Name of Policy: <u>Acutely impaired practitioners</u>	THE UNIVERSITY OF TOLEDO
Policy Number : 3364-87-21	
Approving Officer: Chief of Staff	Effective Date : 09/01/2023
Responsible Agent: Chief Medical Officer	Initial Effective Date: 12/10/03
Scope: All University of Toledo Campuses	
New policy proposal Minor/techni	cal revision of existing policy
Major revision of existing policy X Reaffirmation	n of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center and its medical staff that the following intervention procedure will be used when a member of the medical staff or a practitioner with privileges is alleged to be acutely impaired. "Acutely Impaired" is defined as demonstrating strong indication of impairment through speech, movement, and/or judgment. Acute impairment may be derived from substance abuse/dependence, physiological, emotional, or psychological difficulty and may be evidenced by a variety of behaviors or other observations not limited to a single event or episode.

(B) Purpose of policy

To both protect patients and provide medical staff members and practitioners with privileges in significant distress a chance for recovery.

(C) Scope

All UTMC Medical Staff Members and practitioners with privileges at UTMC (for purposes of this policy, collectively "Practitioner(s)").

- (D) Procedure
 - (1) When a medical staff member, hospital personnel, a patient or patient's family, or other concerned observer perceives that a Practitioner appears acutely impaired they should immediately notify the Chief Medical Officer, Chief of Staff or hospital administrator on call.
 - (2) The Chief Medical Officer, Chief of Staff, or hospital administrator on call will evaluate the situation and determine if intervention is warranted. If intervention is appropriate, the Chief Medical Officer, Chief of Staff or hospital administrator on-call will contact a medical staff officer who will be requested to come to UTMC immediately. The appropriate order of contact is Chief of Staff, Vice Chief of Staff, and Secretary/Treasurer. The medical staff officer will further review and authorize the implementation of this policy and at any time may discontinue the process at his/her discretion.

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- (3) The Practitioner in question will be informed of this medical staff policy and procedure by the Chief Medical Officer, the medical staff officer or their designee. The Practitioner will be requested to report immediately to the Emergency Department (ED) for an appropriate medical work-up by the ED attending physician. The work-up may include a urine drug screen and blood alcohol level test both of which will follow the chain of custody procedure used when testing a UTMC employee. The ED charge nurse and attending physician will be contacted in advance of the Practitioner's arrival in the ED in order to secure the most medically-appropriate and confidential place available for the exam. The Practitioner will be registered under an alias with a mock chief complaint. The charge nurse will be the only nurse involved in the care of the Practitioner.
- (4) Upon arrival, the medical staff officer will meet with the Practitioner in question in the ED and review the ED evaluation as soon as it is available. If the urine drug screen and/or blood alcohol level test are positive and clinically correlated, or if it is negative and the medical staff officer determines that the Practitioner is psychiatrically and/or physically impaired, Summary Suspension will result. All information will be provided immediately to the Impaired Practitioner Advisory Group who shall function as the ad hoc committee described in the Impaired Licensed Independent Practitioner policy – 3364-87-16, including referrals to appropriate resources to assist the Practitioner as needed.
- (5) If the Practitioner refuses to participate in this process or the course of action determined by the medical staff officer, Summary Suspension (per the Medical Staff Bylaws) will result and the Impaired Practitioner Advisory Group will function as the ad hoc committee as described in the Impaired Licensed Independent Practitioner policy and report directly to the MEC.

/s/	09/06/2023	Review/Revision Date: 12/10/03 08/09/06
Puneet Sindhwani, M.D.	Date	07/21/09
Chief of Staff	Dute	08/22/12
		7/1/2016
/s/	09/06/2023	8/27/2019
Michael W. Ellis, M.D.	Date	1/10/23
Chief Medical Officer		
		Next review date: 9/1/2026
Review/Revision Completed by:		
Medical Executive Committee		
Office of Legal Affairs – HSC		
Policies Superseded by This Policy:		