I. Policy

The UC San Diego Health Medical Staff supports the wellbeing and health of the Practitioners of the Medical Staff with the aim of protecting patient welfare, advancing quality patient care, and fostering a culture of safety. Early identification of compromised and/or impaired Practitioners is essential for protection of the Practitioner, patients, and others. It is also critical for the successful rehabilitation of the Practitioner. It is the policy of the UC San Diego Health Medical Staff to identify these Practitioners, facilitate their confidential treatment and rehabilitation, and monitor their engagement in recommended recovery activities.

II. Definitions

Practitioner: means any currently licensed physician, dentist, clinical psychologist, or podiatrist Member of the UCSDH Medical Staff. For purposes of this Policy, Practitioner also includes any Advanced Practice Professional (“APP”) privileged by the UCSDH Medical Staff.

Impaired or Compromised Practitioner: An “Impaired or Compromised Practitioner” is a Practitioner who is or may be experiencing a medical condition, including, but not limited to a cognitive, mental health, behavioral, or substance-use related problem, that affects or has the potential to affect their ability to treat patients safely, and/or poses a threat to the Practitioner or others. Substance-use related problems include, but are not limited to, Practitioners whose use of alcohol, substances, or medications have the potential to negatively affect their ability to care for patients and/or themselves.

Impairment or Compromised Behaviors: Impairment is any condition or behavior, regardless of cause, which interferes with the Practitioner’s ability to function as expected. Impairment or compromise may exist in one or in multiple domains, including, but not limited to, psychomotor activity and skills, conceptual or factual recall, abstract thought processes, judgment, professionalism, attentiveness, demeanor, and attitudes as manifested in speech or actions. Major symptoms of impairment or compromise may include, but are not limited to, lapses in judgment, inappropriate interactions (such as threatening or bullying behavior), untimely completion of patient care related tasks, boundary violations, signs or behavior related to intoxication, self-medication, or inappropriate or illegal utilization of controlled substances. Additional indications may include repeated behaviors, including unavailability, missed appointments, unexplained absences, incomplete medical records, poorly communicated medical orders, and withdrawal from health center or other professional activities. Change in an individual’s character or personality or behavior that is out of the ordinary for that individual, may also indicate impairment or compromise. Compromise can also include excessive unprofessionalism, as indicated by behaviors including, but not limited to, failure or delay in returning pages, repeated poor or disrespectful communication, and harassing or aggressive behavior. As it relates to alcohol, impairment is presumed if the breathalyzer test finds levels that are above 0.02 g/210 L (equivalent to blood alcohol of ≥ 0.02 g/dl).¹

Observer: Anyone who suspects that a Practitioner may be compromised.

¹ The UCSDH Medical Staff has zero tolerance for Practitioners who use alcohol in anticipation of caring for patients and/or while caring for patients. Any such conduct will not be condoned and will be subject to corrective action. However, the UCSDH Medical Staff recognizes that certain products, like mouthwash and hand sanitizer, can cause false positives. As a result, the definition of impairment related to alcohol use is adopted with those possibilities in mind.
III. Procedure

I. Referral

1. Self-Referral
   a. When a Practitioner wishes to self-report his/her compromised state, the Practitioner may self-refer to the UCSDH Medical Staff Physician Well Being Committee (“PWBC”) for assistance.

2. Third-party Reporting
   a. Any person with knowledge of, or reason to believe that a Practitioner is Impaired or Compromised in a way that may interfere with the Practitioner’s ability to perform their duties as expected, is required to contact one of the following: the Chief of Medical Staff, the Vice Chief of Medical Staff, the Past Chief of Medical Staff, the Service Chief, the Chair of the PWBC, Associate Chief Medical Officer for Medical Staff Affairs, or the Chief Medical Officer.

II. Process for Evaluating Concerns That Practitioner is Impaired and/or Compromised:

If the Observer holds a reasonable suspicion that a Practitioner may be compromised or if allegations are made that a Practitioner is compromised, the following procedures should be followed, as allowed by the circumstances:

1. Concern that Practitioner is Impaired and/or Compromised but does not require Immediate Intervention:
   a. The Observer notifies the Chair of the PWBC. Contact information for the PWBC Chair is included in Appendix A. The PWBC will evaluate the Practitioner pursuant to its normal process as codified in the PWBC Charter.
   b. If at any time the PWBC determines that the Practitioner is unsafe to practice and requires immediate intervention, the Chief of the Medical Staff and Service Chief will be contacted.
   c. If the Practitioner refuses to participate in the PWBC evaluation and/or fails to cooperate with recommendations made by the PWBC, the Service Chief and Chief of the Medical Staff will be contacted.

2. Concern that Practitioner is Acutely Impaired and/or Compromised Practitioner is Unsafe to Practice and Requires Immediate Intervention:
   a. The Observer notifies one of the following: Chief of Medical Staff, the Vice Chief of Medical Staff, the Past Chief of Medical Staff, the Service Chief, Associate Chief Medical Officer for Medical Staff Affairs, or the Chief Medical Officer (“Reviewer”). Contact information for these individuals, with the exception of the Service Chief, is included in Appendix A.
   b. If the alleged/suspected Impairment or Concern regarding the Practitioner being Compromised is the result of controlled substances, drugs, and/or alcohol, the Reviewer will follow the steps outlined below in Section C, Reasonable Suspicion- Drug, Controlled Substances, and Alcohol Testing.
   c. If the alleged/suspected Impairment or Concern regarding the Practitioner being Compromised is not the result of drugs and/or alcohol, the Reviewer will gather all
relevant information and refer the matter to the Chief of Medical Staff. The Chief of Medical Staff will take all actions as appropriate, including, but not limited to referring the matter to MSEC, the PWBC, and/or requiring that the Practitioner undergo a Fit for Practice evaluation.

d. If the Reviewer does not believe the Practitioner is Compromised or Impaired, the Reviewer shall convene a call with at least three of the following: Chief of Medical Staff, the Vice Chief of Medical Staff, the Past Chief of Medical Staff, the Service Chief, the Chair of the PWBC, Associate Chief Medical Officer for Medical Staff Affairs, or the Chief Medical Officer, to review the allegations and determine what steps, if any, must be taken to ensure patients are safe and to ascertain whether any further actions need to be taken related to the Practitioner.

e. If the Practitioner’s condition poses an imminent danger to patients, self or others, the Practitioner may be summarily suspended and removed from all patient care duties pursuant to the process outlined in the UC San Diego Health Medical Staff Bylaws (“Bylaws”) and the Fair Hearing Plan.

f. The Reviewer will advise the Practitioner’s Service Chief immediately of any reports it receives regarding concerns that a Practitioner is unsafe to practice and any determinations made based on the concern.

III. Reasonable Suspicion- Drug, Controlled Substances, and Alcohol Testing

1. If the Reviewer has a reasonable belief that a Practitioner is Impaired and/or Compromised due to the use of alcohol, drugs, or controlled substances, the Reviewer may request that the Practitioner submit to drug and/or alcohol testing. A Practitioner’s refusal to undergo the requested testing will be deemed a failure to fulfill the basic responsibilities of Medical Staff Membership as stated in the UCSDH Medical Staff Bylaws, and will be cause for corrective action. The Practitioner will be provided adequate warning of the consequences of their failure to appropriately submit to drug or alcohol testing.

a. If the Practitioner needs immediate medical attention, the Practitioner will be taken to the Emergency Department.

2. The Reviewer will, to the extent practicable, take the following actions:

a. The Reviewer will immediately contact the Chief of Medical Staff to inform them of the situation. The Chief of Medical Staff will advise the Service Chief of the concern.

b. The Reviewer and/or their designee will call the designated external drug/alcohol testing service as set forth in Appendix A.

c. The Reviewer and/or their designee will escort the Practitioner to a private location to wait for the testing service to arrive.

d. The Reviewer and/or their designee will stay with the Practitioner until the collection service arrives and will introduce the Practitioner to the collector. If possible, the Reviewer and/or their designee will stay in the vicinity while the external collection agency is performing the testing services.
This policy applies to:
UCSD Health

Last Approval Date:
1/25/2022

Name of Policy:
Medical Staff Impaired Practitioner Policy

Policy Number: MSP 026

Departments Affected:
All Departments

- The testing service will take possession of the sample and will assure that the sample is appropriately delivered to the outside lab. The outside lab will conduct a health professional panel, unless another panel is requested by the Reviewer.
  - If alcohol use is suspected, the testing service will also administer a breath alcohol test (“BAT”). If the BAT reveals the presence of alcohol, the testing service will perform a confirmation test. The external service will be instructed to send all test results, including the breathalyzer strip, to the Chair of the PWBC.
  - If the Practitioner would like to have a blood test performed to confirm the results of the BAT, the Practitioner may request that one be performed. The external collection service will perform the test and the results will be sent to the Chair of the PWBC.
- The Practitioner will be instructed to call a family member or friend to transport them to their home. If neither are available, a car service will be called for the Practitioner.

3. The results of the testing will be forwarded to the PWBC Chair. If the Practitioner has negative alcohol and drug testing results, the PWBC will inform the Service Chief, the Chief of Medical Staff, and the Practitioner. At that time, the Practitioner may return to patient care unless additional action is taken by the Medical Staff to restrict the Practitioner’s ability to practice.
  - If multiple tests are performed and not all results are available but those that are available are negative, the PWBC, in coordination with the Practitioner’s Service Chief and Chief of Medical Staff will determine whether the remaining results must be received before recommending that the Practitioner return to patient care.

4. If the Practitioner has a non-negative drug test result or a confirmed test for alcohol, the PWBC will inform the Service Chief, the Chief of Medical Staff, and the Practitioner. A decision shall be made by the Chief of Medical Staff as to whether any corrective action is required, including but, not limited to, summary suspension. The Chief of Medical Staff may also direct the member to meet with the PWBC Chair.

5. If information is received that the Practitioner may be diverting controlled substances, the Chief of Medical Staff will also collaborate with the UCSDH Chief Pharmacy Officer to ensure appropriate oversight and follow-up.

6. The Practitioner has the option to refuse the drug and alcohol testing. If the Practitioner refuses, this event will be processed in the same manner as a non-negative drug or alcohol test, and the Practitioner’s Service Chief and the Chief of Medical Staff will be informed of the refusal. A decision shall be made by the Chief of Medical Staff as to whether any corrective action is required, including but, not limited to, summary suspension.

7. To the extent any action is taken or recommended by the UCSDH Medical Staff which entitles the Practitioner to the rights set forth in the UCSDH Medical Staff Bylaws and Fair Hearing Plan, the Practitioner will be afforded all such rights.

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2 As part of its review of the results, the testing service will evaluate whether the Practitioner may have a prescription that would trigger a non-negative result. If that is the case, the testing service will communicate any such information to the PWBC.
This policy applies to:  
UCSD Health

Name of Policy:  
Medical Staff Impaired Practitioner Policy

Policy Number:  MSP 026

Departments Affected:  
All Departments

APPENDIX A  
CONTACT INFORMATION

Reviewers

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<tr>
<th>Title</th>
<th>Name</th>
<th>Telephone Number</th>
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<tbody>
<tr>
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<td>for Medical Staff Affairs</td>
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Laboratory Collection Service  
AK&A Labs

APPROVALS:  

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