

<b>Title: Request to Refrain from Performing Privileges</b>	
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<b>Approved by:</b> Administrative Policy Committee, Chief Clinical Officer, Clinical Leadership Team, PolicyTech Administrators 02/13/2019	
<b>Discrete Operating Unit/Facility:</b> <b>Hospitals</b> Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson Cardon Children's Medical Center East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Torrington Community Hospital Washakie Medical Center	<b>Banner Corporate</b>  <b>Ambulatory Services</b> Banner Behavioral Health Outpatient Services Banner MD Anderson Cancer Center Banner Medical Group Banner Surgery Centers Banner Urgent Care Services Banner—University Medical Group Occupational Health/Employee Services Rural Health Clinics  <b>Banner Home Care and Hospice (BHCH)</b>  <b>Banner Pharmacy Services</b>  <b>Insurance</b> Banner Health Network Banner Plan Administration University Physicians Health Plans  <b>Post-Acute Services (PAC)</b>  <b>Research</b>

**I. Purpose/Population:**

- A. **Purpose:** To outline the process and circumstances when a Practitioner should be asked to refrain from practice or from exercising certain privileges.
- B. **Population:** Medical Staff and Allied Health Providers

**II. Definitions:**

- A. Practitioner: a physician or other health care professional credentialed through the Medical Staff.

**III. Policy:**

- A. When concerns exist that a Practitioner's competence or conduct jeopardize patient safety, or where there is a concern that a Practitioner may be impaired, the Chief of Staff, Chief Medical Officer (if authorized) or their designee may request that a Practitioner refrain from exercising all or a portion of the Practitioner's privileges at the hospital and may request that the Practitioner refrain from all Banner facilities where the Practitioner has privileges or to which s/he is applying (Banner Facilities).
- B. Where a Stipulation Agreement states that a Practitioner may be required to refrain from practice for a violation and the Practitioner violates the Stipulation Agreement, the Chief of Staff, Chief Medical Officer or their designee may request that the Practitioner refrain from practice.
- C. A request to refrain is a request; however, the Practitioner may be told that his/her privileges will be suspended or that other corrective action will be taken if the Practitioner refuses.
- D. If the Practitioner refuses to refrain or commences practice after agreeing to refrain, the Practitioner may be subject to corrective action pursuant to the Medical Staff Bylaws, which may include summary suspension or other summary action.
- E. If the Practitioner agrees to refrain, an acknowledgement by the Medical Staff leadership will be confirmed in writing to the Practitioner. If the request is to refrain at all Banner Facilities, all facilities will be copied on the letter.
- F. Peer review information, including corrective action if taken, will be communicated in writing to all Banner Facilities pursuant to the Banner Health Sharing of Information Policy.
- G. The agreement to refrain will be reported to the appropriate licensing board and the National Practitioner Data Bank as required by State and Federal law. If a request to refrain is made because of a concern about a potential substance abuse, a report will not be made to the appropriate licensing board until and unless positive results are received.
- H. The Practitioner may decide to no longer refrain. Should that occur before an investigation is successfully completed, the Practitioner may be subject to correct action pursuant to the Medical Staff Bylaws.

**IV. Procedure/Interventions:**

- A. Communicate concerns about competence, professional conduct or a violation of a stipulation agreement to the appropriate Medical Staff leader.
- B. Determine if cause exists for a request to voluntarily refrain from practicing pending the outcome of an investigation and whether the Practitioner will be asked to refrain from all Banner Facilities. (Medical Staff Leader) The Medical Staff Leader will work with Medical Staff Director/Manager to identify the Practitioner's Banner Facilities.
- C. Contact the Practitioner and outline the concerns identified and request that the Practitioner voluntarily refrain.
- D. If the Practitioner agrees to refrain, send a letter confirming the request and agreement to refrain to the Practitioner. (Medical Staff Service facility that initiated the request) The Chiefs of Staff of the Banner Facilities will be copied on the letter.

- E. If the Practitioner agrees to refrain, notify the Banner Facilities Medical Staff Services Directors/Managers.
- F. If the Practitioner agrees to refrain, notify the licensing authority as required by law.
- G. If the Practitioner refuses to refrain, determine whether corrective action, including summary suspension, will be taken in accordance with Medical Staff Bylaws. (Medical Staff Leader)
  - 1. Corrective action will be reported to the Banner Facilities' Medical Staff Services Directors/Managers. (Medical Staff Services)
  - 2. Corrective action will be reported to the licensing authority as required by law.
- H. Initiate an investigation regardless of whether the Practitioner has agreed to refrain.
- I. Send a Sharing of Information Request to the appropriate Chief, with a request for periodic investigation updates, in accordance with the [Sharing of Peer Review Information](#) Policy. (Chief of Staff/Medical Staff Director or the Banner Facilities)
  - 1. Results of the investigation will be communicated to the Banner Facilities as outlined in the [Sharing of Peer Review Information](#) Policy.
- J. Forward all documents related to the concerns and intervention to Medical Staff Services Department for further action by the Medical Staff Leadership. Information is confidential peer review information and will be treated as such.
- K. Each facility will report the request to refrain or corrective action on its next Medical Staff Board report to the Banner Medical Staff Subcommittee. The request will also be reported to Risk Management via the facility monthly risk report as outlined in the [Reporting Certain Medical Staff Actions to Risk Attorneys](#) policy.
- L. Complete the MSOW (Morrisey Practitioner Database) facility data entry. Status suspended – Category suspended. Check response letter alert under additional fields tab.

**V. Procedural Documentation:**

- A. N/A

**VI. Additional Information:**

- A. N/A

**VII. References:**

- A. MSS Voluntary Refrain From Practice Guidelines
- B. Sharing of Peer Review Information Policy and Procedure
- C. Facility Medical Staff Bylaws

**VIII. Other Related Policies/Procedures:**

- A. [Reporting Certain Medical Staff Actions to Risk Attorneys](#)

**IX. Keywords and Keyword Phrases:**

- A. Refrain
- B. Suspend
- C. Restrict
- D. Medical Staff Privileges

**X. Appendix:**

- A. N/A