



Rancho Los Amigos National Rehabilitation Center

MEDICAL STAFF POLICY AND PROCEDURE

SUBJECT: WELL BEING OF PRACTITIONERS COMMITTEE
GUIDELINES

Policy No.: MS 100
Supersedes: 2/24/10
Revision Date: 8/27/14
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I. COMMITTEE NAME

The committee will be known as the Well-being of Practitioners Committee.

II. AUTHORITY

The committee is authorized by the By Laws of the Professional Staff Association (PSA) as follows:

“The Committee shall recommend policies and procedures for recognizing practitioners who have problems with substance abuse and/or physical or mental illness which may impair their ability to practice safely and effectively, and for assisting such practitioners to obtain necessary rehabilitation services.

The Committee may receive reports related to the health, well-being, or impairment, including, but not limited to, substance abuse and physical or mental illness, of Association members and, as it deems appropriate, may investigate such reports and evaluate compliance by a practitioner with a mutually agreed monitoring agreement. These activities are separate from any attending staff corrective action functions. The Committee may, on a voluntary basis, provide such advice, counseling or referrals to Association members as may seem appropriate. Such activities shall be confidential; however, in the event that any information received by the Committee clearly demonstrates that the health or known impairment of an Association member may pose an unreasonable risk of harm to patients, that information may be referred to the Executive Committee for corrective action pursuant to Article VI.”

III. REPORTING

The committee should be advisory to the Medical Executive Committee and other appropriate medical staff committees as the Medical Executive Committee shall designate.

IV. MEETINGS

The committee should meet no less than quarterly, or as frequently as required to fulfill its charges in accordance with its policies and procedures.

V. CHARGES

The Committee for The Well-being of Practitioners is responsible for issues related to the health, well-being or impairment of PSA members, in order to maintain and improve the quality of care and assist staff members in the maintenance of appropriate standards of personal performance.

EFFECTIVE DATE: August 27, 2014

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Reviewed: 2/24/10, 8/27/14, 7/22/15, 6/22/16

It is to be noted that the role of the committee is advisory in nature, and not a substitute for a personal physician or a disciplinary body.

The Committee is specifically charged to:

- 1) Be the identified point within the medical center where information and concern about the health of an individual PSA member can be referred for consideration, or where a member of the PSA can consult or refer themselves for assistance in managing their own mental health or substance abuse issue.
- 2) Obtaining information on the credibility of the complaint allegation or concern: to seek corroboration or detail on the behavior or condition of the practitioner.
- 3) Insure that practitioner's confidentiality is maintained within the limits of patient safety.
- 4) Provide advice, recommendations and assistance, to the practitioner in question and to the referring source; Provide recommendations for treatment and/or education; provide assistance in obtaining what is recommended.
- 5) Monitor the compliance with and effectiveness of treatment program of practitioners.
- 6) Educate members of the PSA and hospital clinical staff about the existence of the committee and how to refer members, about indications and behaviors that might suggest a practitioner has a substance abuse or mental disorder problem, about the responsibilities of the PSA members to respond to concerns about a practitioner's health; and about appropriate resources for prevention, treatment and rehabilitation.
- 7) Maintain confidentiality of member seeking referral or referred for assistance except as limited by law, ethical obligation, or when safety of a patient is threatened.
- 8) The Committee shall recommend policies and procedures for recognizing practitioners who have problems with substance abuse and/or physical or mental illness or other situational factors which may impair their ability to practice safely and effectively, and for assisting such practitioners to obtain necessary rehabilitation services.

VI. COMMITTEE COMPOSITION

Members should be selected for specific expertise, experience and willingness to serve. An effort should be made to appoint members from several specialties.

The number of members should be five.

Each member should be formally appointed to the committee by the Medical Executive Committee.

The peer review protections, including the protection for the confidentiality of medical staff committee records and proceedings afforded by Evidence Code Section 1157, and Government Code Section 6254 regarding personal records, will apply to all duly appointed members of the committee.

Membership is restricted to members of the PSA.

It is best for members to not also be members of the Medical Executive Committee so as not to have a conflict if a previously referred member is brought to the MEC for disciplinary reasons. If there is a dual membership on both committees, the committee member should not attend or participate in meetings where discipline is being discussed in the MEC.

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The services and confidentiality of the Committee should be available to all members of the Professional Staff Association.