

# THE JOINT COMMISSION

## 2009 Hospital Accreditation Standards

### Licensed Independent Practitioner Health

#### **Medical Staff: Standard MS.11.01.01**

The medical staff implements a process to identify and manage matters of individual health for licensed independent practitioners which is separate from actions taken for disciplinary purposes.

#### **Rationale for MS.11.01.01**

The organized medical staff and organization leaders have an obligation to protect patients, its members, and other persons present in the hospital from harm. Therefore, the organized medical staff designs a process that provides education about licensed independent practitioner health; addresses prevention of physical, psychiatric, or emotional illness; and facilitates confidential diagnosis, treatment, and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition.

The purpose of the process is to facilitate the rehabilitation, rather than discipline, by assisting a practitioner to retain and to regain optimal professional functioning that is consistent with protection of patients. If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a practitioner is unable to safely perform the privileges he or she has been granted, the matter is forwarded for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements.

***Note:** Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their credentialing and privileging activities, and, if applicable, review their medical staff bylaws, policies, and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974.*

#### **Elements of Performance for MS.11.01.01**

Process design addresses the following issues (EPs 1-9):

- A 1. Education of licensed independent practitioners and other organization staff about illness and impairment recognition issues specific to licensed independent practitioners (at-risk criteria).
- A 2. Self referral by a licensed independent practitioner.
- A 3. Referral by others and maintaining informant confidentiality.
- A 4. Referral of the licensed independent practitioner to appropriate professional internal or external resources for evaluation, diagnosis, and treatment of the condition or concern.
- A 5. Maintenance of confidentiality of the licensed independent practitioner seeking referral or referred for assistance, except as limited by applicable law, ethical obligation, or when the health and safety of a patient is threatened.
- A 6. Evaluation of the credibility of a complaint, allegation, or concern.
- A 7. Monitoring the licensed independent practitioner and the safety of patients until the rehabilitation is complete and periodically thereafter, if required.
- A 8. Reporting to the organized medical staff leadership instances in which a licensed independent practitioner is providing unsafe treatment.
- A 9. Initiating appropriate actions when a licensed independent practitioner fails to complete the required rehabilitation program.
- A 10. The medical staff implements its process to identify and manage matters of individual health for licensed independent practitioners.

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