Recognizing Impairment in Health Care Professionals
Safe/Quality Care

- CVMC seeks to provide care that is compassionate, high quality, safe and reliable.

- The delivery of safe, high quality care can be compromised if a practitioner is suffering from an impairment.
AMA Definition

“Impaired” is defined by the AMA Council on Mental Health of 1972 as “the inability to practice medicine with reasonable skill and safety to patients by reasons of physical or mental illness including the deterioration through the aging process, the loss of motor skills, or the excessive use or abuse of drugs including alcohol. Impairment also includes conditions such as extreme fatigue and emotional distress.”
CVMC has a policy for addressing impaired/disruptive behavior, the purpose of which is to protect the public against practitioners whose performance is impaired or disruptive and at the same time assist the impaired practitioner (in a confidential manner) in obtaining the treatment necessary to recover from his/her impairment/unacceptable behavior.
CAUSES OF IMPAIRMENT

- Substance Abuse
- Disease
- Nonadaptive Personality Features
Recognition of Substance Abuse Impairment

The Drug Enforcement Administration, Office of Diversion Control, lists the following signs of drug impairment in its pamphlet, “Drug Addiction in Health Care Professionals.” (Impairment may also be related to the abuse of alcohol.)

- “Work absenteeism—absences without notification and an excessive number of sick days used;
- Frequent disappearances from the work site;
- Having long unexplained absences;
- Making improbable excuses and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept;
Excessive amounts of time spent near a drug supply;

They volunteer for overtime and are at work when not scheduled to be there;

Unreliability in keeping appointments and meeting deadlines;

Work performance which alternates between periods of high and low productivity;

May suffer from mistakes made due to inattention, poor judgment and bad decisions;

Confusion, memory loss, and difficulty concentrating or recalling details and instructions;

Ordinary tasks require greater effort and consume more time;
Interpersonal relations with colleagues, staff and patients suffer;

Rarely admits errors or accepts blame for errors or oversights;

Heavy ‘wastage’ of drugs;

Sloppy recordkeeping, suspect ledger entries and drug shortages;

Inappropriate prescriptions for large narcotic doses;

Insistence on personal administration of injected narcotics to patients;

Progressive deterioration in personal appearances and hygiene;
Uncharacteristic deterioration of hand-writing and charting;

Wearing long sleeves when inappropriate;

Personality change—mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures;

Patient/staff complaints about health care provider’s changing attitude/behavior;

Increasing personal/professional isolation.”

www.deadiversion.usdoj.gov
Reasons Detection Can Fail?

- Need to protect professional image
- Unwillingness to consider the possibility of abuse in those we know and respect
- Cleverness of addict is underestimated
DISEASE-RELATED IMPAIRMENT

- Symptoms can be physical, mental or emotional
  - Increase in sick days
  - Deterioration of language in charting
  - Slow decision-making or technical errors
  - Forgetfulness or inappropriate grooming
  - Reluctance to answer emergency calls
  - May go unnoticed by regular colleagues
  - New staff may notice but feel unable to confront or report
Stumbling blocks to Managing Disease-Related Impairment

- Lack of awareness by impaired practitioner
- Practitioner is financially or psychologically unable to accept the need to seek help
- Reluctance of colleagues/staff to report change in practitioner’s behavior/ effectiveness
Nonadaptive Personality Features

Some personality features may be adaptive in some settings but cause problems in a variety of other settings.
Signs of Nonadaptive Personality Features

- Many complaints from other practitioners, nurses, technicians, or ancillary personnel;
- Errors that seem out of character for the practitioner’s level of talent;
- Dislike from peers or other staff;
- High turnover in support staff.
REPORTING A CONCERN

- If any individual at CVMC has a reasonable belief that a Medical Staff member is impaired/disruptive, that individual should not hesitate to report. The desire to “do no harm” to a colleague must be replaced by concern for patient safety and the impaired practitioner. Treatment can help and the perception that this is “punishment” needs to be changed.

- Report a concern to the Vice President of Medical Affairs – Quality Management Department (ext. 4215)
Follow-up to concerns is governed by procedures described in Medical Staff policy Impaired/Disruptive Medical Staff Members found at:

CVMC Favorites/Non-Clinical/Policy Manager
Vermont Practitioner Health Program (VPHP)

- The VPHP is a health service administered through the Vermont Medical Society that facilitates confidential treatment and rehabilitation services for impaired physicians, podiatrists, physician assistants, radiological assistants and anesthesiology assistants.

A practitioner may seek help by contacting:

- Vermont Practitioner Health Program
  P.O. Box 133
  Montpelier, VT 05601-0133
- Confidential Phone: 802-223-0400
Remember:

- Addressing concerns related to impairment enhances the quality of care, professional excellence, and maintenance of a safe environment.

- Impairment/disruptive behavior issues will be addressed with concern for patient safety and the health and welfare of the practitioner.

- **Strict confidentiality** throughout the reporting and follow-up process is **required**.

- Report a concern to the Vice President of Medical Affairs – Quality Management Department (ext. 4215).