
8. The practitioner agrees not to take over-the-counter medications (even Aspirin unless approved by the patient's primary care physician and the Practitioner Well Being Committee).
9. The practitioner agrees to surrender his/her present DEA permit or agree not to write prescriptions for Schedule I-V, etc. or agree to restrict prescribing to Schedule _____
_____ drugs. ____ Yes / ____ No If yes, the duration will be _____
10. The practitioner will obtain a Practitioner Well Being committee approved worksite monitor within 10 days of returning to work. ____ Yes / ____ No
11. The practitioner will obtain a Practitioner Well Being Committee approved hospital monitor within 10 days of returning to work. ____ Yes / ____ No
- B. Practitioner Responsibility (Maintaining Fitness for Duty):
- 1. Maintaining active involvement with the Practitioner Well Being Committee, as specified in this contract, for a minimum of one year.

2. Entering _____ treatment program on _____ and until discharged by the program.
3. Enrolling in the outpatient _____ therapy program, approved by the Practitioner Well Being Committee and participating as recommended by the outpatient therapist.
4. Remaining in the outpatient program until my therapist discharges me. If dissatisfied with the program, I will negotiate a change with the Practitioner Well Being Committee and my therapist.
5. Attending, on a basis, a self-help group (AA, NA, PA, CA)
6. Realizing that this contract is subject to periodic review by the Practitioner Well Being Committee.
7. Abstaining completely from any mood altering chemical except for those prescribed by my primary physician, psychiatrist or other health care provider (excluding myself), approved by the Practitioner Well Being Committee.
8. Offering and obtaining supervised urine/blood samples for drug screens at the discretion of my primary physician, therapist, or the Practitioner Well Being Committee Chairman. All results will be made available to the Practitioner Well Being Committee.
9. Agreeing to abide by the Practitioner Well Being Committee's recommendations in the event of a relapse. If a relapse is manifested in observable work-related deficiencies (rendering me unfit for duty) later proved to be substance induced, I understand that I shall be terminated from staff.
10. I have selected Dr. _____ as my primary physician.

C. Other Terms of the Contract

1. I understand that if I do not adhere to the conditions of this contract:
 - a. The Practitioner Well Being Committee may elect to remove themselves from any advocacy role.
 - b. The Practitioner Well Being Committee may determine that I am not able to perform my duties safely and the Chief of Staff will be informed.
2. I understand that the Practitioner Well Being Committee may report to the Medical Executive Committee, the Medical Board and/or the Chief of my service, any relapse, non-compliance or failure on my part to meet any of the agreed terms stipulated in this contract, and I give my permission to the committee to make these reports.
3. I agree to obtain the observed urines when requested as outlined in this contract. I understand that being unavailable for RANDOM urine screening on any day designated will be considered a relapse (and the urine will be considered to be positive).
4. I understand the expenses for diagnosis and treatment of alcohol abuse/dependence and or other chemical abuse/dependencies are my responsibility in full, either through self-payment or through coverage under my health insurance plan.

Physician/AHP Signature Date

Physician's/AHP's Name, Printed

Witness Signature Date

Witness Name, Printed Title/Capacity of Witness

Initial Approval and Major Revisions:

Practitioner Well Being Committee: 3/29/2002; 9/15/2009; 3/18/2014

Bylaws Committee: 8/29/2019; 08/18/2023

Medical Executive Committee: 5/14/2002; 10/13/2009; 7/8/2014; 10/10/2017; 10/15/2019;
10/10/2023

Board of Trustees: 7/31/2014; 12/13/2017; 10/31/2019; 10/31/2023