

# **MEDICAL EXECUTIVE COMMITTEE MEETING SUMMARY**

## **August, 2010**

**Following is a summary of Medical Executive Committee recommendations to the Board of Trustees:**

### **A. MEDICAL STAFF TRANSFERS:**

1. Acknowledge the resignations of the following practitioners:

Melissa Asagaonkar, MD, effective immediately  
Mark McGillem, MD, effective immediately  
Gregory Macchio, MD, effective immediately

### **B. RECOMMENDED APPOINTMENTS TO THE MEDICAL STAFF:**

Nusrat Chaudhary, MD, hematology/oncology  
Jamie Kazmierzak, MD, family medicine  
Douglas Liepert, MD, otolaryngology  
Samira El-Zind, MD, child neurology  
Carolyn Cole, DPM, surgical reconstructive rearfoot & ankle podiatry  
Melissa Hickey, MD, pediatrics  
Charisse Johnson, MD, pediatrics  
M. Shakil Aslam, MD, interventional cardiology

### **C. OTHER:**

1. Approve Jonathan Eash, MD, for additional privileges for the trial and implantation of spinal cord stimulators.
2. Approve Kathryn Park, MD, for additional privileges in the placement/management of intrathecal morphine pumps.
3. Approve revisions made to the policy for Credentialing Licensed Independent Practitioners in the Event of a Disaster.
4. Forward new policy for Assessment of Practitioners Over the Age of 72 to medical staff departments. (Attached)

ASSESSMENT OF PRACTITIONERS OVER THE AGE OF 72			
Approved:	MEC:	Board:	Amended:

**Policy:**

It is the policy of Memorial Hospital to credential and privilege physicians and allied health providers who are compassionate and competent, regardless of age, who fully meet the criteria established by the Memorial Hospital Medical Staff and its Board. It is recognized, however, that as we age, eyesight, hearing, and hand-eye coordination may deteriorate. Knowledge and judgment may also become compromised. It is also true that none of these may occur, and our senior physicians and other practitioners may be some of our best physicians.

The objective of this policy is to outline the special considerations for reviewing initial and renewal requests for clinical privileges by physicians and allied health providers who are age 72 or older. These considerations relate to the unique capabilities, competencies (cognitive and technical/procedural) and health status (ability to perform) of each physician and allied health provider who is 72 or older based on the above policy statement. .

In conjunction with their biennial reappointment, at the age of 72, physicians and allied health providers holding clinical privileges shall undergo an examination that addresses both the physical and mental capacity for the privileges requested. The physical and mental examination will be conducted by a physician who is familiar with the clinical privileges related to that specialty and is acceptable to the Credentials Committee. Suggested elements for such a screening evaluation are covered in Appendix A. The examination results must be documented on the approved form (Appendix B) and submitted by the date requested.

After the age of 80, physician and allied health providers must obtain appropriate health assessments as described above on an annual basis.

The physical examination is a “fitness to work” evaluation and must indicate that the physician or allied health provider has no physical or mental impairment that may interfere with the safe and effective provision of care permitted under the clinical privileges being requested. If the examination results indicate the potential to adversely affect the physician or allied health provider’s ability to perform the clinical privileges being requested, the matter will be processed in accordance with the applicable provisions of the medical staff bylaws.

In addition to the physical examination, a physician or allied health provider may be required to undergo proctoring of their clinical performance as part of the assessment of their capacity to perform the requested clinical privileges. Such proctoring may be required in the absence of any previous performance concerns. The scope and duration of the proctoring shall be determined by the MEC on recommendation of the Department Chief and/or Credentials Committee.

**Procedure:**

In accordance with the above policy, physicians and allied health providers who have reached the age of 72 will be notified of the requirement for a physical and mental examination at the time of their reappointment. Those who turn 72 during the reappointment cycle will not be required to comply with this policy until the next reappointment cycle. After the age of 80, they will be notified on an annual basis.

The notification from the medical staff office will include:

- The suggested elements of a screening evaluation (Appendix A)
- A copy of the approved form upon which the examination must be documented (Appendix B)
- The date that the results of the examination are due
- A copy of the current clinical privileges held by the practitioner

In order to maintain confidentiality of the information obtained, the examination results will be reviewed by the Chief of the Department and/or the Chair of the Credentials Committee. If the findings do not identify potential patient care concerns, the results will be filed in a confidential file as a matter of routine. However, if in the opinion of the medical staff representative, the results are of concern or raise further questions, the information will be shared with the Credentials Committee who will decide whether to meet with the physician or allied health provider or require that the applicant undergo proctoring of their clinical performance to assess their ability to perform the requested clinical privileges, or to forward the matter to the Physician Assistance Committee for appropriate assistance, or to the Medical Executive Committee for appropriate action.

If a required examination is not obtained within 60 days of notification, the physician or allied health provider will be considered to have voluntarily relinquished their privileges and any application for reappointment will not be processed

further.

## Suggested Elements of a Screening Evaluation for Practitioners Age 72 and Older – Appendix A

### **NOTE TO THE EXAMINING PHYSICIAN:**

*The following elements of a medical evaluation, including history, physical examination and laboratory assessment, should be modified as appropriate to address the age, clinical condition, and clinical privileges requested by the practitioner. Therefore, please be sure to review the practitioner's requested clinical privileges before conducting this evaluation.*

*In order to respect the confidentiality of the practitioner's medical information, the Memorial Hospital Medical Staff does not expect you as the examining physician to submit the complete results of your medical evaluation. The Medical Staff is only interested in, and should only receive a report on those aspects of the practitioner's health that have the potential to adversely affect their ability to carry out the requested privileges. Please use the attached form to submit the results of your assessment to the Medical Staff rather than submitting a complete history and physical examination.*

- Name
- Current Clinical Privileges with requirements (call, extended surgeries, potential uninterrupted hours of work, etc.)
- Medication list
- Allergies
- Past medical history
- Past surgical history
- Family History
- Social History
- Immunization history
- Physical exam
  - Vital Signs
  - HEENT – with visual acuity and auditory acuity
  - Neck/thyroid
  - Heart Lungs
  - Abdomen
  - Genital
  - Rectal
  - Pulses
  - Extremities (evidence of circulatory or neurologic deficits)
- Neurologic Exam (cranial nerves, motor, sensory, cerebellar)
- Mental Status Exam: (this exam or alternate exam)
  - Orientation: year, season, date, day, month
  - Orientation: state, county, town, building, floor
  - Registration: name three objects (record the number of trials required to learn)
  - Attention and calculation: serial 7 subtraction-subtract 100 by 7 (stop after 5 answers)
  - Spell "world" backwards
  - Recall: recall the three objects registered above
  - Language: name 2 objects (pencil and watch)
  - Repeat: 'no ifs, ands, or buts'
  - Follow a 3 step command
  - Read and obey: Close your eyes (written in print large enough for the patient to see clearly)
  - Write a sentence
  - Copy a picture of intersecting pentagons
- Immunizations: pneumococcal vaccine, influenza, tetanus-diphtheria boosters, hepatitis B vaccine
- Potential Interventions: PPD
- Laboratory/Radiology Screening: CBC plus differential, basic metabolic profile (glucose, BUN/Creatinine, electrolytes), HIV screen if indicated
  - EKG if indicated
  - More advanced studies predicated upon focused past medical history and positive findings
- Requirement for follow up based upon positive findings.
- Quality issues would require a more customized approach with a comprehensive physical/neurological evaluation with interpretation by a similar specialist cognitive of impairments and their effect upon the capacity to perform granted privileges in this specific area.

## Screening Evaluation Report Form – Appendix B

Patient: \_\_\_\_\_

<b>On history there are symptoms or conditions that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner.</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please describe: <hr/> <hr/> <hr/> <hr/> <hr/>
<b>On physical examination there are findings that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	General
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cognitive Abilities
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Motor Skills
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sensory Functioning
		If you answered YES to any of the above concerns on physical examination, please describe: <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Tests and studies performed on this clinical raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please describe: <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Recommendations for further study or evaluation:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

# Suggested Screening Evaluation Report Form – Appendix B

***I attest that I have performed a complete history and physical exam on the above named practitioner on this date and that I have reviewed the clinical privileges requested by this practitioner.***

**Recommendation:** In my professional opinion, **this practitioner:**

- Does not have any physical/mental impairment that would interfere with the safe and effective provision of care permitted under the privileges granted.
- Has the following physical/mental impairment that may interfere with her/her ability to practice.

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether an accommodation is necessary for this practitioner to function without posing a threat to patient care: \_\_\_\_\_

\_\_\_\_\_

- Requires further evaluation. Please describe: \_\_\_\_\_
  - Other: Please describe: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_