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Medical Staff
Services Director
Area Medical Staff
Applicability Erie County
Medical Center

Provider Health and Wellness

PURPOSE

ECMCC and its Medical/Dental Staff are committed to providing safe, quality care. The Medical/Dental Staff leadership will assist colleagues to overcome Wellness Issues so they may practice safely and competently.

POLICY TERMS

1. **"Collegial Meetings"** are any meetings held between the Provider who is the subject of the Report and those tasked with reviewing and/or resolving that concern within the scope of the confidential Practice Improvement Process.
2. **"Leadership Council"** means a standing committee of the Medical/Dental Staff as defined in the Rules & Regulations, Part II, that provides guidance and assists in the resolution of complex clinical and administrative issues including Provider professionalism, health and wellness, quality assurance and performance improvement, education, communication and leadership development. It is the goal of the Leadership Council to act in a collegial manner, utilizing a progressive steps continuum. The Leadership Council has no disciplinary authority and acts within the confidential Practice Improvement Process.
3. **"Physician Leader"** means the Chief Medical Officer ("CMO"), an Associate Chief Medical Officer ("Associate CMO"), a representative of the Leadership Council, or a Chief of Service ("COS").
4. **"Practice Improvement Process" or "PI Process"** means the confidential Medical/Dental Staff Performance Improvement Plan, as defined in the Medical/Dental Staff Bylaws, allowing for the measurement, assessment and improvement of the quality and efficiency of medical care provided at the Medical Center.
5. **"Professional Development and Wellness Committee"** means a standing committee of the Medical/Dental Staff as defined in the Rules & Regulations, Part II, that fosters professional growth and

leadership development, provides collegial support to allow Providers to practice at the top of their scope and promote the physical, mental and emotional wellness of all members of the Medical/Dental Staff.

6. **"Provider"** means a duly licensed physician, dentist, oral surgeon, podiatrist or allied health professional, such as a clinical psychologist, certified nurse midwife, chiropractor, nurse practitioner, physician assistant, certified registered nurse anesthetist, or surgical first assist, who is a member of the ECMCC Medical/Dental Staff or who has temporary, telemedicine, disaster or training clinical privileges.

7. **"Quality Assurance/Quality Improvement Process"** or **"QA/QI process"** refers to functions to improve the quality of care provided to patients as required by the Public Health Law and the Education Law of New York.

8. **"Report"** means an expression of a problem, concern, or opinion of a Wellness Issue, which is made via the methods set forth in Section 7 of this policy.

9. **"Unprofessional Behavior"** shall mean collectively, the terms "Disruptive Behavior," "Harassment," "Inappropriate Behavior," "Retaliation" and "Sexual Harassment" as defined in ECMCC's Professionalism policy (ADM-026).

10. **"Wellness"** means the optimal state of a Provider, including physical, mental, emotional, social, environmental and spiritual well-being. Wellness encompasses more than the absence of disease or illness; it is the active process of reaching fullest health and well-being.

11. **"Wellness Issue"** means any physical, mental or behavioral condition that interferes with the Provider's ability to engage safely in professional activities. Providers have a responsibility to maintain wellness by preventing or treating acute or chronic disease, including mental illness, disabilities and occupational stress.

POLICY

Erie County Medical Center Corporation is committed to providing patients with quality care and protecting patients from harm. The provision of high quality, safe care could be compromised if a Provider is experiencing a Wellness Issue. As explained within this policy, the Medical/Dental Staff of ECMCC has a confidential process to manage Wellness Issues, including education regarding at-risk criteria; self-referral within a collegial, confidential environment; and evaluation, management and monitoring of Reports. Management of Wellness Issues falls within the Practice Improvement structure, which is part of the QA/QI process.

This policy will be enforced in a firm, fair and equitable manner. Issues related to Provider Wellness will be addressed by the Leadership Council through the PI Process. The PI Process is a progressive steps continuum. Any disciplinary actions will be handled by the Medical Executive Committee ("MEC") in accordance with this policy and the Bylaws, Rules & Regulations of the ECMCC Medical/Dental Staff.

ECMCC and the Medical/Dental Staff will strive to maintain the confidentiality of Reports and Report investigations to the extent appropriate under the circumstances and as permitted by law.

For Providers who are employed by ECMCC, any actions taken by the Medical/Dental Staff in accordance

with this policy shall be in addition to any actions that may be taken by ECMCC's Department of human Resources under its applicable policies.

ECMCC and the Medical/Dental Staff will not permit retaliation against anyone who makes a Report, assists in the investigation or cooperates in an investigation involving a Wellness Issue or Unprofessional Behavior stemming from a Wellness Issue. (See HR-025: Harassment).

PROCEDURE

1. Upon initial appointment and during re-orientation, Providers are educated how to recognize Wellness Issues and confidentially submit Reports.
2. Role of the Leadership Council: Provider Wellness Issues shall be addressed by the Leadership Council in collaboration with the Professional Development and Wellness Committee. The Leadership Council may request other Providers to assist, on an ad hoc basis, if additional expertise or experience would be helpful in addressing a Wellness Issue that is identified in a particular case.
3. Patient care and safety: Nothing in this policy precludes immediate referral to the MEC to address a situation that may pose an immediate threat to patient care and safety.
4. When a Wellness Issue pertaining to a psychiatric or substance abuse disorder is identified, the Leadership Council shall refer the matter to the Medical Society of the State of New York ("MSSNY"), the Committee for Physician Health ("CPH"), the Professional Assistance Program ("PAP"), or the Statewide Peer Assistance for Nurses ("SPAN"), as applicable, for assistance with addressing the Wellness Issue.
5. Provider health status records and Reports are confidential as required under New York State Public Health Law and will be maintained separately from Provider quality files.
6. Interim safeguards: While the assessment of Provider Wellness is ongoing, the Leadership Council may request that the Provider take a leave of absence, refrain from exercising some or all privileges, agree to specific conditions on his or her practice, or relinquish certain clinical privileges. It may also suggest the Provider meet with members of the Professional Development and Wellness Committee. In addition, the Physician Leader will take steps to assure the safety of patients and staff.
7. Reports of potential Wellness Issues:
 - A. Duty to self-report: Providers who have a Wellness Issue are required to report it to the CMO, Medical/Dental Staff President, other Medical Staff Officer, or his or her Department COS.
 - B. Reports of suspected Wellness Issues by others: Any Provider or ECMCC employee who is concerned that a Provider has a Wellness Issue, or who is told by a patient, family member or other individual of a concern, shall report the concern via the electronic occurrence reporting system or to the CMO, Medical/Dental Staff President, other Medical Staff Officer or the appropriate COS. If the Wellness Issue is not initially reported in the electronic occurrence reporting system, the Physician Leader shall enter the Report.
8. Initial assessment of Wellness Issues that may pose an immediate threat:
 - A. If a Report suggests that a Provider may have a Wellness Issue that poses an immediate threat

to patients or others, the CMO or Medical/Dental Staff President shall immediately personally assess the Provider or may request the appropriate COS, or other Medical Staff Officer do so, and report back to him or her. If the CMO or Medical/Dental Staff President believes that the Provider may have a Wellness Issue and action is necessary to protect patients, the CMO or Medical/Dental Staff President shall ask the Provider to voluntarily refrain from exercising his or her privileges while the matter is being reviewed further.

B. If the Provider will not agree to voluntarily refrain from exercising his or her privileges, the CMO or Medical/Dental Staff President will consider whether a precautionary suspension, in accordance with §3.2 of the ECMCC Medical/Dental Staff By-laws, Part II, or some other measure is appropriate.

C. The Physician Leader may request that the Provider undergo immediate testing. If at all possible, the Physician Leader shall make the request with another Physician Leader or an ECMCC senior level administrator. Refusal of this request shall constitute automatic relinquishment or resignation of privileges under §3.1.7 of Article III of Part II of the ECMCC Medical/Dental Staff Bylaws.

D. The CMO or Medical/Dental Staff President shall refer the matter to the Leadership Council and may refer to the MEC for review. Assessments, communications and actions related to the event shall be documented and forwarded to the Leadership Council and/or the MEC as applicable.

9. Review of Wellness Issues not posing an immediate threat:

A. If the individual receiving the Report believes there is enough information to warrant a review but that no immediate action is necessary to protect patients or others, the matter shall be referred to the Leadership Council for review.

B. The referral will be logged in to the Practice Improvement Database by the PI Specialist. A confidential health file will be created.

C. The PI Specialist or a member of the Leadership Council will respond to the individual who made the Report.

D. A member of the Leadership Council will notify the Employer, if applicable. (See Appendix A, Note 2)

E. The CMO or designated member of the Leadership Council may conduct additional fact-finding (such as interviewing witnesses and others, as appropriate), and provide all related evidence to the Leadership Council.

F. The Leadership Council May:

1. seek assistance from others (such as representatives of the Employer, a subject matter expert, including but not limited to a psychiatrist);
2. meet with the Provider;
3. arrange for medical or psychiatric assessment, if necessary;
4. institute interim safeguards to protect patients or staff.

10. Determination by Leadership Council: The Leadership Council will review all information available to it and determine if the Provider is capable of practicing safely and competently. If the Leadership Council determines that the Provider is capable of practicing safely and competently, this decision will be documented and no further action is needed. However, if the Leadership Council determines that additional conditions should be placed on a Provider's practice and/or privileges, it will consult with the Provider, and may consult the COS or the MEC in developing any necessary conditions. Monitoring and assurance that the conditions are met may involve members of the Leadership Council, the COS, member(s) of the Professional development and Wellness Committee. All Reports will be kept separate and confidential, maintained in the Provider health record, as required under New York State Public Health Law.

11. Referral to MEC: If a Provider does not agree to take the voluntary actions recommended by the Leadership Council while the assessment of the Provider's wellness is ongoing, the matter may be referred to the MEC for review and further action.

12. Noncompliance: A matter shall be immediately referred to the MEC for its review and action if the Provider fails to:

- A. Complete an agreed-upon assessment, treatment, or rehabilitation program;
- B. Comply with any condition or requirement of reinstatement or continued practice;
- C. Cooperate in the monitoring of his or her practice;
- D. Provide any information requested by the Leadership Council; or
- E. Meet with the Leadership Council upon request and with reasonable notice of the date,

time, and place of the meeting.

13. Reports of Unprofessional Behavior will be adjudicated under the Professionalism Policy (ADM-026). With respect to non-compliance in conjunction with this policy, the MEC may make a recommendation to address the behavior, including but not limited to the following:

- A. Require the practitioner to meet with the Chair of the Board of Directors;
- B. Require the practitioner to meet with the full MEC;
- C. Require the practitioner to obtain a psychiatric evaluation to determine the practitioner's ability to fulfill the obligations of Medical/Dental Staff membership, which evaluation shall be conducted by a physician chosen by the MEC;
- D. Referral of the Provider to the Medical Society of the State of New York Committee for Physician Health;
- E. Impose an individualized code of conduct on the Provider and make continued appointment and clinical privileges contingent on the practitioner's adherence to it.
- F. Initiate an investigation as set forth in Part II, Article II of the Medical/Dental Staff Bylaws;
- G. Impose an Administrative Time Out as set forth in Part II, Article III, Section 3.3 of the Medical/Dental Staff Bylaws.

14. Additional Action by MEC. With respect to any Report of a Wellness Issue, the MEC may:

- A. Make a recommendation regarding the Provider's continued appointment and clinical privileges in compliance with Part II of the Medical/Dental Staff Bylaws;
- B. Advise that an event has occurred, which initiates automatic relinquishment or voluntary resignation of clinical privileges and/or Medical/Dental Staff membership as set forth in Part II, Article III, Section 3.1 of the Medical/Dental Staff Bylaws.
- C. Refer the matter to the Board of Directors without a recommendation. If the matter is referred to the Board of Directors, any further action, including any hearing or appeal, shall be conducted under the direction of the Board of Directors.

The Leadership Council will report activities related to Wellness Issues monthly via a de-identified aggregate report to the MEC as part of the QA/QI process, and referral, if applicable.

REFERENCES

NY Public Health Law §2805-j, §2805-l, §2805-m,

NY Education Law § 6527

10 NYCRR 405.6

JC Standards: MS.01.01.01

MS.08.01.01

MS 08.01.03

MS 11.01.01

ECMCC Medical/Dental Staff Bylaws, Rules & Regulations

ADM-026: Professionalism

HR-025: Harassment

Applicability:

Members of the Erie County Medical Center Medical/Dental Staff

ECMCC has developed these policies and procedures in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team in making clinical decisions about patient care. These policies and procedures should not be construed as dictating exclusive courses of treatment and/or procedures. No health care team member should view these documents and their bibliographic references as a final authority on patient care. Variations from these policies and procedures may be warranted in actual practice based upon individual patient characteristics and clinical judgment in unique care circumstances.

Attachments

[MS06 FLOWCHART FINAL.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Brian Murray: Chief Medical Officer	06/2021
	Cheryl Carpenter: Medical Staff Services Director	06/2021
	Cheryl Carpenter: Medical Staff Services Director	06/2021

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