

POLICIES AND PROCEDURES
University of California, Davis Health
Medical and Regulatory Affairs

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ROLE OF THE MEDICAL STAFF WELL-BEING COMMITTEE

I. PURPOSE

This policy describes the role of the Medical Staff Well-Being Committee (Committee) in the non-punitive process for identifying, referring for treatment, and monitoring Medical Staff members who may be suffering from impairment resulting from drug or alcohol use or other disabling psychiatric, neurocognitive or physical condition, or who exhibit disruptive behavior that poses a threat to patient safety, acceptable professional functioning, teamwork or workplace morale. The policy also describes the role of the Committee in educating the Medical Staff about issues related to impairment caused by drug or alcohol use and other psychiatric, neurocognitive or physical conditions and disruptive behavior, and facilitating referral of impaired health professionals.

II. DEFINITIONS

Impaired Medical Staff Member: a Medical Staff member who is suffering from a disabling psychiatric, neurocognitive or physical condition, or who exhibits disruptive behavior that affects his/her ability, or the healthcare team's, to render acceptable and safe patient care. The impairment may be related to either a psychiatric or physical condition or both, and includes, but is not limited to, members under emotional distress, and those under the influence of alcohol or other psychoactive substances. The impairment may also result from disruptive behavior, defined as personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care.

Inappropriate behavior: conduct that is unwarranted and is reasonably interpreted by a reasonably prudent person under similar circumstances to be demeaning or offensive. Persistent, repeated inappropriate behavior will be subject to treatment as "disruptive behavior."

Disruptive behavior: any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety likely would be compromised. It does not include reasonable behavior by the physician in the context of a care environment that has become unsettled by the behavior of a patient, a resident, or an individual served. (Refer to the AMA Code of Conduct for more detailed descriptions of appropriate, inappropriate and disruptive behavior). Criticism that is offered appropriately and in good faith with the aim of improving patient care should not be construed as disruptive behavior.

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III. POLICY

It is the policy of the Medical Staff to identify impaired and disruptive Medical Staff members, facilitate treatment and rehabilitation, and monitor their activities while assuring the safety of patients. The process is designed to provide assistance and rehabilitation rather than discipline to aid a medical staff member in retaining acceptable professional functioning, consistent with protection of patients. In the case of disruptive behaviors, the policy of the Medical Staff is to facilitate tiered, non-confrontational interventions whenever possible, with the focus on restoring trust, placing accountability on and rehabilitating the referred medical staff member.

III. PROCEDURE

A. Reporting of Possible Impairment

1. Self-Reporting

When a Medical Staff member decides to self-report his/her impairment or an incident involving impairment, e.g., an arrest for driving under the influence (DUI), they may refer themselves to the Committee, Chief Medical Officer, Department Chair, or Training Program Director (for residents and fellows).

2. Third-Party Reporting

a. Any person may report their suspicion that a Medical Staff member has an impairment problem to the Committee, Chief Medical Officer, appropriate Department Chair or appropriate Training Program Director (for residents).

b. If an observer suspects that a Medical Staff member may be practicing in an impaired state, which may reasonably be thought to pose a possible risk to patients, the following procedure will be followed:

i. Observer will notify supervisor or department head.

ii. Supervisor or department head will assess whether there is imminent danger to patients. The supervisor will call the Chief Medical Officer or, after business hours, the Medical Officer of the Day (MOD).

iii. The Chief Medical Officer or physician-designee will come to the unit and will meet in a private location with the

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member who is suspected of being impaired and will determine if the allegation as outlined in C. below. Additional appropriate consultation may be requested as required.

B. Reporting of Disruptive Behavior

1. Reports of disruptive behavior may be made to the Chief Medical Officer through incident reports, patient complaints, and other communication processes. A log of reports is maintained in Medical and Regulatory Affairs and is reviewed monthly at the Peer Review Committee. The Peer Review Committee will decide which of those reports will be referred to the Medical Staff Well-Being Committee.
2. Complaints about a member of the Medical Staff alleging disruptive behavior should be in writing, signed and directed to the Chief Medical Officer or Medical Staff Well-Being Committee chair, and include to the extent feasible the date(s), time(s) and location of the disruptive behavior; a factual description of the behavior, the circumstances that precipitated the incident, and the consequences, if any, of the behavior; the name and medical record number of any patient or patient's family member who was involved in or witnessed the incident; the names of other witnesses to the incident; and any action taken to intervene in, or remedy, the incident, including the names of those intervening.

C. When a member is suspected of impairment or disruptive behavior, the matter will be referred to the Committee or Chief Medical Officer, where a confidential process will occur that will attempt to validate whether the Medical Staff member has an impairment problem. This will typically involve an initial meeting with at least two members of the Committee who will undertake a "triage assessment" that may require the collection of external data or information, including drug testing. During this process, they will discuss with the member several likely possible outcomes. These may include:

1. the need for urgent medical assistance and possibly inpatient care,
2. confirmation of current care and treatment
3. organization of formal external independent medical assessments, or
4. no further action, if appropriate.

Monitoring processes will be considered.

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- D. "For-cause" toxicology screening
1. If the Committee representative, Chief Medical Officer, or designee suspect the member is currently under the influence of alcohol or psychoactive substances while at work, the member may be asked to submit to an immediate for-cause toxicology screen. The extent and details of the specific drug screening requested will be decided by the individual who orders the for-cause testing.
 2. The member has the option to decline to participate in the screen, but the Chief Medical Officer or Chief of Staff is empowered to summarily suspend the member in this event.
 3. For-cause testing will be undertaken confidentially through the UC Davis Health Department of Pathology department unless the staff member objects to this, in which case it will be undertaken at the cost of the staff member by an external pathology contractor who will be called to UC Davis Health for this purpose. While awaiting the for-cause testing the member must be accompanied at all times by the Committee representative, Chief Medical Officer or designee, who will, as much as is reasonably possible, ensure that protocols for a proper Chain of Custody occur during the testing.
 4. If the toxicology screen is positive for the presence of alcohol or psychoactive substances, the member will likely be immediately suspended from the Medical Staff, and the department chair will be notified. The Chief Medical Officer, Committee chair, department chair, and member (if possible) will develop a plan acceptable to the Medical Staff for further assessment and treatment. Arrangements will be made to ensure that the member thought to be impaired by drugs or alcohol will be escorted by a colleague, friend or family member to a treatment facility or to home.
- E. Treatment, monitoring and intervention
1. If it is determined that a Medical Staff member may have an impairment problem, such individual will be referred to the Committee. The Committee chair or designee will work with the Medical Staff member to coordinate evaluation and treatment, or intervention in the case of disruptive behavior.

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2. A monitoring agreement (templates are attached for four types of agreement – psychiatric, substance related, neurocognitive and disruptive behavior) will be drafted to address the individual circumstances and needs of the impaired Medical Staff member and specify the conditions under which he/she can return to patient care activities. The monitoring agreement will be signed by the monitored Medical Staff member, the case manager, the Committee chair, the Chief Medical Officer, the department chair or training program director, and the workplace monitor, as appropriate.
3. The roles of the case manager and workplace monitor-will be described in the monitoring agreement. The case manager will monitor compliance with all aspects of the monitoring agreement and the will notify the Committee chair or the Chief Medical Officer immediately if the monitored individual is impaired or unable to provide safe patient care.
4. Monitoring agreements will be tracked by the Committee. The Chair of the Committee is responsible for receiving information from any case managers or treating providers who are working with monitored medical staff members, and who are identified in the individual agreements as needing to send regular reports. The Chair will ensure that reports are received at agreed intervals and will personally follow up any providers who have not sent in reports in the agreed timeframe. The Chair will report any monitored members whose monitoring has been problematic to the next monthly committee meeting for discussion.
5. All monitored Medical Staff members will be discussed at the Committee at least every six months. A list of review dates for these discussions will be held by the Committee administrative staff. At these meetings a full review of progress will be undertaken, and any suggestions for alterations in possible monitoring agreements aired and discussed.
6. It is assumed that the majority of agreements will be undertaken for at least as long as originally planned, and usually for at least three years in the case of medical staff members with alcohol or substance abuse/dependence related problems, or who have exhibited disruptive behavior. It is accepted that agreements will need to be changed over time, but potential changes need to be agreed by the Committee before they are confirmed with the monitored medical staff. Requests for such changes to the monitoring agreement can be brought to any Committee meeting by either the Chair, on behalf of the monitored member, or by any committee member.

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7. Compliance with the requirements of the monitoring agreement will be taken into consideration when the Medical Staff considers a privileging decision on an impaired member.
 8. In cases of disruptive behavior, the Medical Staff member subject of the complaint shall be provided a copy of this policy, the Medical Staff Bylaws, and a copy of the complaint in a timely fashion. The Medical Staff member will be notified that attempts to confront, intimidate, or otherwise retaliate against the complainant is a violation of University policies and procedures and may result in additional corrective action against the Medical Staff member. The subject medical staff member will be provided an opportunity to respond in writing to the complaint.
 9. The Chair of the Committee and another committee member will discuss the matter with the referred Medical Staff member and emphasize that the behavior is inappropriate and must cease. The referred Medical Staff member may be asked to apologize to the complainant. The approach during this initial intervention should be collegial and helpful, while impressing on the referred Medical Staff member the need to take definitive action to address the problem.
 10. If the Committee determines the referred Medical Staff member has demonstrated persistent, repeated inappropriate behavior, or engaged in a single, egregious event, a letter of admonition will be sent to the referred Medical Staff member, and, as appropriate, a Rehabilitation Action Plan will be developed by the Committee. A monitoring agreement will be developed. The Committee will seek advice on specific details of this agreement on an individual basis from the Chief Medical Officer and UC Davis Health legal experts. Implementation of the monitoring agreement will occur in the same manner as for other monitoring agreements managed by the Committee, with reports at least six months to the full Committee.
 11. If inappropriate or disruptive behavior recurs during the time that the monitoring agreement is in place, the matter will be reported to the Chief Medical Officer for possible initiation of corrective action as outlined in the Bylaws of the Medical Staff.
- F. In circumstances when an individual suspected of suffering from impairment refuses to voluntarily cooperate with efforts to validate the impairment or enter into a monitoring agreement with the Committee, the matter will be reported to

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the Chief Medical Officer for possible initiation of corrective action as outlined in the Bylaws of the Medical Staff.

- G. If a formal investigation of a physician's ability to practice his/her profession safely is undertaken on direction of the Medical Staff Executive Committee, the matter may require the Medical Staff to make a report to the Medical Board of California or the appropriate licensing board, as described in Sections 805 and 805.01 of the Business and Professions Code.
- H. Confidentiality will be maintained in all discussions and with all documentation and records regarding impaired Medical Staff members.
- I. All reasonable efforts will be made to enable impaired Medical Staff members to return to safe clinical practice.

IV. MEDICAL STAFF WELL-BEING COMMITTEE

The educational role of the Medical Staff Well-Being Committee is to:

- A. Educate the Medical Staff and other members of the organization about disruptive behavior, illness and recognition of signs of possible impairment.
- B. Enhance the safety of patients, Medical Staff, trainees, and other UC Davis Health employees.

References: AMA Model Medical Staff Code of Conduct
AMA Opinion 9.045, Physicians with Disruptive Behavior
UC Davis Health Medical Staff Policy #121, Peer Review