

# **MERCYONE DES MOINES MEDICAL CENTER**

## **PRACTITIONER HEALTH POLICY**

**Mercy Medical Staff  
MercyOne Des Moines  
MercyOne West Des Moines**

*Adopted by the Medical Executive Committee on 10/31/2017  
Approved by the Board of Directors on 12/12/2017*

**Reviewed/Updated: 10/26/2022**

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**MERCYONE DES MOINES MEDICAL CENTER**

**MEDICAL STAFF**

**PRACTITIONER HEALTH POLICY**

**1. POLICY STATEMENT**

**A. Objectives**

The Medical Center and its Medical Staff are committed to providing safe, quality care, which can be compromised if a practitioner is suffering from a health issue that is not appropriately addressed. The Medical Center is also committed to assisting colleagues address health issues so they may practice safely and competently.

**B. Scope of Policy**

- (1) This Policy applies to all practitioners who provide patient care services at MercyOne Des Moines Medical Center (the “Medical Center”). For purposes of this Policy, a “practitioner” means a member of the Medical Staff or a member of the Allied Health Staff.
- (2) If the practitioner involved is also employed by the Medical Center or a Medical Center-related entity (the “employing entity”), Medical Staff Leaders will consult with appropriate representatives of the employing entity and determine which of the following two processes will be used for the review:
  - (a) If the matter will be reviewed using the Medical Staff process as set forth in this Policy, a representative of the employing entity will 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 employing entity will be permitted access to (but not a copy of) documentation from the Medical Staff process as needed to fulfill its operational and legal responsibilities in accordance with any applicable Medical Center policy related to such information-sharing; or
  - (b) If the matter will be reviewed by the employing entity pursuant to its policies:
    - (i) the Medical Staff process shall be held in abeyance and the Leadership Council will be notified;

- (ii) the Quality Support Staff may assist the employing entity 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 statute, but the employing entity will be permitted access to such documentation as needed to fulfill its operational and legal responsibilities. However, any health assessment obtained by the employing entity will be maintained in a confidential manner in the employing entity'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 employing entity; 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 employing entity to take any action authorized by the employment contract with the practitioner.
- (3) All efforts undertaken pursuant to this Policy are part of the Medical Center's performance improvement and professional practice evaluation/peer review activities.

### **C. Definitions**

The definitions set forth in the Credentials Policy apply to this Policy as well.

For the purpose of this Policy, "health issue" means any physical, mental, or emotional condition that could adversely affect an individual's ability to practice safely and competently. Examples of health issues may include, but are not limited to, the following:

- (1) substance or alcohol abuse;
- (2) 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);
- (3) 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);

- (4) carotid, vertebral, or other brain artery surgery or intervention;
- (5) chemotherapy with a drug known to effect neurotoxicity (brain) or to have cardiac or neurotoxicity (peripheral nerves);
- (6) radiation therapy to head;
- (7) medical condition (e.g., stroke or Parkinson's disease);
- (8) major surgery, including, but not limited to, shoulder surgery, brachial plexus surgery, hand or carpal tunnel surgery;
- (9) a back injury impacting ability to practice;
- (10) infectious or contagious disease that could compromise patient safety or jeopardize other health care workers; and
- (11) any form of diagnosed dementia (e.g., Alzheimer's disease, Lewy body dementia), or other cognitive impairment.

**D. Role of Practitioner Health Committee**

- (1) Practitioner health issues will be addressed by the Practitioner Health Committee as outlined in this Policy. The Practitioner Health Committee may request other practitioners to assist it if additional expertise would help it address health concerns that are identified in a particular case.
- (2) The Practitioner Health Committee will also recommend to the Medical Executive Committee educational materials that address practitioner health issues and emphasize prevention, identification, diagnosis, and treatment. This Policy and any educational materials approved by the Medical Executive Committee will be made available to each practitioner

**E. Health Issues Identified during Credentialing Process**

A health issue that is identified during the credentialing process shall be addressed pursuant to the 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 Practitioner Health Committee for ongoing monitoring or oversight of treatment pursuant to this Policy.

**F. Referral to Medical Executive Committee**

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.

**G. Fitness for Practice Evaluation**

A fitness for practice evaluation is an individualized evaluation of a practitioner's current ability to exercise clinical privileges safely and competently and to perform the essential functions of appointment and clinical privileges. A fitness for practice evaluation may include assessment of infection risk, motor skills, cognitive ability and judgment, or other issues which may adversely affect a practitioner's ability to care for patients or to interact appropriately with other caregivers. If requested by the Practitioner Health Committee, this assessment may also include recommendations as to whether any accommodation is possible and reasonable.

**H. Confidentiality**

To the extent possible, and consistent with quality patient care, health issues will be handled in a confidential manner. All parties should avoid speculation, conclusions, gossip, and any discussions of the matter with anyone other than those described in this Policy.

**I. 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 Iowa laws governing peer review, or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities.

The committees or individuals charged with making reports, findings, or recommendations pursuant to this Policy will be considered to be acting on behalf of the Medical Center and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act.

**2. REPORTS OF POTENTIAL HEALTH ISSUES**

**A. Duty to Self-Report**

Practitioners who have a health issue that could adversely affect an individual's ability to practice safely and competently are required to report it to the Chief Medical Officer, President of the Medical Staff, other Medical Staff Officers, or the practitioner's department chairperson.

**B. Absence from the Medical Staff for Health Reasons**

The Chief Medical Officer or President of the Medical Staff may, in his or her discretion, report to the Leadership Council if a practitioner requests a formal leave of absence for health reasons pursuant to the Credentials Policy. Similarly, the Chief Medical Officer or the President of the Medical Staff may report to the Leadership Council if a health issue causes a practitioner to be absent from the Medical Staff or unable to exercise his or her clinical privileges for health reasons, for longer than 30 days, even if a formal leave of absence is not in effect. The foregoing reporting obligations do not apply to maternity or paternity related absences.

**C. Reports of Suspected Health Issues by Others**

**(1) Reports**

Any practitioner or Medical Center employee who is concerned that a practitioner has a health issue is encouraged to report the concern to the Chief Medical Officer, the President of the Medical Staff, 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. Any practitioner who is told by a patient, family member or other individual about a potential health concern must report the concern to the Chief Medical Officer, the President of the Medical Staff, or another Medical Staff Leader.

**(2) Anonymous Reports.**

Practitioners and employees are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits contact with the individual who filed the report to obtain additional information, if necessary. Anonymous reports are, however, permitted and will be reviewed.

**(3) 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 consistent with this Policy.

In addition, the treating physician should consider whether a mandatory report is required under Iowa law to the applicable licensing board or any other state agency. If the treating practitioner believes a mandatory report is necessary, he or she may 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 the President of the Medical Staff for assistance and resources in such matters.

**(4) Gathering Information**

An individual who receives a verbal report pertaining to a health issue may request that the concern be submitted in writing, factually describing what led to the concern. The identity of the individual who raised the concern will be maintained in a confidential fashion. The individual who receives the report may interview the reporting individual and any other individuals who may have relevant information.

**(5) Review of Reports**

If the individual receiving the report believes there is enough information to warrant a review, the matter will be referred to the Leadership Council or the Practitioner Health Committee.

**(6) Feedback to Reporter**

The individual who reported the concern will be informed that the report will be treated in a confidential fashion and that his or her identity will be disclosed only if necessary and after notification to the individual. The individual who reported the concern will also be advised that, in light of the confidential nature of the process, he or she will not be informed of the specifics of any action taken. The individual shall also be informed that no retaliation is permitted against anyone who reports a concern. A sample letter that may be used for this purpose is attached as **Appendix A**.

**3. REPORTS OF POTENTIAL HEALTH ISSUES THAT COULD POSE AN IMMEDIATE THREAT**

**A. Immediate Potential Threat**

- (1) If a report suggests that a practitioner may have a health issue that has the potential to pose an immediate threat to patients or others, the Chief Medical Officer, or the President of the Medical Staff, will immediately assess the practitioner. The practitioner may be required to immediately submit to a blood, hair, or urine test or to undergo some other physical, psychological or cognitive assessment to determine his or her ability to safely and competently practice. Failure of the practitioner to undergo such testing upon request will result in the automatic relinquishment of the practitioner's clinical privileges consistent with the Credentials Policy.
- (2) If, after assessing the practitioner, the Chief Medical Officer or the President of the Medical Staff determines that the practitioner may have a health issue

and that immediate action is necessary to protect patients, the practitioner may be asked to voluntarily refrain from exercising his or her clinical privileges while the matter is being reviewed. Such a request may be made to the practitioner either before or after any tests or evaluations have been completed.

- (a) If the practitioner agrees to voluntarily refrain from exercising his or her privileges, the practitioner's patients will be assigned to another individual with appropriate clinical privileges. Affected patients will be informed that the practitioner is unable to proceed with their care due to illness.
- (b) If the practitioner will not agree to voluntarily refrain from exercising his or her privileges, the Chief Medical Officer or the President of the Medical Staff will consider whether a precautionary suspension or some other measure is necessary consistent with the Credentials Policy while the health issue is assessed.
- (c) Following the response described above, the matter will be referred to the Leadership Council or the Practitioner Health Committee for review pursuant to this Policy.

#### **4. INITIAL ASSESSMENT OF HEALTH STATUS**

##### **A. Initial Review**

The Leadership Council will act expeditiously in reviewing concerns regarding a potential health issue. 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. If the Leadership Council determines that the concerns are credible, it will refer the matter to the Practitioner Health Committee. The Practitioner Health Committee may consult with the relevant department chairperson or involve the chairperson in the review process.

##### **B. Meeting with Practitioner**

If the Practitioner Health Committee believes that a practitioner may have a health issue, it will meet with the practitioner. At this meeting, the practitioner will 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. The practitioner will not be told who reported the concern and will be reminded that retaliation against anyone who may have reported a concern is prohibited.

##### **C. Assessment of Health Status**

- (1) The Practitioner Health Committee may require the practitioner to do one or more of the following to facilitate an assessment of the health issue:
  - (a) undergo a fitness for practice evaluation;
  - (b) submit to an alcohol or drug screening test (blood, hair, or urine);
  - (c) obtain a letter from a physician acceptable to the Practitioner Health Committee confirming the practitioner's ability to safely and competently practice and authorize the treating physician to meet with the Practitioner Health Committee; and/or
  - (d) be evaluated by a physician or organization appropriate to the circumstances, and have the results of any such evaluation provided to the Practitioner Health Committee.
- (2) The Practitioner Health Committee will select the health care professional(s) or organization to perform any evaluation. The practitioner will be responsible for any costs associated with the evaluation.
- (3) A form authorizing the Medical Center to release information to the health care professional or organization conducting the evaluation is attached as **Appendix B**. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the practitioner to the Practitioner Health Committee is attached as **Appendix C**. A Fitness for Practice Evaluation Form that may be used to document the results of an evaluation is attached as **Appendix D**.
- (4) If the Practitioner Health Committee recommends that the practitioner enter a treatment program, it will assist the practitioner in identifying an appropriate program.

#### **D. Interim Safeguards**

While the assessment of health status described above is ongoing, the Practitioner Health Committee may recommend that the practitioner voluntarily take one or more of the following actions based on the nature and severity of the potential health issue:

- (1) agree to specific conditions on his or her practice;
- (2) refrain from exercising some or all clinical privileges;
- (3) take a leave of absence;
- (4) relinquish certain clinical privileges.

## **5. REINSTATEMENT/RESUMPTION OF PRACTICE**

### **A. Request for Reinstatement/Removal of Conditions**

A written request from a practitioner for reinstatement from a leave of absence or removal of conditions on clinical privileges must be submitted to the Practitioner Health Committee. The Practitioner Health Committee may also require that the practitioner submit a completed copy of the Fitness for Practice Evaluation Form attached as **Appendix D**.

### **B. 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.

### **C. Second Opinion Evaluation**

Before acting on a request for reinstatement or lifting conditions, the Practitioner Health Committee may request any additional information or documentation that it believes is necessary. This may include, as necessary, requiring the practitioner to undergo a fitness for practice evaluation conducted by a practitioner chosen by the Practitioner Health Committee in order to obtain a second opinion regarding the practitioner's ability to practice safely and competently.

### **D. Leaves of Absence**

If a practitioner was granted a leave of absence, the final decision to reinstate the practitioner's clinical privileges must be approved pursuant to the process set forth in the Credentials Policy.

## **6. CONDITIONS OF CONTINUED PRACTICE**

By way of example and not of limitation, the Practitioner Health Committee may require the practitioner to comply with one or more of the following as a condition of reinstatement or as a condition of resuming practice:

### **A. Coverage**

Before acting on a request for reinstatement or removing conditions, the Practitioner Health Committee may require the practitioner to identify another practitioner who is willing to assume responsibility for the care of his or her patients in the event the practitioner is unable or unavailable to fulfill patient care responsibilities.

**B. 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.

**C. Ongoing Monitoring**

The practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor will be appointed by the Practitioner Health Committee or the department chairperson. The nature of the monitoring will be determined by the Practitioner Health Committee, in consultation with the department chairperson.

**D. 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 Practitioner Health Committee may require the practitioner to sign a release authorizing the committee to obtain periodic reports from the treating physician or the substance abuse rehabilitation/after-care program. If applicable, reports regarding compliance with the conditions outlined in an agreement with the State 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.

**E. Random Alcohol or Drug Screens**

A practitioner who has undergone treatment for substance abuse may be required to submit to random alcohol or drug screening tests at the request of any member of the Practitioner Health Committee or the department chairperson.

**F. Reasonable Accommodations**

Reasonable accommodations may be made consistent with Medical Center 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 Practitioner Health Committee will consult with Medical Center executive personnel to determine whether reasonable accommodations are feasible.

**7. NONCOMPLIANCE**

**A. Referral to the Medical Executive Committee**

A matter may be referred to the Medical Executive Committee for its review and action pursuant to the Credentials Policy if the practitioner fails to:

- (1) complete an agreed-upon evaluation, treatment, or rehabilitation program;
- (2) comply with any condition or requirement of reinstatement or continued practice;
- (3) cooperate in the monitoring of his or her practice;
- (4) provide information requested by the Practitioner Health Committee, the Chief Medical Officer, the President of the Medical Staff, or the practitioner's department chairperson; or
- (5) meet with the Practitioner Health Committee, the Chief Medical Officer, the President of the Medical Staff, or the practitioner's department chairperson upon request and with reasonable notice of the date, time, and place of the meeting as outlined in the Credentials Policy.

Following its review, the Medical Executive Committee will take appropriate action consistent with the Credentials Policy.

#### **B. Automatic Relinquishment and Resignation**

If a practitioner fails or refuses to provide information to or meet with the Leadership Council, the Practitioner Health Committee, or any other individual authorized by this Policy to request such information or such meeting, the practitioner will be required to meet with the Leadership Council to discuss why the requested information was not provided or the meeting was not attended. Failure of the practitioner to either meet with the Leadership Council or provide the requested information prior to the date of that meeting will result in the automatic relinquishment of the practitioner's clinical privileges until the practitioner meets with the Leadership Council or the information is provided.

If the practitioner fails to provide information requested by the Leadership Council within 30 days of the automatic relinquishment, the practitioner's Medical Staff membership and clinical privileges will be deemed to have been automatically resigned.

### **8. DOCUMENTATION**

#### **A. Health File**

Reports of potential health issues and documentation received or created pursuant to this Policy will be included in the practitioner's confidential health file. The

practitioner's health file will be maintained by the Medical Staff Office as a separate file, and will not be included in the credentials file.

## **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 Practitioner Health Committee, or that has been reviewed and resolved in the past reappointment cycle, the Medical Staff Office will contact the Practitioner Health Committee.
- (3) The Practitioner Health Committee will prepare a confidential summary health report to the Credentials Committee. The summary health report will 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, as set forth in Credentials Policy.
- (4) The Practitioner Health Committee's summary health report will state that the Practitioner Health Committee 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 membership and safely exercise clinical privileges.
- (5) If the Credentials Committee, Medical Executive Committee, or Board of Directors has any questions about the practitioner's ability to safely practice, the relevant entity will discuss the issue with a member of the Practitioner Health Committee. 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.

## **9. PEER REVIEW PROTECTION AND REPORTING**

### **A. Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies**

The Medical Center will file reports required by applicable law. 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 Medical Center may contact law enforcement authorities or other governmental agencies.

**B. Redisclosure of Drug/Alcohol Treatment Information**

In the course of addressing a health issue pursuant to this Policy, the Medical Center 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 Medical Center may not redisclose such information without a signed authorization from the practitioner. **Appendix E** includes an authorization that may be used for this purpose.

**C. Requests for Information Concerning Practitioner with a Health Issue**

All reference requests or other requests for information concerning a practitioner with a health issue will be forwarded to the Chief Physician Officer or the President of the Medical Center for response.

Adopted by the Medical Executive Committee on 10/31/2017

Approved by the Board of Directors on 12/12/2017



## APPENDIX A

### CONFIDENTIALITY AND NON-RETALIATION AGREEMENT

Concerns have been raised about my health status and my ability to practice safely and competently at the Medical Center. As part of the review process, the Practitioner Health Committee would like me to be fully aware of the concerns, as well as have the ability to provide my perspective and any response that I believe may be necessary or appropriate.

However, the Practitioner Health Committee also wants to take appropriate steps to maintain the confidentiality of the information, as well as to facilitate a professional, non-threatening environment for all who work and practice at the Medical Center. Accordingly, I agree to the following:

1. If requested by the Practitioner Health Committee, I will maintain all the information that I review in a **confidential** manner. Specifically, I will not disclose or discuss this information except to the Practitioner Health Committee or my legal counsel. I will not discuss this information with any other individual(s) without first obtaining the express written permission of the Medical Center.
2. I understand that this information is being provided to me as part of the Medical Staff's Practitioner Health Policy. In addition to discussing these matters with the Practitioner Health Committee, I understand that I may also prepare a written response and that this response will be maintained in my confidential credentials file.
3. I understand that the Medical Center and Medical Staff have a responsibility to provide a safe, non-threatening workplace for members of the Medical Staff and the Allied Health Staff and for Medical Center employees. Therefore, **I will not discuss this matter with any individual who may have expressed concerns about me or provided information in this matter. I will not engage in any retaliatory conduct with respect to these individuals.** This means that I will not approach, confront, ostracize, discriminate against, or otherwise mistreat any such individual who may have provided information that led to the concern being raised about me.
4. I understand that any retaliation by me would be a very serious matter and will not be tolerated. Any such conduct by me will be grounds for immediate referral to the Medical Executive Committee for its review and for action pursuant to the Credentials Policy.

By signing this Agreement, I understand that I am **not waiving** any of the rights or privileges afforded to me under the Medical Staff Bylaws or Credentials Policy.

---

\_\_\_\_\_  
Date

**[Include the following signature line only if a Medical Staff Leader(s) personally reviews the content of this agreement with the practitioner]**

Approved by:

\_\_\_\_\_  
Appropriate Medical Staff Leader

\_\_\_\_\_  
Date

**APPENDIX B**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**CONSENT FOR DISCLOSURE OF INFORMATION  
AND  
RELEASE FROM LIABILITY**

I hereby authorize Mercy Medical Center – Des Moines (“Medical Center”) to provide *[the facility or physician performing fitness for practice evaluation] (the “Facility”) OR [my treating physician]* 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 Facility] OR [my treating physician]* to conduct a full and complete evaluation of my health status so that the Medical Center 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 Iowa peer review law and that the Medical Center, *[the Facility] OR [my treating physician]* and others involved in the peer review process are required to maintain the confidentiality of peer review information, pursuant to Iowa law.

I release from any and all liability, and agree not to sue, the Medical Center, any of its officers, directors, or employees, any physician on the Medical Center’s Medical Staff, any allied health practitioner on the Medical Center’s Allied Health Staff, or any authorized representative of the Medical Center, for any matter arising out of the release of information by the Medical Center to *[the Facility] OR [my treating physician]*.

I also release from any and all liability, and agree not to sue, *[the Facility or any of its officers, directors, employees, or authorized representatives] OR [my treating physician]*, for any matter arising out of *[the Facility’s] OR [my treating physician’s]* provision of an evaluation of my health status to the Medical Center.

---

Date

---

Signature of Practitioner

## APPENDIX C

### CONFIDENTIAL PEER REVIEW DOCUMENT

#### AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize \_\_\_\_\_ *[facility performing health assessment and/or physician overseeing treatment or treatment program] (the "Facility") OR [my treating physician]* to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to Mercy Medical Center – Des Moines (the "Medical Center") and its Practitioner Health Committee or Medical Executive Committee. The information to be released includes, but is not limited to, answers to the questions on the attached Fitness for Practice Evaluation Form, along with the following:

1. my current health condition;
2. whether I am *[continuing to receive medical treatment and, if so, the treatment plan] OR [continuing to participate in a substance abuse rehabilitation program or in an after-care program, a description of that program and whether I am in compliance with all aspects of the program]*;
3. to what extent, if any, my behavior and clinical practice need to be monitored;
4. whether I am capable of resuming clinical practice and providing continuous, competent care to patients as requested; and
5. any conditions or restrictions that are necessary for me to safely exercise my clinical privileges.

I understand that the purpose of this Authorization is to allow the Medical Center 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 Medical Center.

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

**OR**

*Since the Medical Center 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 Facility 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 federal law. I also understand that, by signing this Authorization, the information will be disclosed to the parties hereby authorized to receive it and could be disclosed to other parties. However, if the information in question relates to my treatment at a federally-assisted drug or alcohol treatment facility, then federal law prohibits it from being re-disclosed. Also, the information being disclosed is protected by the Iowa peer review laws and *[the Facility] OR [my treating physician]*, the Medical Center, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to those state laws.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that *[the Facility] OR [my treating physician]* has already relied upon it in making a disclosure to the Medical Center. My written revocation will become effective when *[the Facility] OR [my treating physician]* has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at the Medical Center end. Once this Authorization has expired, *[the Facility] OR [my treating physician]* 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

**APPENDIX D**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**FITNESS FOR PRACTICE EVALUATION 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.

<b>CURRENT HEALTH STATUS</b>	<b>YES</b>	<b>NO</b>
<p>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?</p> <p>If "yes," please provide the diagnosis and prognosis: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Is the Practitioner continuing to receive medical treatment for any conditions identified in Question 1?</p> <p>If "yes," please describe treatment plan: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has the Practitioner been prescribed or is the Practitioner currently taking any medication that may affect either clinical judgment or motor skills?</p> <p>If "yes," please specify medications and any side effects: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Is the Practitioner currently under any limitations concerning activities or work load?</p> <p>If "yes," please specify: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUBSTANCE ABUSE/AFTER-CARE PROGRAM</b> <i>(If the Practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)</i>	<b>YES</b>	<b>NO</b>
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: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS</b>	<b>YES</b>	<b>NO</b>
1. Does the Practitioner’s behavior and/or clinical practice need to be monitored?  If “yes,” please describe: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
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: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
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: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Evaluating Practitioner

**APPENDIX E**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**AUTHORIZATION FOR REDISCLOSURE  
OF DRUG/ALCOHOL TREATMENT INFORMATION  
TO OTHER HOSPITALS**

In the course of credentialing and peer review activities, Mercy Medical Center and its Leadership Council, Medical Executive Committee, and Medical Staff Leaders (the “Medical Center”) 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 Medical Center to redisclose the information obtained from the Program regarding my treatment to other Mercy Health Network hospitals where I am currently practicing, where I submit an application for appointment, or where I apply for privileges. This authorization 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 Medical Center, and the contents of any verbal conversations between the Program and the Medical Center.

I understand that the purpose of the redisclosure is to allow the Mercy Health Network hospital that receives my information to evaluate my health status and my ability to safely practice.

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

This Authorization expires when my Medical Staff appointment and clinical privileges at the Medical Center expire or are terminated for any reason. Once this Authorization has expired, the Medical Center 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 any Mercy Health Network hospitals that receive information about me pursuant to this Authorization are prohibited from further redisclosing my information unless I sign a separate authorization form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_

\_\_\_\_\_  
Printed Name