

## Department of Anesthesia

**Title:**

Clinical Impairment &/or Disability

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### **POLICY:**

The Department recognizes that impairment/disability may represent an illness and approaches this issue with several goals:

- To ensure the safety of both the impaired personnel and of our patients.
- To maintain the privacy and dignity of affected individual if at all possible.
- A Professional Impairment Committee (PIC) chaired by the Chair will manage the impairment/disability program and, where intervention appears necessary, will do so.

Note: Staff and residents are referred to the Bylaws of the MedStar Georgetown University Hospital and the House Staff Handbook. The department also adheres to Hospital HR Policy 210 "Substance Abuse Testing" and Policy 302 "Disciplinary Actions and Dismissal." Students (medical and nursing) should consult the policies of the School of Nursing and the School of Medicine for applicable passages.

### **PROCEDURES:**

In order to accomplish these objectives, the Department uses:

#### Professional Impairment Committee

Members are appointed by and report to the Chair of Anesthesia and are known to all department members. It is the function of this committee to identify individuals at risk and help guide their clinical re-entry after recovery. Upon re-entry, the committee endeavors to insure that the rehabilitated person is gracefully returned to the practice.

#### Heightened Awareness:

Members of PIC may receive reports of alleged impairment/disability through voluntary information from the following sources:

- Physicians, Nurse Anesthetist, and other members of the professional staff
- Spouse and family
- Hospital personnel
- Patients
- Other identified sources (anonymous information will not be accepted)

### **Detection:**

#### Inside the Department:

In the case that a member of the Department of Anesthesia is actually impaired/disabled while engaged in the performance of duties, the course of action will be as follows:

- Report immediately to the next superior, i.e., clinical director or Chair Department of Anesthesia.
- Relief from clinical duty regarding the member of the Anesthesia team who may be impaired/disabled.
- Replace the impaired/disabled member with another member of the Anesthesia team.
- Detain the impaired/disabled member of the Anesthesia team so that assistance may be provided and the PIC can determine if the person requires evaluation by a mental health professional.
- Describe all instances leading to allegations of impairment/disability in detail and submit in writing to the Chair, Department of Anesthesia.

#### Outside of the Department

The Department of Anesthesia will not provide Anesthesia services in conjunction with persons from other departments who may be impaired/disabled. If a member of the Anesthesia team suspects a member of the surgical, nursing, and/or other disciplines of impairment/disability:

- Report immediately to the responsible clinical director in Anesthesia.
- Report to Chair, Department of Anesthesia who will then report to respective department chair whose member may be impaired/disabled.
- Describe all instances leading to allegations of impairment/disability in detail and submit in writing to the Chair, Department of Anesthesia.

#### Intervention Process

The Chair, Department of Anesthesia and another PIC member will interview the impaired/disabled person. The PIC Chair will have authority to enforce the Department's policy. The other PIC members will primarily be in a supportive role.

The evidence for impairment will be presented with names and dates whenever possible. Because the individual is being asked to allow evaluation of a disability, not to be punished for a crime, the interviewers need not feel they should have to produce proof to the level of "beyond a reasonable doubt." The evidence need only be clear and convincing to the PIC members.

The options for evaluation or suspension of duty should next be presented. If evaluation is chosen, the cost should be presented and financial aid considered as appropriate. If the mental health professional who evaluates the person finds that treatment is necessary, the cost and financial aid of the treatment program will also be discussed. Throughout the interview with PIC, the impaired individual should be allowed to express him/herself. The interview will be structured to allow as much emotional support as possible. If the impaired person accepts evaluation, arrangements will be made to escort the individual to the evaluation location immediately.

#### Monitored Rehabilitation Program

The monitored rehabilitation program is administered by the Medical Society of the District of Columbia and will advise the PIC on an individual staff member's recovery program.

- At such time as the treating professional recommends the return of the impaired/disabled person to professional duties, the PIC Chair will delineate the professional responsibilities of the rehabilitated individual.

- The PIC chair will obtain progress reports from the treating professional at least monthly and will inform PIC members, concerning the progress of the re-entered individual.
- If, in the event that further impairment/disability develops, then the monitored program will possibly be re-instituted. However, recovered individuals should be made to understand that they will be judged by their actions and not their words. The committee will assist in the construction of the list. Deviation from acceptable behavior will be cause for immediate action.

Educational Programs:

An educational program dealing with topics relevant to impairment/disability and well-being will be presented annually to the new members of the Department of Anesthesia (residents and student nurse anesthetists). The topics will include physical and mental illness, aging, stress management, assertiveness training, substance abuse, and normal psychosocial behavior, and legal aspects.

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Russell T. Wall, MD  
Chief of Service, Anesthesia