



Clinical Privileges Webinar Reporting Scenario

September 20, 2022

Part I

Dr. Y is a physician at Southwest Hospital. On or about May 15, 2021, he became the subject of a medical staff peer review based on allegations that he violated the standard of care by modifying electronic patient profiles without examining the patient or consulting with the appropriate treating provider and that he appeared to be intoxicated on several occasions after reporting to work. As part of the peer review, he had three random surgical cases reviewed by the Surgical Peer Review Committee (SPRC) of the Hospital and the SPRC found that there was substantial room for improvement in the three cases, which the SPRC found was a highly unusual, if not unique, finding within such a small sample size.

After review of the allegations raised concerning Dr. Y, along with a review of the SPRC findings, the Hospital Medical Executive Committee (MEC) recommended that Dr. Y's privileges be summarily suspended in order to protect patient safety. The MEC had the authority to issue a summary suspension, however, a final action concerning Dr. Y's privileges requires approval by the Hospital Board of Directors (Board). Dr. Y was placed on summary suspension on June 1, 2021.

Part II

The SPRC reviewed an additional 40 cases involving treatment by Dr. Y, which resulted in numerous concerns about deficiencies in clinical judgment, technical skills, documentation concerns, and unclear indications for procedures. On July 2, 2021, the MEC recommended that Dr. Y be allowed to return to the Hospital with certain practice restrictions:

- A two-month restriction on his ability to perform any complex surgeries (Dr. Y was provided a list of restricted surgical procedures) with the option of designating a surgical proctor in the future.
- A permanent restriction of his ability to write an electronic patient profile without the approval of a supervising physician.
- A permanent restriction from deleting electronic patient profiles.

The Board approved all the practice restrictions on July 3, 2021. Dr. Y returned to work on July 5, 2021.

Part III

On July 8, 2021, Dr. Y reported to work and appeared to be intoxicated. He submitted to a blood alcohol test, which revealed an unacceptable amount of alcohol in his system pursuant to Hospital Bylaws. He was sent home for the day. The MEC reopened an investigation in Dr. Y's conduct and decided to meet the next day to determine if another summary suspension was appropriate. On July 9, 2021, the MEC notified Dr. Y of the reopened investigation and informed him the MEC would meet again to determine if another summary suspension of his privileges should be imposed. Dr. Y sent notice to the Hospital on July 10, 2021, that he would temporarily take a leave of absence to attend in-patient substance abuse treatment. Dr. Y also said that he would refrain from practice and from providing medical services at the Hospital while he was on his leave of absence. Due to Dr. Y's notice of a leave of absence the MEC decided to place the investigation on hold and determined that it was unnecessary to issue another summary suspension of Dr. Y's privileges, because he would not be exercising his clinical privileges while on his leave of absence.

On October 4, 2021, Dr. Y wrote the Hospital noting that he had a successful treatment experience and rehabilitation. He asked to return to the Hospital. He stated that his clinical deficiencies and inappropriate conduct were all due to his issues with alcohol. The Hospital agreed to have Dr. Y resume his clinical privileges with the previously imposed practice limitations.