WAKEMED

PRACTITIONER HEALTH POLICY

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1. POLICY STATEMENT

1.A ***General Policy.*** Each hospital affiliated with WakeMed ("Hospital") and its Medical Staff are committed to providing safe, quality care, which can be compromised if a Practitioner is suffering from a Health Issue as defined in this Policy that is not appropriately addressed. Each WakeMed Hospital and its Medical Staff are also committed to assisting Practitioners in addressing Health Issues so they may practice safely and competently.

1.B ***Scope of Policy.***

(1) This Policy applies to all Practitioners who provide patient care services at the Hospital.

(2) A flow chart depicting the review process for concerns regarding Practitioner Health Issues is attached as **Appendix A** to this Policy.

1.C ***Definition of "Health Issue."***

(1) ***Definition.*** A "Health Issue" means any physical, mental, or emotional condition that could adversely affect a Practitioner's ability to practice safely and competently. This Policy generally requires that Health Issues be reported and reviewed, with exceptions for certain conditions. (See Section 2.A for more information.)

(2) ***Examples.*** Examples of Health Issues may include, but are not limited to, the following:

(a) substance or alcohol abuse;

(b) use of any medication, whether prescription or over-the-counter, that can affect alertness, judgment, or cognitive function (such as, but not limited to, the use of pain or anti-anxiety medication following surgery);

(c) any temporary or ongoing mental health concern, including, but not limited to, bipolar disorders or disorders caused by a major family event (e.g., death of spouse or child, divorce) or a major job-related event (e.g., death or significant injury to patient);

(d) carotid, vertebral, or other brain artery surgery or intervention;

(e) chemotherapy with a drug known to effect neurotoxicity (brain) or to have cardiac or neurotoxicity (peripheral nerves);

(f) radiation therapy to head;

(g) medical condition (e.g., stroke or Parkinson's disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;

(h) shoulder surgery, brachial plexus surgery, hand or carpal tunnel surgery for a surgeon;

(i) a back injury impacting ability to stand in the OR or other procedure lab;

(j) major surgery;

(k) infectious/contagious disease that could compromise patient safety or jeopardize other health care workers; and

(l) any form of diagnosed dementia (e.g., Alzheimer's disease, Lewy body dementia), or other cognitive impairment.

1.D ***Other Definitions.***

(1) "Employed Practitioner" means a Practitioner who is employed by an Employer.

(2) "Employer" means:

(a) WakeMed;

(b) Wake Specialty Physicians ("WSP");

(c) any other WakeMed-related entity that has a formal peer review/professional practice evaluation process and an established peer review committee, as evidenced by internal bylaws or policy; or

(d) a private group that has: (i) a formal peer review/professional practice evaluation process and an established peer review committee, as evidenced by internal bylaws or policy; and (ii) information sharing provisions in a professional services contract or in a separate agreement with the Hospital.

(3) "Medical Staff Leader" means any Medical Staff Officer, Department Chair, Section Chief, or committee chair.

(4) "Practitioner" means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Advanced Practice Providers.

(5) "PPE Support Staff" means the clinical and non-clinical staff who support the professional practice evaluation ("PPE") process generally and the review of issues related to health described in this Policy. This may include, but is not limited to, staff from the quality department, Medical Staff office, and/or patient safety department.

1.E ***Role of Leadership Council.***

(1) Practitioner Health Issues shall be addressed by the Leadership Council as outlined in this Policy. The Leadership Council may request other Practitioners to assist it, on an ad hoc basis, if additional expertise or experience would be helpful in addressing the health concerns that are identified in a particular case.

(2) The Leadership Council shall recommend to the Medical Executive Committee educational materials that address Practitioner Health Issues and emphasize prevention, identification, diagnosis, and treatment of Health Issues. This Policy and any educational materials approved by the Medical Executive Committee shall be made available to Practitioners and Hospital personnel. In addition, the Medical Executive Committee shall periodically include information regarding illness and impairment recognition issues in CME activities.

1.F ***Health Issues Identified During Credentialing Process.*** A Health Issue that is identified during the credentialing process shall be addressed pursuant to the Medical Staff Credentials Policy. If a determination is made that the Practitioner is qualified for appointment and privileges, but has a Health Issue that should be monitored or treated, the matter shall be referred to the Leadership Council for ongoing monitoring or oversight of treatment pursuant to this Policy.

1.G ***Patient Care and Safety.*** Nothing in this Policy precludes immediate referral to the Medical Executive Committee or the elimination of any particular step in the Policy if necessary to address a situation that may compromise patient care and safety.

1.H ***Delegation of Functions.*** When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff Leader, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of this Policy. However, the delegating individual or committee is responsible for ensuring the designee performs the function as required by this Policy.

1.I ***No Legal Counsel or Recordings During Collegial Meetings.***

(1) To promote the collegial and educational objectives of this Policy, all discussions and meetings with a Practitioner shall generally involve only the Practitioner and the appropriate Medical Staff Leaders and Hospital personnel. No counsel representing the Practitioner or the Medical Staff or the Hospital shall attend any of these meetings.

(2) No recording (audio or video) of a meeting shall be permitted or made. Smart phones, iPads, and similar devices must be left outside the meeting room.

1.J ***Supervising Physicians and Advanced Practice Providers.*** A physician who is the primary supervising physician for an Advanced Practice Provider shall be notified when a Health Issue involving the Advanced Practice Provider is referred for review under this Policy. However, details regarding the nature of the Health Issue shall not be disclosed to the supervising physician unless the Advanced Practice Provider signs an authorization permitting such disclosure.

2. REPORTS OF POTENTIAL HEALTH ISSUES

2.A ***Duty to Self-Report.***

(1) ***General Duty.*** Practitioners who have a Health Issue (as defined in this Policy) are required to report it to the President of the Medical Staff, Chief Medical Officer, Chief Quality Officer, or another Medical Staff Leader.

(2) ***Exception.*** The duty to self-report does not apply to:

(a) a Health Issue that will be fully resolved before the Practitioner next exercises his or her clinical privileges; or

(b) a Health Issue that was evaluated as part of a Practitioner's application for appointment or reappointment to the Medical Staff.

2.B ***Reports of Suspected Health Issues by Others.***

(1) ***General.*** Any Practitioner or Hospital employee who is concerned that a Practitioner may be practicing while having a Health Issue, or who is told by a patient, family member, or other individual of a concern, shall report

the concern to the President of the Medical Staff, Chief Medical Officer, Chief Quality Officer, or another Medical Staff Leader. Individuals filing a report do not need to have "proof" of a potential Health Issue, but should describe the facts that form the basis for their concern.

(2) ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits the PPE Support Staff to contact the reporter for additional information, if necessary.

(3) ***Warning Signs.*** Warning signs of a potential Health Issue include, but are not limited to:

(a) problems with judgment or speech;

(b) emotional outbursts;

(c) alcohol odor;

(d) behavior changes and mood swings;

(e) diminishment of motor skills;

(f) unexplained drowsiness or inattentiveness;

(g) progressive lack of attention to personal hygiene;

(h) unexplained frequent illness;

(i) patients with pain out of proportion to charted narcotic dose;

(j) arrests for driving under the influence; and

(k) increased quality problems.

(4) ***Treatment Relationships.*** A Practitioner who becomes aware of a Health Issue affecting another Practitioner as a result of his or her treatment relationship with that Practitioner is not expected to report the Health Issue internally pursuant to this Policy. However, the treating Practitioner should encourage the Practitioner to self-report the issue to the extent required by Section 2.A of this Policy.

In addition, the treating Practitioner should consider whether a mandatory report is required under North Carolina law to the applicable licensing board or any other state agency. If the treating Practitioner believes a mandatory report is necessary pursuant to North Carolina law, he or she should notify the Practitioner and encourage the Practitioner to self-report prior to making the mandatory report. The treating Practitioner may consult with the Chief Medical Officer or Chief Quality Officer for assistance and resources in such matters.

2.C ***Logging of Reports and Creation of Confidential Health File.*** The PPE Support Staff will log any report of a Health Issue and create a Confidential Health File that is maintained separately from the credentials or quality files (see Section 9 of this Policy for more information on Confidential Health Files).

2.D ***Notification to Leadership Council and Employed Practitioner Triage*.**

(1) The Leadership Council shall be notified of any report of a suspected Health Issue.

(2) If the report involves an Employed Practitioner, the Leadership Council will consult with appropriate representatives of the Employer and then determine which of the processes described in this section will be used for the review. A form that may be used to document this decision is attached as **Appendix B**.

(3) The potential Health Issue may be reviewed under either the Medical Staff process or the Employer's process, as follows:

(a) If the matter will be reviewed using the Medical Staff process as set forth in this Policy, an appropriate representative of the Employer may be invited to attend relevant portions of committee meetings involving the Practitioner, as well as participate in any interventions that may be necessary following the review. The chair of the Leadership Council may recuse the representative of the Employer during any deliberations or vote on a matter. Documentation from the Medical Staff process will not be disclosed to the Employer for inclusion in the employment file, but the Employer will be permitted access to such documentation as needed to fulfill its operational and legal responsibilities; or

(b) If the matter will be reviewed by the Employer pursuant to its policies and/or the relevant contract:

(i) the Medical Staff process shall be held in abeyance and the Leadership Council notified;

(ii) the PPE Support Staff will assist the Employer with witness interviews, document review, data compilation, and similar fact-finding. Documentation of such fact-finding will be maintained in the Practitioner's Confidential Health File consistent with the state peer review law, but the Employer will be permitted access to such documentation as needed to fulfill its operational and legal responsibilities. However, any health assessment obtained by the Employer will be maintained in a confidential manner in the Employer's personnel files as required by the Americans with Disabilities Act;

(iii) the Leadership Council will be kept informed of the progress and outcome of the review by the Employer; and

(iv) the Leadership Council may choose, at any time and in its sole discretion, that the matter shall also be reviewed pursuant to this Policy. However, neither such a review by the Leadership Council nor any other provision of this Policy shall be interpreted to affect the right of the Employer to take any action authorized by the relevant contract with the Practitioner.

(4) For purposes of this Section, an "appropriate representative of the Employer" includes representatives with employment responsibilities (if WakeMed or the Hospital is the Employer), or a peer review committee within the Employer (if the Employer is a Hospital-related entity or a qualifying private group).

2.E ***Gathering Information.*** The person receiving the report or the PPE Support Staff may request the reporting individual to provide a written description of the events that led to the concern or may prepare a written description based on receipt of a verbal report. As necessary, the person receiving the report or the PPE Support Staff may also interview the reporting individual and gather any other relevant facts, including speaking with any other individuals who may have relevant information.

2.F ***Follow-Up with Individual Who Filed Report.*** The PPE Support Staff or Chief Medical Officer should follow up with individuals who file a report when possible by:

(1) thanking them for reporting the matter and participating in the Hospital's culture of safety and quality care;

(2) informing them that:

(i) the matter will be reviewed in accordance with this Policy and that they may be contacted for additional information;

(ii) due to confidentiality requirements under North Carolina law, it is important that they maintain confidentiality and only discuss the matter with individuals who are a formal part of the review process;

(iii) due to these same confidentiality requirements, the Hospital is not permitted to disclose the outcome of the review to them, but they can be assured that a thorough review will be conducted; and

(iv) no retaliation is permitted against any individual who raises a concern and they should immediately report any retaliation or any other incidents of inappropriate conduct.

A letter or e-mail that can be used for this purpose is attached as **Appendix C**. As an alternative to sending a letter or e-mail, the content of **Appendix C** and the provisions outlined above in this section may be used as talking points to discuss these issues verbally with the individual who reported a concern.

3. RESPONSE TO IMMEDIATE THREATS

3.A ***Scope of Section.*** This section applies if a potential Health Issue is reported that raises immediate concerns and either:

(1) the Practitioner is providing services at the Hospital at that time; or

(2) the Practitioner is expected to provide services in the very near future such that the Leadership Council would not have time to meet prior to the Practitioner's provision of services.

By way of example and not limitation, this section applies if a Practitioner seems disoriented or is demonstrating other cognitive difficulties while rounding on patients, or is suspected of being under the influence of drugs or alcohol immediately prior to commencing a surgical procedure.

3.B ***Assessment.*** If a report covered by this section suggests that a Practitioner may have a Health Issue that poses an immediate threat to patients or others, the President of the Medical Staff, Chief Medical Officer, Chief Quality Officer, or another Medical Staff Leader shall immediately personally assess the Practitioner. If any of these individuals are not immediately available, they may delegate this task to another individual as set forth in Section 1.H of this Policy. The Practitioner may be required to submit to a blood, hair, or urine test, or to undergo some other physical and/or mental evaluation to determine his or her ability to safely practice. Failure of the Practitioner to undergo such testing upon request will result in the automatic relinquishment of the Practitioner's clinical privileges pending Leadership Council review of the matter. (See Section 8.A for additional information on automatic relinquishment.)

3.C *Protection of Patients and Others***.** If the individual who assesses the Practitioner believes the Practitioner may have a Health Issue and that action is necessary to protect patients and others, the Practitioner should be asked to voluntarily refrain from exercising his or her clinical privileges or agree to conditions on his or her practice while the matter is being reviewed. Such a request may be made to the Practitioner either before or after any tests or evaluations regarding the Practitioner have been completed.

(1) If the Practitioner agrees to voluntarily refrain from exercising his or her privileges, the Practitioner's patients may be assigned to another individual with appropriate clinical privileges or to the appropriate Practitioner on the Emergency Department call roster. Affected patients shall be informed that the Practitioner is unable to proceed with their care due to illness. Any wishes expressed by patients regarding a covering Practitioner will be respected to the extent possible. The Practitioner's agreement to voluntarily refrain should be documented in a letter or other correspondence to the Practitioner that is maintained in the Practitioner's Confidential Health File.

(2) If the Practitioner will not agree to voluntarily refrain from exercising his or her privileges, an individual authorized by the Medical Staff Credentials Policy to impose a precautionary suspension will consider whether a precautionary suspension or some other measure is necessary as a safeguard while the Health Issue is assessed.

3.D *Referral to Leadership Council***.** Following the immediate response described above, the matter shall be referred to the Leadership Council for review pursuant to this Policy.

4. LEADERSHIP COUNCIL REVIEW

4.A ***Initial Review.*** The Leadership Council shall act expeditiously in reviewing concerns regarding a potential Health Issue referred to it. As part of its review, the Leadership Council may meet with the individual who initially reported the concern, as well as any other individual who may have relevant information. **Appendix D** contains a script that may be used for interviews, along with sample interview questions.

4.B ***Individuals Participating in Review.*** If the Leadership Council determines that it would be necessary or helpful in addressing the reported concern, it may consult with or include in the review a relevant expert (e.g., an addictionologist or psychiatrist) or the relevant Department Chair. Any individual who participates in a review is an integral part of the Hospital's review process, and shall be governed by the same responsibilities and legal protections (e.g., confidentiality, indemnification, etc.) that apply to other participants in the process.

4.C *Meeting with Practitioner.* If the Leadership Council believes that a Practitioner may have a Health Issue, the Leadership Council shall meet with the Practitioner. At this meeting, the Practitioner should be told that there is a concern that his or her ability to practice safely and competently may be compromised by a Health Issue and advised of the nature of the concern. **Appendix E** includes talking points that may be used to help the Leadership Council prepare for and conduct such meetings.

4.D *Identity of Reporter.*

(1) *General Rule.* Since this Policy does not involve disciplinary action or "restrictions" of privileges, the specific identity of the individual reporting a concern or otherwise providing information about a matter (the "reporter") generally will not be disclosed to the Practitioner.

(2) *Exceptions.*

(a) *Consent.* The Leadership Council may, in its discretion, disclose the identity of the reporter to the Practitioner if the reporter specifically consents to the disclosure (with the reporter being reassured that he or she will be protected from retaliation).

(b) *Medical Staff Hearing.* The identity of the reporter shall be disclosed to the Practitioner if information provided by the reporter is used to support an adverse professional review action that results in a Medical Staff hearing.

(3) *Practitioner Guessing the Identity of Reporter.* This section does not prohibit the Leadership Council from notifying a Practitioner about a concern that has been raised even if the description of the concern would allow the Practitioner to guess the identity of the reporter (e.g., where the reporter and the Practitioner were the only two people present when an incident occurred). In such case, the Leadership Council will not confirm the identity of the reporter, and will pay particular attention to reminding the Practitioner to avoid any action that could be perceived as retaliation.

4.E *Assessment of Health Status.*

(1) The Leadership Council may require the Practitioner to do one or more of the following to facilitate an assessment of the Health Issue:

(a) undergo a physical or mental examination or other assessment (e.g., neurocognitive, motor skills, sensory capacity, vision, hearing, infectious disease) by another individual;

(b) submit to an alcohol or drug screening test (blood, hair, or urine);

(c) be evaluated by a physician or organization specializing in the relevant Health Issue, and have the results of any such evaluation provided to it; and/or

(d) obtain a letter from his or her treating physician confirming the Practitioner's ability to safely and competently practice, and authorize the treating physician to meet with the Leadership Council.

(2) The Leadership Council shall select the health care professional or organization to perform the examination, testing, or evaluation, but may seek input from the Practitioner. More than one health care professional or organization may be asked to perform an examination, test, or evaluation, and this may occur either concurrently or serially (e.g., a substance abuse assessment following a positive drug screen). The Practitioner shall be responsible for any costs associated with obtaining this health status information.

(3) A form authorizing the Hospital to release information to the health care professional or organization conducting the evaluation is attached as **Appendix F**. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the Practitioner to the Leadership Council is attached as **Appendix G**. A Health Status Assessment Form that may be used to document the results of an evaluation is attached as **Appendix H**.

(4) If a Practitioner refuses to obtain a health assessment or provide the results to the Leadership Council, the process outlined in Section 8.A of this Policy ("Automatic Relinquishment/Resignation") will be followed.

4.F ***Interim Safeguards.*** If a Practitioner agrees to obtain an assessment, the Leadership Council may recommend that the Practitioner voluntarily take one or more of the following actions while the assessment is pending based on the nature and severity of the potential Health Issue:

(1) agree to specific conditions on his or her practice, which could include obtaining assistance from other Practitioners during patient care activities;

(2) refrain from exercising some or all privileges at the Hospital and at other practice locations as may be appropriate;

(3) take a leave of absence; or

(4) relinquish certain clinical privileges.

If a Practitioner does not agree to take a temporary voluntary action recommended by the Leadership Council while the assessment is pending, the matter shall be referred to the Medical Executive Committee for review and further action pursuant to the Medical Staff Credentials Policy.

4.G ***Determination That No Health Issue Exists.*** At any point during its review, the Leadership Council may determine that a report is unfounded and that the Practitioner does not have a Health Issue. In such case, the matter shall be closed. The individual who filed the report may be notified that the report was not substantiated, at the discretion of the Leadership Council. As noted in Section 2.B of this Policy, individuals filing a report do not need to have "proof" of a potential Health Issue. However, intentionally false reports will be grounds for disciplinary action. False reports by Practitioners will be reviewed by the Leadership Council pursuant to the Medical Staff Professionalism Policy, while false reports by Hospital employees will be referred to human resources.

5. PARTICIPATION IN A TREATMENT PROGRAM

In some instances, the assessment described in Section 3 of this Policy will lead to a recommendation by the Leadership Council that the Practitioner enter a treatment program. In other instances, the need for a Practitioner to enter a treatment program will be self-evident, and each of the steps required in Section 3 may not be required. In either case, the Leadership Council will, as requested, assist the Practitioner in identifying an appropriate program.

6. REINSTATEMENT/RESUMING PRACTICE

6.A ***Request for Reinstatement or to Resume Practicing.***

(1) If a Practitioner was granted a formal leave of absence to participate in a treatment program or otherwise address a Health Issue, the Practitioner must apply for reinstatement of privileges using the process set forth in the Credentials Policy. However, prior to applying for reinstatement through the process outlined in the Credentials Policy, the Practitioner must first submit a written request to the Leadership Council for clearance to apply for reinstatement, and be granted written permission by the Leadership Council.

(2) In all other circumstances where the Practitioner refrained from practicing (e.g., voluntary agreement between Practitioner and Leadership Council; Practitioner was absent from Medical Staff duties while participating in a treatment program or otherwise addressing a Health Issue), the Practitioner must submit a written request to the Leadership Council and receive written permission to resume exercising his or her clinical privileges.

6.B ***Additional Information.*** Before acting on a Practitioner's request for clearance to apply for reinstatement or to resume practicing, the Leadership Council may request any additional information or documentation that it believes is necessary to evaluate the Practitioner's ability to safely and competently exercise clinical privileges. This may include requiring the Practitioner to undergo a health assessment conducted by a physician or entity chosen by the Leadership Council in order to obtain a second opinion on the Practitioner's ability to practice safely and competently.

6.C ***Determination by Leadership Council.***

(1) In evaluating: (i) a request for clearance to apply for reinstatement from a leave of absence; or (ii) a request to resume practicing where no leave of absence was taken, the Leadership Council will review all information available to it and determine if the Practitioner is capable of practicing safely and competently.

(2) If the Leadership Council determines that the Practitioner is capable of practicing safely and competently without conditions, this decision will be documented. The Practitioner may then: (i) proceed with the reinstatement process outlined in the Credentials Policy, if a leave of absence was taken; or (ii) resume practicing, if no leave of absence was taken.

(3) If the Leadership Council determines that conditions should be placed on a Practitioner's practice as a condition of reinstatement or resuming practice, it will consult with the Practitioner in developing any necessary conditions. The Leadership Council should also consult with Hospital counsel to determine if any of the proposed conditions implicate state or federal laws protecting individuals with disabilities.

7. CONDITIONS OF CONTINUED PRACTICE

7.A ***General.*** The Leadership Council may ask the Practitioner to agree to comply with certain conditions in order to receive clearance to apply for reinstatement of privileges from a leave of absence or to otherwise resume practicing. If the Practitioner does not agree to such conditions, the matter will be referred to the Medical Executive Committee as set forth in Section 7 of this Policy. By way of example and not of limitation, such conditions may include:

(1) ***Coverage.*** The Practitioner may be asked to identify at least one Practitioner who is informed of the Health Issue and is willing to assume responsibility for the care of his or her patients in the event of the Practitioner's inability or unavailability.

(2) ***Changes in Practice.*** The Practitioner may be asked to make certain changes to his or her practice, such as changing the frequency and/or schedule with which the Practitioner takes call, limiting inpatient census to a manageable number, or beginning elective procedures prior to a certain time of day.

(3) ***Ongoing Monitoring.*** The Practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor shall be appointed by the Leadership Council or the Department Chair. The nature of the monitoring shall be determined by the Leadership Council in consultation with the Department Chair.

(4) ***Periodic Reports of Health Status.*** If the Practitioner is continuing to receive medical treatment or to participate in a substance abuse rehabilitation or after-care program, the Leadership Council may ask the Practitioner to agree to submit periodic reports from his or her treating physician or the substance abuse rehabilitation/after-care program. If applicable, reports regarding compliance with the conditions outlined in an agreement with the North Carolina Physician's Health Program may also be obtained. The nature and frequency of these reports will be determined on a case-by-case basis depending on the Health Issue.

(5) ***Random Alcohol or Drug Screens.*** A Practitioner who has undergone treatment for substance abuse may be asked to submit to random alcohol or drug screening tests at the request of any member of the Leadership Council.

7.B ***Reasonable Accommodations.*** Reasonable accommodations may be made consistent with Hospital policy to assist the Practitioner in resuming his or her practice. Examples of reasonable accommodations include, but are not limited to, providing assistive technology or equipment or removing architectural barriers. The Leadership Council will consult with Hospital executive personnel to determine whether reasonable accommodations are feasible.

7.C ***Voluntary Agreement Not a "Restriction."*** A Practitioner's voluntary agreement to conditions similar to those set forth in this section generally does not result in a "restriction" of that Practitioner's privileges. Accordingly, such a voluntary agreement generally does not require a report to the National Practitioner Data Bank ("NPDB") or to any state licensing board or other government agency, nor would it entitle a Practitioner to a hearing under the Credentials Policy. However, the Leadership Council will assess each situation independently. If there is concern in a given situation that a condition may be reportable to the NPDB or a state licensing board or agency, the Leadership Council will consult with Hospital counsel and communicate with the Practitioner about the matter.

8. NONCOMPLIANCE

8.A *Automatic Relinquishment/Resignation.*

(1) If a Practitioner refuses to undergo testing or an assessment when there are immediate concerns about patient safety as described in Section 3, the refusal will result in the immediate and automatic relinquishment of the Practitioner's clinical privileges pending the Leadership Council's review of the matter.

(2) If a Practitioner fails or refuses to provide information requested by the Leadership Council or any individual authorized by this Policy to request such information (including a request for a medical assessment), the Practitioner will be required to meet with the Leadership Council. The purpose of the meeting is to discuss the Practitioner's obligation to participate in the review process, permit the Practitioner to explain why the information was not provided, and inform the Practitioner of the consequences of continuing to not provide the information. Failure of the Practitioner to either:

(a) meet with the Leadership Council and persuade it that the requested information or meeting is not necessary; or

(b) provide the requested information prior to the date of the Leadership Council meeting,

will result in the automatic relinquishment of the Practitioner's clinical privileges until the Practitioner either provides the requested information or attends a meeting and persuades the Leadership Council that the information is not necessary.

(3) If the Leadership Council requests that the Practitioner attend a meeting with it or a designated individual to obtain the Practitioner's verbal input, and the Practitioner fails or refuses to attend such a meeting, the Practitioner's clinical privileges will be automatically relinquished until the meeting occurs.

(4) If the Practitioner fails to meet with or provide information requested by the Leadership Council within thirty (30) days of the automatic relinquishment, the Practitioner's Medical Staff membership and clinical privileges will be deemed to have been automatically resigned.

(5) Generally, the automatic relinquishment or resignation of appointment and/or clinical privileges described in this section are administrative actions that occur by operation of this Policy. They are not professional

review actions that must be reported to the NPDB or to any state licensing board or agency, nor do they entitle the Practitioner to a hearing or appeal.

(6) Notwithstanding the foregoing, if the Leadership Council or Medical Executive Committee determines that a Practitioner's refusal to provide information or attend a meeting is a deliberate attempt to avoid review of a Health Issue, the Practitioner's action may be viewed as a resignation to avoid an investigation, and is thus reportable to the NPDB and a state licensing board or agency. Hospital counsel shall be consulted in making such determinations.

8.B ***Referral to Medical Executive Committee.*** A matter shall be immediately referred to the Medical Executive Committee for its review and action pursuant to the Medical Staff Credentials Policy if the Practitioner fails to:

(1) agree to the interim patient safeguards described in Section 4.F while a health assessment is pending;

(2) obtain an agreed-upon physical or mental examination or other health assessment, or to complete any treatment or rehabilitation program;

(3) agree to conditions requested by the Leadership Council to receive clearance to apply for reinstatement of privileges from a leave of absence or to otherwise resume practicing;

(4) continually comply with any agreed-upon condition of reinstatement or continued practice; or

(5) cooperate in the monitoring of his or her practice.

Following its review, the Medical Executive Committee shall take appropriate action under the Medical Staff Credentials Policy. This may include, but is not limited to, initiating an investigation.

9. DOCUMENTATION

9.A ***Creation of Confidential Health File.*** Reports of potential Health Issues and documentation received or created pursuant to this Policy shall be included in the Practitioner's Confidential Health File, which shall be maintained by the Medical Staff Office as a separate file and shall not be included in the credentials file.

9.B ***Information Reviewed at Reappointment.***

(1) The information reviewed by those involved in the reappointment process will not routinely include all documentation in a Practitioner's health file. Instead, the process set forth in this subsection will be followed.

(2) When a reappointment application is received from an individual who has a Health Issue that is currently being reviewed or monitored by the Leadership Council, or that has been reviewed and resolved in the past reappointment cycle, the Medical Staff Office shall contact the Leadership Council.

(3) The Leadership Council will prepare a confidential summary health report to the Credentials Committee. The summary health report shall be included in the credentials file, and will be reviewed by the Credentials Committee only after the Credentials Committee has determined that the applicant is otherwise qualified for clinical privileges.

(4) The Leadership Council's summary health report will state that the Council is actively monitoring, or has monitored in the past reappointment cycle, a Health Issue involving the Practitioner. The summary health report will also include a recommendation regarding the Practitioner's ability to perform the duties of Medical Staff membership and safely exercise clinical privileges. A sample summary health report is included as **Appendix I**.

(5) If the Credentials Committee, Medical Executive Committee, or Board of Trustees has any questions about the Practitioner's ability to safely practice, the relevant entity will discuss the issue with a member of the Leadership Council. If the relevant entity still believes additional information is necessary, members of that entity may review the Practitioner's Confidential Health File in the Medical Staff Office.

10. CONFIDENTIALITY, PEER REVIEW PROTECTION, AND REPORTING

10.A ***Confidentiality.*** The Leadership Council and Medical Executive Committee will handle Health Issues in a confidential manner. Throughout this process, all parties should avoid speculation, gossip, and any discussions of this matter with anyone other than those described in this Policy.

10.B ***Peer Review Protection.*** All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and North Carolina laws governing peer review. Furthermore, the committees or individuals charged with making reports, findings, recommendations or investigations pursuant to this Policy shall be considered to be acting on behalf of the Hospital and the Board of Trustees when engaged in such professional review activities and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act.

10.C ***Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies.*** The Hospital Chief Executive Officer ("CEO") shall file reports with the appropriate North Carolina licensing board or the NPDB, as may be required by applicable statutes or regulations. In addition, if at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the Practitioner or others, the CEO, Chief Medical Officer, Chief Quality Officer, President of the Medical Staff, or the Hospital's counsel may contact law enforcement authorities or other governmental agencies.

10.D ***Redisclosure of Drug/Alcohol Treatment Information.*** In the course of addressing a Health Issue pursuant to this Policy, the Hospital may receive written or verbal information about the treatment of a Practitioner from a federally assisted drug or alcohol abuse program as defined by 42 C.F.R. Part 2. The Hospital may not redisclose such information without a signed authorization from the Practitioner. **Appendix J** includes an authorization that may be used for this purpose.

10.E ***Requests for Information Concerning Practitioner with a Health Issue.*** All reference requests or other requests for information concerning a Practitioner with a Health Issue shall be forwarded to the Chief Medical Officer, Chief Quality Officer, President of the Medical Staff, or CEO for response.

Approved by Cary & Raleigh Medical Executive Committees on March 28, 2019

WAKEMED

Appendix A: Review Process for Practitioner Health Issues

Reported concern regarding possible Practitioner Health Issue

↓

Medical Staff President, CMO, CQO, and/or Other Medical Staff Leader

1. Address any situation that presents immediate threat to patient care and safety
2. PPE Support Staff logs in referral and creates Confidential Health File (maintained separately from credentials/quality file)
3. Follow up with individual who reported concern when possible *(script/letter)*
4. If Practitioner is employed by WakeMed, WSP, another related entity, or a qualifying private group, conduct employed Practitioner triage ***(See Note 1)***
5. Refer matter to WakeMed Leadership Council

→

WakeMed Leadership Council

1. Include relevant Department Chair, subject matter expert (e.g., addictionologist, psychiatrist), and/or other individual(s) with relevant expertise, if necessary or helpful
2. Take the following steps (the order of these steps may vary depending on the circumstances, or they may be done concurrently):
   A. Meet with Practitioner
   B. Arrange for medical or psychiatric assessment, if necessary
   C. Institute interim necessary safeguards/voluntary actions by Practitioner
3. Determine conditions of reinstatement/resumption of practice
4. Refer to MEC for non-compliance

→

MEC

Review under Medical Staff Credentials Policy because individual refuses to cooperate with WakeMed Leadership Council or WakeMed Leadership Council otherwise determines MEC review is required

Note 1:
If the Practitioner involved is employed by WakeMed, Wake Specialty Physicians (WSP), another WakeMed-related entity, or a qualifying private group ("Employer"), Medical Staff Leaders will consult with the Employer and determine whether: (1) the review will be conducted by the Medical Staff per this Policy, with input and involvement of the Employer; or (2) the review will be conducted by the Employer, in which case the Medical Staff process will be held in abeyance pending notice of the outcome of that review. In the latter situation, the Leadership Council may decide at any time to also review the matter under this Policy. (*See Sections 1.D and 2.D of the Policy for additional guidance on this process*.)

APPENDIX B

EMPLOYED PRACTITIONER ROUTING FORM

Note*: The purpose of this form is to document which of the following two review processes will be used when a Health Issue is being evaluated for an Employed Practitioner: (1) the Medical Staff process as set forth in the Practitioner Health Policy; or (2) the policies or employment contract of the Employer. See Section 2.D of the Practitioner Health Policy for additional information and requirements.*

Name of Practitioner: ____

Entity that Employs the Practitioner:____

Representative(s) of Employer involved in routing discussion:____________________

____

Medical Staff Leader(s) involved in routing discussion:__________________________

____

A decision was made that:

- ❑ The process outlined in the ***Practitioner Health Policy*** will be used to review the Health Issue.

- ❑ ***The Employer's policies and/or employment contract*** will be used to review the Health Issue.

Comments:____

____

____

____

Signature of individual completing form

____

Date

APPENDIX C

LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS POTENTIAL HEALTH ISSUE*

Dear _______________:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at our Hospital.

Your concerns will be reviewed in accordance with the Practitioner Health Policy. We will contact you if we need additional information.

Because your report may involve confidential matters under North Carolina law, it is important that you maintain confidentiality and only discuss this matter with individuals who are a formal part of the review process. Due to these same confidentiality requirements, we may not be permitted to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

Your report will be treated with the utmost confidentiality. Your identity will not be disclosed to the subject of the report unless:

(a) you consent; or

(b) information provided by you is later used to support an adverse professional review action that results in a Medical Staff hearing (which is an extremely rare occurrence).

In any event, as part of our culture of safety and quality care, no retaliation is permitted against you for reporting this matter. This means that the individual who is the subject of your report may not approach you directly to discuss this matter or engage in any abusive or inappropriate conduct directed at you. If you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to your supervisor, the Chief Medical Officer, Chief Quality Officer, or any Medical Staff Officer.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at _______________.

Sincerely,

***** ***As an alternative to sending a letter or e-mail, the content of this Appendix may be used as talking points to respond verbally to the individual who reported a potential Health Issue.***

APPENDIX D

INTERVIEW TOOL (SCRIPT AND QUESTIONS)

I. SCRIPT FOR INTRODUCTORY STATEMENTS

Instructions: Prior to the interview, the following information should be provided to each individual who is interviewed.

1. A concern about a Practitioner's health is being reviewed under the Practitioner Health Policy. We would like to speak with you because you *[raised the concern]* **or** *[may have relevant information]*.

2. Any information you provide will be treated with the utmost confidentiality. It will not be shared with anyone outside the Hospital's peer review process. Also, Hospital policy states that your identity will generally not be disclosed to the Practitioner whose health is being reviewed except in extremely rare situations (for example, a Medical Staff hearing).

3. As part of our culture of safety and quality care, no retaliation is permitted against you for *[reporting this matter]* **or** *[providing information about this matter]*. This means that the Practitioner under review may not approach you to discuss this matter or engage in any abusive or inappropriate conduct directed at you. If you believe you have been retaliated against, please report immediately to your supervisor or any Medical Staff Leader.

4. The state peer review protection law requires the Hospital to maintain any information related to this review in a ***strictly confidential*** manner and we may not be able to inform you of the outcome of the review. But, if you have any questions about this review process following this interview, please direct them to the President of the Medical Staff, Chief Medical Officer, Chief Quality Officer, or PPE Support Staff.

II. SAMPLE INTERVIEW QUESTIONS

Note: The following questions are intended to elicit basic information about an incident. These questions may be modified as appropriate, and should be supplemented with additional questions that specifically pertain to the health matter being reviewed.

1. What was the date of the incident?

2. What time did the incident occur?

3. Where did the incident occur?

4. What is the name of the Practitioner in question?

5. Who was involved? What are their titles and duties?

6. What happened? What did you see and hear?

7. Are you aware of any attempts that were made to address this behavior with the Practitioner when it occurred?

8. Are there any notes or other documentation regarding the incident(s)?

9. Was a patient or a patient's family member directly or indirectly involved in the event? If so, name and medical record number.

10. Did you tell anyone about the incident?

    a. Whom did you tell?

    b. When and where did you tell them?

    c. What did you tell them?

11. How did you react to this incident at the time?

12. Did you experience or witness any retaliation or threatened retaliation by the Practitioner?

13. How do you think this incident affected patient care generally, Hospital operations, the work of your team, or your ability to do your job?

14. Have other incidents occurred, either before or after this incident? ***[If yes, repeat above questions for each incident.]***

15. Do you have any other information we should know about this matter? Please contact me if you recall or learn something new after we are finished talking.

APPENDIX E

TALKING POINTS
FOR MEETING WITH PRACTITIONER
ABOUT HEALTH ISSUE

- ***Thank you*** for meeting with us. These types of meetings are difficult for all of us, and we appreciate your cooperation and professionalism.

- ***Reason for Meeting.*** Our reason for requesting this meeting is that we have concerns about your health status based on ________________ *[briefly summarize basis for concern, but without revealing identity of anyone who provided information]*.

- ***Not Disciplinary.*** This is not a disciplinary meeting. This is a meeting regarding a Health Issue with a colleague.

- ***Input from Practitioner.*** Please give us your perspective on the concerns that have been raised. Do you feel you have been experiencing any Health Issues that could put you or your patients at risk?

- ***Evaluation Requested [if applicable].*** We are asking you to obtain an assessment from an appropriate specialist who is acceptable to the Leadership Council. It is in everyone's best interest, especially yours, for this to occur as soon as possible. We will be happy to work with you to identify an appropriate person or entity to perform the assessment. *[Optional: We contacted the state Physician Health Program ("PHP") – without identifying you – to find out the resources that are available and the time frames involved in order to facilitate our discussions and expedite this process. We will be happy to work with you to have the assessment performed expeditiously.]*

- ***HIPAA and Other Forms [if applicable].*** Once an appropriate evaluator is identified to conduct the assessment, we will provide you the HIPAA-compliant authorization forms and releases you will need to sign to facilitate the evaluation process. *[These forms are included as Appendices to the Practitioner Health Policy.]*

- ***Voluntary and Temporary Agreement Not to Practice.*** Until the assessment can be completed, we need to make sure that we protect you and patients. To that end, while we recognize the difficulty and inconvenience involved, we would like you to voluntarily refrain from exercising your clinical privileges until the evaluation is complete. Is there anything we can do to help you accomplish this? *[The Practitioner may work with partners for coverage, take a couple of weeks of vacation, take an LOA, etc.]*

- ***Other Practice Sites (affiliated and non-affiliated).*** We know you also practice at other sites. Based on the concerns identified above, it would be important for both you and your patients to take the same voluntary safeguards at those sites as well. How do you think we can accomplish that in the same spirit of cooperation?

- ***Not Reportable to State Licensing Board or NPDB.*** Please understand that your agreement to temporarily refrain from practicing is not considered a suspension or disciplinary action, and it is not something that needs to be reported to the state licensing board or the National Practitioner Data Bank. The same is true regarding your agreement to obtain an evaluation of your health. However, if you decide you do not want to be evaluated, we would have to consider whether a report to the state licensing board is required.

- ***Confidentiality.*** We will treat this matter in the most highly confidential manner possible, as required by our policies and the state peer review protection law. We understand how sensitive this issue is, and we certainly intend to proceed accordingly. Any communication about this matter will be the minimum necessary to accomplish your voluntary agreement. *[**For Employed Practitioners**: However, please recognize that pursuant to the Practitioner Health Policy, we may keep your employer informed of the status of this review. Our goal is to protect patients, and to have a more effective review process by coordinating our efforts with those of your employer.]*

- ***Non-Retaliation.*** While we do not expect it at all, as a courtesy to you, we want to make sure that you avoid any type of action that could be viewed as retaliation against any individual who you believe may have expressed a concern or provided information in this matter. As such, please avoid discussing this matter with any such individual, because even well-intentioned conversations can be perceived as intimidating. Any questions or concerns or additional information that you wish to provide should be given to one of us.

- ***Thank you.*** We understand what a difficult and uncomfortable situation this is, and we want to thank you again for your professionalism and cooperation.

***ADDITIONAL INFORMATION TO PLAN FOR THE MEETING*:**

1. If the Practitioner refuses to obtain an assessment, the refusal will result in the "automatic relinquishment" of clinical privileges until an assessment is obtained. See Section 8 of the Practitioner Health Policy. As noted above, refusal to obtain an assessment may also make a matter reportable to the state licensing board – consult with Hospital counsel.

2. If the Practitioner refuses to voluntarily and temporarily refrain from exercising privileges as requested pending completion of an evaluation, a "precautionary suspension" could be imposed. However, that would be the last option. The best approach is to explain to the Practitioner why it is in his or her best interest to voluntarily refrain from practicing while the matter is reviewed.

APPENDIX F

CONFIDENTIAL PEER REVIEW DOCUMENT

CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY

I hereby authorize WakeMed _______________ and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the "Hospital") to provide ______________ *[the facility or individual performing the health assessment]* (the "Evaluator") all information, written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow the Evaluator to conduct a full and complete evaluation of my health status so that the Hospital can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the North Carolina peer review law and that the Hospital, the Evaluator and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to that law.

I release from any and all liability, and agree not to sue, the Hospital, any of its officers, directors, or employees, any physician on the Hospital's Medical Staff, or any authorized representative of the Hospital, for any matter arising out of the release of information by the Hospital to the Evaluator.

I also release from any and all liability, and agree not to sue, the Evaluator or any of its officers, directors, employees, or authorized representatives for any matter arising out of the Evaluator's provision of an evaluation of my health status to the Hospital.

______________________________ ______________________________________

Date Signature of Practitioner

____

Printed Name

APPENDIX G

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize **_______________** *[the facility or individual performing the health assessment]* (the "Evaluator") to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to WakeMed **_______________** and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the "Hospital"). The information to be released includes, but is not limited to, answers to the questions on the attached Health Status Assessment Form, along with the following (as applicable):

1. my current health condition;

2. whether I am continuing to receive medical treatment and, if so, the treatment plan;

3. whether I am continuing to participate in a substance abuse rehabilitation program or an after-care program, and whether I am in compliance with all aspects of the program;

4. to what extent, if any, my behavior and clinical practice need to be monitored;

5. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and

6. any conditions that are necessary for me to safely exercise my clinical privileges.

I understand that the purpose of this Authorization is to allow the Hospital to obtain information that is relevant to my qualifications for Medical Staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in the Hospital.

I understand that the willingness of the Evaluator to conduct this assessment or provide treatment does not depend on my signing this Authorization.

OR

Since the Hospital is paying for the health assessment and/or treatment and has conditioned payment for the assessment and/or treatment on receipt of a report, the Evaluator may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.

I understand that my health information is protected by a federal law known as the HIPAA Privacy Rule and may not be disclosed by the Evaluator without this Authorization. Once my health information is disclosed to the Hospital pursuant to this Authorization, the HIPAA Privacy Rule may no longer apply to the information. However, in that case, the Hospital would nonetheless be prohibited by the North Carolina peer review protection law from disclosing health information it received about me to anyone outside of its confidential review process. In addition, if the information in question relates to my treatment at a federally-assisted drug or alcohol treatment facility, federal law would also prevent the Hospital from disclosing that information without me signing a separate Authorization form to do so.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Evaluator has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when the Evaluator has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Evaluator may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

_______________________________ ____

Date Signature of Practitioner

____

Printed Name

APPENDIX H

CONFIDENTIAL PEER REVIEW DOCUMENT

HEALTH STATUS ASSESSMENT FORM

Please respond to the following questions based upon your assessment of the current health status of ________________ (the "Practitioner"). If additional space is required, please attach a separate sheet.

CURRENT HEALTH STATUS	YES	NO
1. Does the Practitioner have any medical, psychiatric, or emotional conditions that could affect his/her ability to exercise safely the clinical privileges set forth on the attached list and/or to perform the duties of Medical Staff appointment, including response to emergency call? If "yes," please provide the diagnosis and prognosis: ______________________________ ______________________________ ______________________________	❑	❑
2. Is the Practitioner continuing to receive medical treatment for any conditions identified in Question 1? If "yes," please describe treatment plan: ______________________________ ______________________________ ______________________________	❑	❑
3. Has the Practitioner been prescribed or is the Practitioner currently taking any medication that may affect the Practitioner's ability to practice? If "yes," please specify medications and any side effects: ______________________________ ______________________________ ______________________________	❑	❑
4. Is the Practitioner currently under any limitations concerning activities or workload? If "yes," please specify: ______________________________ ______________________________ ______________________________	❑	❑

SUBSTANCE ABUSE/AFTER-CARE PROGRAM *(If the Practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)*	**YES**	**NO**
1. Please specifically describe the substance abuse rehabilitation or after-care program: ______________________________ ______________________________		
2. Is the Practitioner in compliance with all aspects of the program? If "no," please explain: ______________________________ ______________________________ ______________________________	❑	❑
CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS	**YES**	**NO**
1. Does the Practitioner's behavior and/or clinical practice need to be monitored? If "yes," please describe: ______________________________ ______________________________ ______________________________	❑	❑
2. In your opinion, are any conditions or restrictions on the Practitioner's clinical privileges or other accommodations necessary to permit the Practitioner to exercise privileges safely and/or to fulfill Medical Staff responsibilities appropriately? If "yes," please describe such restrictions, conditions, or accommodations: ______________________________ ______________________________	❑	❑
3. In your opinion, is the Practitioner capable of resuming clinical practice and providing continuous, competent care to patients as requested? If "no," please explain: ______________________________ ______________________________ ______________________________	❑	❑

______________________________ ______________________________

Date Signature of Evaluating Practitioner

APPENDIX I

CONFIDENTIAL PEER REVIEW DOCUMENT

SAMPLE SUMMARY HEALTH REPORT

To: Credentials Committee, MEC and Board of Directors

From: Leadership Council

Date: _______________

Re: Summary Health Report

This summary health report is submitted pursuant to Section 9.B of the WakeMed Practitioner Health Policy.

During the past appointment cycle, the Leadership Council has worked with _______________ (the "Practitioner") to address a Health Issue.

The Leadership Council conducted its review according to the detailed procedures set forth in the Practitioner Health Policy. The Leadership Council obtained input from the Practitioner, gathered information from witnesses, and evaluated the results of a health assessment of the Practitioner. The Practitioner cooperated fully with the review process.

The Leadership Council has determined that the Practitioner's Health Issue does <u>not</u> prevent the Practitioner from safely exercising his/her clinical privileges. Moreover, the Leadership Council does not believe it is necessary for any conditions to be placed on the Practitioner's practice. ***[OR]***

The Leadership Council has determined that the Practitioner's Health Issue does <u>not</u> prevent the Practitioner from safely exercising his/her clinical privileges. The Practitioner is voluntarily complying with certain conditions developed by the Leadership Council to ensure patient safety. The Leadership Council will continue to work with the Practitioner to address and monitor the Health Issue. The Leadership Council recommends that the Practitioner's reappointment be conditioned on the Practitioner's continued cooperation with the Leadership Council.

Pursuant to Section 9.B of the Practitioner Health Policy, if any member of the Credentials Committee, Medical Executive Committee or Board of Directors has any question about the Practitioner's ability to safely practice, that member should feel free to contact a member of the Leadership Council to discuss the matter further. The Leadership Council is comprised of: _______________. If additional information is necessary after such conversation, the Practitioner's confidential health file may be reviewed in the Medical Staff Office.

APPENDIX J

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION FOR REDISCLOSURE OF DRUG/ALCOHOL TREATMENT INFORMATION

In the course of credentialing and peer review activities, WakeMed _______________ and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the "Hospital") have received information about me from _______________, a federally assisted drug or alcohol treatment program governed by 42 C.F.R. Part 2 (the "Program").

I hereby authorize the Hospital to redisclose to _______________ (the "Receiving Entity") any and all information the Hospital received from the Program regarding my treatment. This includes, but is not limited to, any written report or correspondence from the Program, notes to file regarding verbal conversations between the Program and the Hospital, and the contents of any verbal conversations between the Program and the Hospital.

I understand that the purpose of the disclosure of this information is to allow the Receiving Entity to _______________ *[Describe the purpose of the disclosure, such as "allow the Receiving Entity to evaluate my health status and my ability to safely practice medicine."]*

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Hospital has already relied upon it in making a disclosure to the Receiving Entity. My written revocation will become effective when the Hospital has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Hospital may no longer disclose the information described above unless I sign a new Authorization form.

I understand that this Authorization is governed by 42 C.F.R. §2.31. I also understand that the Receiving Entity is prohibited from further disclosing my information unless I sign a separate authorization form.

_______________________________ Date

_______________________________ Signature of Practitioner

_______________________________ Printed Name