



Part of the West Orange Healthcare Family

Policy & Procedure

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| DEPARTMENT: Medical Staff Services | ORIGINAL: 10/01/2001 | PAGE: 1 of 2 |
| POLICY: Licensed Independent Practitioner (LIP) Health | REVIEWED: 01/16/2004 | |
| APPROVAL: Medical Executive Committee Board of Trustees | DATE: 09/25/2001. 01/26/04 01/27/2004 | REVISED: 01/16/2004 |

POLICY: Licensed Independent Practitioner (LIP) Health

PURPOSE: To identify and manage matters of individual LIP health through assistance and rehabilitation, to aid the LIP in retaining or regaining optimal professional functioning, consistent with the protection of patients.

OBJECTIVE: In an effort to protect patients, medical staff members and others present in the hospital from harm, we endeavor to provide education about LIP health, address prevention of physical, psychiatric or emotional illness, and facilitate confidential diagnosis, treatment and rehabilitation of LIPs who suffer from a potentially impairing condition.

PROCEDURE:

1. Education of the medical staff, LIPs and other organizational staff about illness and impairment recognition issues specific to LIPs through:
 - a. publication in the medical staff quarterly newsletter;
 - b. presentations at employee and medical staff orientation programs;
 - c. publication in the annual mandatory updates for employees; and
 - d. providing the policy and procedure to all current medical staff members.
2. Self referral by a LIP and referral by other organizational staff may be made in person to:
 - a. the Chief of the Medical Staff; or
 - b. the President/CEO of the hospital; or
 - c. the Senior Vice President over Physician Services.
3. Referral of the affected LIP shall be made to the Physicians Resource Network (PRN) for evaluation, diagnosis and treatment of the condition or concern.
4. The confidentiality of the LIP seeking referral or referred for assistance, shall be maintained except as limited by law, ethical obligation, or when the health or safety of a patient is threatened.
5. The confidentiality of other organizational staff making referrals shall be maintained except as limited by law, ethical obligation, or when the health or safety of a patient is threatened.



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6. Evaluation of the credibility of a complaint, allegation or concern shall discretely be made by the person who received the referral or self referral, who may be assisted by either or both of the other officers listed in #2 above.
7. Monitoring of the affected LIP and the safety of his/her patients, shall be conducted by observation, record review and progress reports from the PRN, until the rehabilitation or any disciplinary process is complete, and periodically thereafter; and the results of such monitoring shall be reported directly to the Medical Executive Committee.
8. Should a LIP fail to successfully complete the required PRN program, in the interest of patient safety all clinical privileges shall be suspended and the matter referred to the Medical Executive Committee for review and further action.
9. Instances in which a LIP is providing unsafe treatment of patients, shall immediately be reported to the Chief of Staff or his/her designee.
10. All issues related to this policy shall be reported to the Medical Executive Committee.