LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

TREATMENT AND REHABILITATION OF IMPAIRED PHYSICIANS

Purpose:

To provide a mechanism for treatment and rehabilitation of physicians suffering from impairment that may interfere with optimal professional function and ensuring the protection of patients.

Policy:

1. Physicians shall receive ongoing education on impairment recognition, including signs and symptoms of controlled or mood altering substance impairment. Education shall address prevention of physical, psychiatric and emotional illness. (Hospital personnel shall receive education about illness and impairment recognition issues.)

2. Any impaired, or suspected impaired, physician, regardless of how identified (including self-referral), shall be seen by the Physician Director of the LSUHSC Occupational Health Clinic (OHC). The OHC physician shall evaluate, or cause to be evaluated, the referred physician for suspected impairment. The evaluation process shall be conducted in a confidential manner.

3. Should the OHC physician determine that drug testing is indicated, testing shall be in accordance with established Occupational Health clinic procedure; cost of all testing shall be born by the institution.

4. Upon completion of the evaluation, the OHC physician shall report his findings to the Associate Dean for Clinical Affairs. The Associate Dean shall notify the appropriate regulatory bodies, department chairman or others as deemed appropriate or mandated by law.

5. The Associate Dean, in consultation with other appropriate individuals, shall provide the impaired physician with options regarding treatment and assistance to aid the physician in retaining or regaining optimal professional function. Such treatment shall be done in a non-punitive manner, and shall be based upon the assurance that patient care is at no time compromised.
6. Should it be necessary to restrict the practice privilege of the impaired physician in order to insure the safety and best interest of patients, the Associate Dean for Clinical Affairs shall notify the Credentials Committee of the restrictions.

7. Monitoring of the affected physician shall be the responsibility of the Associate Dean or designee.

Reference: Administrative Directives 1.5.2, 6.6