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APPROVALS:

Well Being Committee: 03/11; 01/12; 03/12; 11/12 (Chair Review); 11/13 (Chair Review); 10/14; 11/15(Chair Review)

MEC: 10/04; 09/05; 12/07; 03/11; 02/12; 04/12; 12/12; 12/13; 10/14; 12/15

Board: 10/04; 09/05; Q07-4; 3/11; 02/12; 04/12; 12/12; 12/13; 11/14; 01/16

Scope: Medical Center Foundation

Well-Being Policy
[Medical Staff, AHP Staff,
Trainee Staff]

I. PURPOSE / BACKGROUND

To promote the health and well-being of Medical Staff members, Allied Health Professional staff and Trainee Staff (collectively, “practitioners”) at City of Hope National Medical Center (“COHNMC” or “Hospital”) and to encourage them to seek professional assistance early for any issues that may impact their lives, both professionally and personally. These issues may include medical illness, chemical dependence, sexual addiction, or physical, mental and/or emotional impairment (including issues related to aging and retirement), which affects, or has the potential to affect, patient care. It also includes hostile or disruptive behavior that could affect the safety or efficiency of the work environment. An individual experiencing any of these issues is often referred to as an impaired practitioner.

The Well-Being Committee (WBC) is a confidential, medical peer review committee that acts as an advisory body to the Medical Executive Committee (MEC). WBC also serves as a resource for Graduate Medical Education (GME) with respect to well-being concerns and issues involving Trainee Staff. WBC is committed to identifying potentially impaired practitioners at the earliest opportunity and supporting a return to safe clinical practice whenever possible.

II. POLICY

A. Goals of the Well-Being Committee. The goals of the WBC are to:

1. Serve as an **education resource** for members of the Medical Staff and other licensed independent practitioners at this Hospital regarding illness and impairment recognition.
2. Provide an informal, **confidential access point** for individuals who voluntarily seek counsel and assistance.
3. Provide a **source of expertise** in the identification of health factors underlying a clinical performance concern.
4. **Link an individual needing assistance to appropriate professional resources** for diagnosis and treatment of the condition or concern.
5. **Promoting patient safety by monitoring the progress** of the individual receiving assistance until the rehabilitation process is complete.
6. **Providing the MEC with a quarterly report of its actions** (See *Attachment A*), and a quarterly report to the GME Committee (GMEC) if actions are taken with respect to a member of the Trainee Staff;
7. Maintain the **confidentiality** of the individual seeking assistance, except as limited by law, ethical obligation or when the health and safety of a patient is threatened.

- B. Assurance of Patient Safety. Patient safety is paramount. While the WBC serves as an advocate for the practitioner, patient safety will remain the first priority.
- C. Process for Reporting a Concern. Where there is concern that an individual may be an impaired practitioner, that concern is to be communicated to the practitioner's supervisor (Department Chair or Division Chief, and in the case of Trainee Staff, to the Training Program Director, and Director of GME & Clinical Training) or to the Medical Staff President or Designated Institutional Official (DIO) in the case of Trainee Staff. However, when the concern involves a Department Chair or Division Chief, then the concern must be shared directly with the Medical Staff President.
1. The supervisor (or Medical Staff President or DIO, as applicable) shall then contact the WBC Chair to advise of the concern and to join him/her in a meeting with the practitioner. [*See Section III: Procedure, Section III-B-1: Notification; Initial Inquiry; (Potential) Referral to WBC*].
- D. Inquiry, Evaluation and Referral by the WBC. Once a concern is reported, the WBC is responsible for seeking additional information and corroboration and assessing all information received. During these efforts, the practitioner's cooperation will be requested and is expected. If the concern is substantiated, the WBC will devise a course of action, including referral of the practitioner to appropriate professional resources for diagnosis, treatment, and will monitor the fulfillment of the prescribed treatment plan. [*See Section III: Procedure, Section III- B-2: WBC Inquiry; Evaluation of Information; Referral for Treatment as Appropriate*].
1. Modification of Practitioner's Duties. The duties of the practitioner may be modified by his/her supervisor (or Medical Staff president or DIO, as appropriate) during the time the practitioner is being evaluated by, or otherwise under the monitoring of, the WBC.
 2. Leave of Absence Requested. If the WBC concludes that modification of duties is insufficient to protect patient interest, the practitioner will be asked to take a voluntary leave of absence.
- E. Strict Confidentiality Observed. The WBC maintains strict confidentiality with respect to the information it receives from sources, interviews, and outside evaluators. It will release such information to identified third parties only with the express agreement of the affected practitioner or as needed to carry out Medical Staff duties or as required by law.
1. The WBC shall maintain the confidentiality of its source(s) of information.
 2. All records regarding the practitioner will be maintained by the WBC in a secure locked file cabinet within the Medical Staff Services Department, and kept separately from that Department's general records. Records shall only be accessible by the WBC Chair.
- F. WBC Recommendations. The WBC shall report directly to the Medical Staff President, in the case of Trainee Staff the DIO, on the status of cases, including when an evaluation is complete, and the WBC's recommendations. The practitioner's supervisor will also be advised of the WBC's recommendations for the purpose of determining whether the practitioner's duties must remain under modification in order to assure safe clinical practice. [*See Section III: Procedure, Section III-B-7: WBC Reporting Responsibilities: Periodic Reports to Medical Staff President and Quarterly Reports to MEC*].
- G. WBC Monitoring During Treatment. The WBC will initiate a signed Monitoring Agreement with the practitioner that specifies WBC expectations for treatment, a monitoring plan and the criteria for completion thereof. [*See Article III: Procedure, Section B-3: Written Monitoring Agreement - Terms*].
- H. Duration of WBC Monitoring. A practitioner referred to the WBC will remain in active treatment for the period of time specified in the Monitoring Agreement. If the WBC determines

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<p>Individual with a Concern</p> <p>Supervisor of Practitioner (or Medical Staff President, as applicable)</p>	<p>Staff Dues Account. A maximum of three (3) one hour sessions are reimbursable from the COH Medical Staff Dues Account (at a maximum reimbursement rate of \$150 per session). The request, and any accompanying bills submitted for payment, will be redacted by the WBC Chair so as not to identify the practitioner who sought assistance.</p> <p>B. PROCESS IN THE EVENT OF A CONCERN OF AN IMPAIRED PRACTITIONER</p> <p>1. Notification; Initial Inquiry; (Potential) Referral to WBC</p> <p>a. Contact the practitioner’s supervisor (Department Chair or Division Chief and, in the case of Trainee Staff, the Training Program Director) or the Medical Staff President or the DIO, to advise of the concern. If the practitioner of concern is a Department Chair or a Division Chief, express concern directly to the Medical Staff President.</p> <p>b. Arrange a face-to-face meeting with the practitioner to discuss the concern without revealing the name of the person(s) expressing concern. Include the WBC Chair.</p> <p>(1) Meet in a private setting conducive to maintaining the confidentiality of the discussion.</p> <p>(2) If the concern is substantiated, consider whether a modification of the practitioner’s duties is necessary and make a formal referral of the practitioner to the WBC.</p> <p>(a) This referral must be written, marked “confidential”, and directed to the practitioner (with reference to a modification of duties, as applicable). Provide a copy of the referral to the WBC Chair in an envelope marked “confidential”, and a copy to the attention of the Director of the Medical Staff Services Department (MSSD), also in an envelope marked “confidential”, if the practitioner is a Medical Staff or AHP staff member, to be placed in the practitioner’s secured credentials file. If the practitioner is a Trainee staff member, then a copy of the referral, in an envelope marked “confidential”, should be directed to the Graduate Medical Education (GME) Office to the Trainee’s file.</p> <p>(b) Contact the WBC Chair to confirm receipt of the referral and request e-mail confirmation from the WBC Chair when the practitioner makes contact.</p>
<p>WBC Chair</p>	<p>c. Send an e-mail marked “confidential” to the referring individual (practitioner’s supervisor, the Medical Staff President, or the DIO) to confirm contact made by the practitioner, and “cc” the MSSD Director or the GME &</p>

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WBC	<p>Clinical Training Director, as applicable, who will place the e-mail in the practitioner’s confidential file.</p> <p>2. WBC Inquiry; Evaluation of Information; Referral for Treatment as Appropriate</p> <p>a. At least 2 WBC members will meet with the practitioner to provide a copy of this policy and to review the WBC process. Request the practitioner’s cooperation.</p> <p>b. Seek additional information and corroboration. Limit the inquiry to the event(s) at issue. WBC activities may include evaluation of written reports; interviews of hospital employees, professional associates, and office colleagues; and chart review of records at this or other hospitals for the purpose of identifying impairment rather than assessing quality of care. Evaluate all information received.</p> <p>c. Invite the practitioner to meet with the entire WBC Committee or, a minimum of two WBC members, to discuss the findings from the inquiry.</p>
WBC	<p>d. At the conclusion of this meeting, if questions remain - including whether the practitioner can safely practice at the Hospital - seek appropriate expert opinion within or outside the Hospital.</p> <p>(1) The WBC may ask the practitioner to submit to an independent mental and/or physical evaluation, including without limitation, testing for the presence of alcohol or controlled substances. The Medical Staff Dues Account will pay for this initial testing/evaluation for Medical Staff and AHP Members only. The GME Office will pay for this initial testing/evaluation for Trainee Staff.</p> <p>(2) The WBC will provide the practitioner with a list of acceptable professionals to perform the testing/evaluation.</p> <p>(3) The WBC will ask the practitioner to sign a form authorizing disclosure of the results of the independent evaluation to the WBC. The report should address the diagnoses, prognosis and treatment program recommendations.</p> <p>(4) The practitioner may be asked to take a voluntary leave of absence from clinical responsibilities during the period of evaluation and/or, until completion of treatment. The leave of absence may be extended as necessary to support a return to safe clinical duties whenever possible.</p>
WBC	<p>e. Following its receipt and review of the independent evaluation, the WBC will initiate a written Monitoring</p>

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WBC

Agreement that specifies WBC expectations for treatment, a monitoring plan and the criteria for completion thereof.

- (1) A practitioner who suffers from chemical dependence will be referred to the treatment program of the practitioner’s choice as approved by the WBC.
- (2) A practitioner who suffers from depression, stress, or emotional distress, or engages in hostile or disruptive behavior will be referred for counseling or other form of assistance (e.g., anger or stress management, support groups) as appropriate and as approved by the WBC.

3. Written Monitoring Agreement – Terms

- a. The WBC will draft a binding, written Monitoring Agreement tailored to the circumstances for the practitioner’s signature. Terms of the Monitoring Agreement may include:
 - (1) To submit a formal request for leave of absence (or extension thereof) to the MSSD (for Medical Staff or AHP Staff) or to the GME Office (for Trainee Staff).
 - (2) To participate in an ongoing treatment program. Specific terms, such as securing medical treatment or psychiatric counseling or regular attendance of meetings conducted by recovery groups (e.g., Alcoholics Anonymous) will be defined in the Monitoring Agreement.
 - (3) To abstain from the use of any drugs or alcohol.
 - (4) To voluntarily submit to periodic, random testing of body fluids as required by the treatment program or the WBC.
 - (5) To sign authorization(s) permitting the release of relevant documentation (including periodic status reports) from the treatment program(s) to the WBC.
 - (6) To authorize communication of relevant information between the WBC and any treating professionals, recovery support network and/or persons responsible for verifying compliance with the terms of the Monitoring Agreement
 - (7) To consistently cooperate with his/her supervisor concerning modification of responsibilities in order to assure safe practice.
 - (8) To provide the WBC with a signed, written report from the professional(s) from whom the practitioner has received treatment, to certify that the practitioner is physically and mentally capable of resuming practice at the Hospital and of exercising the clinical

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	<p>privileges requested (“professional clearance”).</p> <p>(9) When indicated as based upon the severity and duration of the chemical dependence, mental and/or physical impairment, in the case of Medical Staff and Allied Health Professional Staff some additional proctoring of privileges may be required by the practitioner’s supervisor.</p> <p>(10) To participate in further monitoring for a stated duration as determined by the WBC.</p> <p>(11) To meet regularly (at least quarterly) with a monitor appointed by the WBC during the duration of the Monitoring Agreement or any extension thereof.</p> <p>(12) To acknowledge in writing that a failure to comply with any of the terms of the Monitoring Agreement shall result in immediate notification to the Medical Staff President and, where the involved practitioner is a Medical Staff or AHP Staff Member, a referral to the Medical Executive Committee (MEC) for potential corrective action. If the involved practitioner is a Trainee Staff Member, a referral to the Graduate Medical Education Committee (GMEC) for action is appropriate.</p> <p>4. Consequences of Lack of Cooperation with WBC (This section applicable to Medical Staff & AHP Staff Members)</p>
<p>WCB Chair</p> <p>Medical Staff President (or designee)</p>	<p>a. If the practitioner is a Medical Staff or AHP Member and fails to cooperate with the WBC or comply with the terms of the Monitoring Agreement, the WBC chair(s) shall notify the Medical Staff President.</p> <p>b. Refer the matter to the MEC for consideration as to the propriety of initiating a formal investigation with the possibility of corrective action.</p> <p>(1) The MEC will not ask the WBC, and the WBC will not provide, the confidential information gathered during the WBC’s inquiry or during the Monitoring Agreement.</p> <p>(2) The WBC will be asked to indicate what action may be necessary to protect patients. Other facts will be obtained by the MEC independently to preserve the integrity of the WBC’s promise of confidentiality.</p>
<p>MEC</p> <p>Medical Staff President and</p>	<p>5. Hospital and Medical Staff Reporting Responsibilities (This subsection applicable to Medical Staff Members)</p> <p>a. If corrective action is recommended by the MEC for a medical disciplinary cause or reason, a report to the Medical Board of California under Business &</p>

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Hospital’s Chief Medical Officer or authorized designees	<p>Professions Code Section 805 (“805 Report”) and to the National Practitioner Data Bank is required by law to be submitted at the appropriate time. [See <i>City of Hope Medical Staff Bylaws, Section 8.3.12</i>].</p>
WBC Chair	<p>7. WBC Reporting Responsibilities: Periodic Reports to Medical Staff President and Quarterly Reports to MEC re Medical Staff, AHP Staff , Trainee Staff Members:</p>
WBC	<p>a. Provide updates on referrals to the WBC to the Medical Staff President, or in the case of Trainee Staff the DIO, including the date a referred practitioner’s evaluation is complete along with the recommendations of the WBC.</p>
Medical Staff President on behalf of MEC	<p>b. On a quarterly basis, issue a report of activities to the MEC, or in the case of Trainee Staff the GMEC, without identifying individuals, by utilizing the MEC-approved form referenced as <i>Attachment A</i> to this policy.</p> <p>c. Periodically reference the MEC’s, or GMEC’s, receipt of quarterly reports from the WBC to the Governing Body of the Hospital.</p>
WBC Chair	<p>8. WBC Report to GMEC re Trainee Staff</p> <p>If the practitioner referred to the WBC is a member of the Trainee Staff, the WBC will issue a quarterly report to the Graduate Medical Education Committee (GMEC) in addition to the MEC.</p>

CROSS REFERENCE:

- Medical Staff Bylaws, Definitions, [Allied Health Professional; Medical Staff]
- Medical Staff Bylaws, Section 12.10 [Well-Being Committee]
- Medical Staff Bylaws, Section 6.3 [Medical Examinations]
- Medical Staff Bylaws, Section 6.8 [Leave of Absence]
- Medical Staff Bylaws, Section 4.14 [Trainee Staff]
- Medical Staff Rules & Regulations, Section 25.0 [Professional Code of Conduct and Ethical Obligations]
- Medical Staff Rules & Regulations, Section 33.0 [Recognized Categories of Allied Health Professional Staff]

RELATED POLICIES:

- Medical Staff Policy: Professional Conduct – Behavior Standards
- Medical Staff Policy: Professional Conduct – Clinical Practice Expectations
- Medical Staff Policy: Leave of Absence, Requests for
- City of Hope Administrative Policy: Disruptive Behavior

ATTACHMENTS:

- Attachment A: [Approved Form] Well-Being Committee Quarterly Report to Medical Executive Committee

APPENDIX ONE

- Terms and Definitions Applicable to this Policy

Author: Director, Medical Staff Services Department

Sponsor: Vice President, Enterprise Quality and Patient Safety

Appendix One
Terms and Definitions Applicable to this Policy

- **Impaired Practitioner** - The California Medical Association (CMA) defines an impaired practitioner as one who is unable, or potentially unable, to practice with reasonable skill and safety to patients because of physical or mental illness, including but not limited to: chemical dependence, emotional distress, stress, deterioration through the aging process or loss of motor skills, and disruptive behavior.

- **Chemical Dependence** - Engaging in excessive use or abuse of alcohol or drugs including dependence on mood-altering substances such as cocaine, opiates, and depressants.

- **Disruptive Behavior** - A pattern of inappropriate verbal or physical aggression with patients or staff that disrupts the normal functioning of the hospital and presents real and potential danger to the care of patients, or a single incident of egregious conduct that poses a real danger to patients or staff or violates the law and/or Hospital policy. Examples of disruptive behavior include, but are not limited to: disrespect, hostility, intimidation, uncontrolled temper (yelling, condescending speech, throwing instruments), foul and/or abusive language, belittlement (criticizing staff in an unprofessional manner in front of others) and sexual harassment. See also, the Medical Staff's *Professional Conduct-Behavior Standards Policy* which references additional examples of Disruptive or Unprofessional Behavior.

Attachment A

**CITY OF HOPE NATIONAL MEDICAL CENTER
WELL-BEING COMMITTEE QUARTERLY REPORT**

[PRIVILEGED AND CONFIDENTIAL PEER REVIEW COMMITTEE COMMUNICATION]

TO: Medical Executive Committee (MEC)
FROM: Well-Being Committee (WBC)
RE: Well-Being Committee Quarterly Report
DATE: [Insert]

There were _____ referrals and/or applications received by the Well-Being Committee during this quarter. The Committee's last meeting took place on _____.

Type of Referral

- ___ Self
- ___ New Applicant (Credentials Committee)
- ___ MS President/Division Chair
- ___ Other

- ___ Practitioner Health
- ___ Psychiatric/Behavioral Related
- ___ Chemical Use/Abuse

Currently, there are a total of _____ practitioners in the well-being program.

The Committee has conducted _____ meetings in follow-up with practitioners currently in the program.

There has been _____ practitioner(s) released from further monitoring, having successfully completed the prescribed program.

There have been _____ practitioner(s) who have failed to comply with the requirements of the prescribed program. In such cases, the appropriate Medical Staff leadership has been informed and, as deemed appropriate, other action(s) taken.

Respectfully submitted,

[Insert Name]
Chair, Well-Being Committee