

Institutional Handbook of Operating Procedures Policy 08.01.07	
Section: Medical Staff	Responsible Vice President: SVP, Chief Medical & Clinical Innovation Officer
Subject: Medical Staff Health Policy	Responsible Entity: Health System, Medical Staff Executive Committee (MSEC), Medical Staff Services Department

### I. Title

Medical Staff Health Policy

### II. Policy

The University of Texas Medical Branch ("UTMB") is committed to providing safe, quality care, which can be compromised if a Medical Staff member is suffering from a Health Issue that is not appropriately addressed. UTMB is also committed to assisting Medical Staff members in addressing Health Issues so they may practice safely and competently.

This Policy outlines the process that will be used to evaluate and collegially resolve concerns that a Medical Staff member may have a Health Issue. A flowchart that outlines the review process described in this Policy is set forth in Appendix A.

The procedures in this Policy are only applicable to Medical Staff members and are not applicable to Allied Health Professionals. Health Issues involving Allied Health Professionals will be reviewed through UTMB's Employee Assistance Program ("EAP").

### III. Procedures

As outlined in the Medical Staff Organizational Manual, the Physician Health & Rehabilitation Committee shall meet as often as necessary to perform its duties and shall maintain a permanent record of its findings, proceedings, and actions. The Physician Health & Rehabilitation Committee should provide reports as described in the Medical Staff Health Policy.

### IV. Definitions

<u>Administrative Team</u>: the UTMB President, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, or any Administrator on call.

Employed Medical Staff Member: means a Medical Staff member who is employed by an Employer.

Employer: UTMB or a UTMB-related entity that:

- (1) has a formal peer review process and an established peer review committee; and
- (2) is subject to the same information sharing policy as UTMB, or has information sharing provisions in a professional services contract or in a separate information sharing agreement with UTMB.

<u>Health Issue</u>: any physical, mental, or emotional condition that could adversely affect a Medical Staff member's ability to practice safely and competently. Examples of Health Issues are included at MSHM-1 in the Medical Staff Health Manual.

<u>Medical Staff</u>: all physicians, dentists, and podiatrists who are credentialed through the Medical Staff and designated as members of the Medical Staff by the UTMB President.

Medical Staff Leader: any Medical Staff Officer, Department Chair, Division Chief, or committee chair.

### V. Relevant Federal and State Statutes

Texas Occupations Code Chap. 160
Texas Occupations Code Chap. 167

### VI. Relevant System Policies and Procedures

UTS 102 Drugs and Alcohol Policy

### VII. Additional References

UTMB Health - Medical Staff Bylaws November 2023

UTMB Health - Medical Staff Organization Manual November 2023

UTMB - Medical Staff Health Policy November 2023

UTMB - Medical Staff Health Manual November 2023

### VIII. Dates Approved or Amended

Include origination date, dates of major or minor revisions and dates reviewed without changes.

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Originated: 04/01/98	
Reviewed with Changes	Reviewed without Changes
06/23/00	
12/17/2024	

### IX. Contact Information

Medical Staff Services Department (409) 772-5281

### UTMB HEALTH

# Appendix A: Review Process for Health Issues Involving Medical Staff Members

## Immediate Threat Exists

(e.g., Medical Staff member appears confused while rounding or smells of alcohol while preparing for surgery)

- A Medical Staff Officer, another Medical Staff Leader, or CMO speaks with Medical Staff member and assesses situation to determine if it presents an immediate threat to patient care or to the safety of patients, the Medical Staff member, or others. If concerns exist, coordinate next steps with CMO or another member of the Administrative team. Employer of Medical Staff member may be notified, if applicable (see Note 1).
- . Take following steps, as necessary:
- A. Two individuals (see Note 2) arrange for appropriate testing (for example, blood or urine) with an automatic relinquishment of Medical Staff member's clinical privileges if Medical Staff member refuses to cooperate, pending review by the Physician Health & Rehabilitation (PH&R) Committee; and/or
- B. Take other action necessary to protect patients, the Medical Staff member, and others (e.g., establish conditions of continued practice; request agreement to voluntarily refrain; precautionary suspension)
- Once immediate threat addressed, refer for log-in, followup, and referral to PH&R Committee

Self-disclosure or reported concern regarding possible Health Issue

Yes

Does Immediate Threat Exist?

No

2. Tale A.

A.

B.

B.

Note 1: If the Medical Staff member involved is also employed by a UTMB Health-related entity, the PH&R Committee will consult win appropriate representatives of the employing entity and determine whether: (1) the review will be conducted by the Medical Staff per this Policy, with input and involvement of the employing entity; or (2) the review will be conducted by the employing entity, in which case the Medical Staff process will be held in abeyance pending the outcome of that review. In the latter situation, the PH&R Committee may decide at any time to

# Log-In, Follow-Up, and Referral to PH&R Committee

Medical Staff Office, in conjunction with CMO:

- Log in referral and create Confidential Health File (maintained separately from credentials/quality file)
- Follow up with individual who reported concern
- Notify Employer, if applicable (see Note 1)

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- Conduct additional fact-finding (e.g., interview witnesses and others, as appropriate)
- Refer to PH&R Committee

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Note 2: Testing must be approved by two Medical Staff Leaders OR one Medical Staff Leader and one member of Administration. However, if reasonable efforts are made but two such individuals cannot be contacted, one individual may authorize the testing.

# Physician Health & Rehabilitation Committee

- Include Department Chair, representative of Employer (see Note 1), subject matter expert (e.g., addictionologist, psychiatrist, neuropsychologist), and/or any other individual(s), if helpful in addressing issue
- Take the following steps (the order of these steps may vary depending on the circumstances, or they may be done concurrently):
- Meet with Medical Staff member
- B. Arrange for medical or psychiatric assessment if necessary
- C. Institute any necessary interim safeguards/ voluntary actions by Medical Staff member
- If appropriate, after consultation with Employer, refer to Employer to address (with a report back to PH&R Committee of final action taken by Employer) (see Note 1)
- Determine conditions of reinstatement/resumption of practice
- Refer to MEC for noncompliance

As needed, due to lack of cooperation or compliance (rarely necessary)

### MEC

Review under Medical Staff Credentials & Procedures Policy because individual refuses to cooperate with PH&R Committee or PH&R Committee otherwise determines MEC review is required

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also review the matter under this Policy