

**APPENDIX A TO BYLAWS
OF
INGHAM REGIONAL MEDICAL CENTER
PROFESSIONAL STAFF**

RESOLUTION PROCESSES

ARTICLE I. SCOPE AND DEFINITIONS3

1.1 SCOPE3

1.2 DEFINITIONS3

 1.2-1 Corrective Action3

 1.2-2 Alternative Action3

 1.2-3 Summary Action3

 1.2-4 Automatic Action3

 1.2-5 Administrative Action3

 1.2-6 Reportable Actions3

1.3 ADDITIONAL DEFINITIONS5

 1.3-1 Informal Review5

 1.3-2 Formal Review5

ARTICLE II. CORRECTIVE ACTION5

2.1 ROUTINE CORRECTIVE ACTION5

 2.1-2 Requests and Notices6

 2.1-3 Investigation when Deemed Necessary or Appropriate6

 2.1-4 Interview of Subject Member6

 2.1-5 PSEC Action6

 2.1-6 Exercise or Waiver of Procedural Rights7

 2.1-7 Report to the Board and Board Action7

ARTICLE III. ALTERNATIVE ACTION7

3.1 BASIS FOR ALTERNATIVE ACTION7

 3.1-2 Alternative Action may be Initiated in any of the Following Ways9

 3.1-3 Alternative Action Ad Hoc Committee Composition9

 3.1-4 Request For Alternative Action9

 3.1-5 Initial Review10

 3.1-6 Appointment of Additional Members10

 3.1-7 Plan of Activity, Diagnostic Interviews (s) Examination(s) Preliminary Findings10

 3.1-8 Informal Hearing10

 3.1-9 Recommendations (Final Report and Course of Action)10

 3.1-10 Course of Action Alternatives11

 3.1-11 Appointment and Function of Monitor11

 3.1-12 Records are Confidential12

 3.1-13 Disclosure to Other Professional Review Entities12

 3.1-14 Disclosure to Replacement Alternative Action Ad Hoc Committee Members13

ARTICLE IV. SUMMARY ACTION13

4.1 BASIS FOR SUMMARY ACTION13

 4.1-2 PSEC Action14

 4.1-3 Responsibilities14

ARTICLE V. AUTOMATIC ACTION	14
5.1 BASIS FOR AUTOMATIC ACTION	14
5.1-1 <i>Loss of License or Serious Crime</i>	14
5.1-2 <i>DEA and State Board of Pharmacy Registration</i>	14
ARTICLE VI. ADMINISTRATIVE ACTION	15
6.1 BASIS FOR ADMINISTRATIVE ACTION	15
6.1-1 <i>Medical Records</i>	15
6.1-2 <i>Administrative Consultations</i>	15
6.1-3 <i>Professional Liability Insurance Requirement Compliance</i>	16
6.1-4 <i>Unavailability-Resignation</i>	17
6.1-5 <i>Failure to Meet Minimum Activity Requirements – Resignation</i>	17
6.1-6 <i>Technical Non-Compliance with Bylaws, Rules or Other Hospital Policies</i>	17
6.1-7 <i>Suspension or Termination by Educational or Other Employer</i>	17
6.1-8 <i>Licensure Probation</i>	18
6.1-9 <i>Continuing Medical Education Requirements</i>	18
ARTICLE VII. DISRUPTIVE PHYSICIAN BEHAVIOR.....	18
7.1 DOCUMENTATION OF DISRUPTIVE BEHAVIOR	18
7.1-1 <i>Unacceptable Disruptive Physician Conduct Includes, but is not Limited to,</i>	18
7.2 MEETING WITH THE PHYSICIAN PRIOR TO CORRECTIVE ACTION.....	19
7.3. DOCUMENTATION/TRANSMITTAL/CONFIDENTIALITY	20
ARTICLE VIII. REPORTING OF FINAL ACTIONS	21

**APPENDIX A TO BYLAWS
OF
INGHAM REGIONAL MEDICAL CENTER
PROFESSIONAL STAFF**

RESOLUTION PROCESSES

ARTICLE I. SCOPE AND DEFINITIONS

1.1 SCOPE

The procedures set forth in this Appendix are intended to be utilized for certain types of disciplinary and administrative actions taken or about to be taken with regard to Members.

1.2 DEFINITIONS

The following definitions are to be utilized along with the definitions set forth in the Bylaws, Appendices, General Rules and policies and are further addressed in Articles II. – VI.

1.2-1 Corrective Action

Corrective Action is a means of addressing a disciplinary problem with a Practitioner. Based on the Recommendation or Plan of Action, the Corrective Action Process incorporates either the Informal or Formal Review Procedures.

1.2-2 Alternative Action

Alternative Action is a means of addressing a problem of a Practitioner (Member or initial applicant) for which Corrective Action or other traditional means of behavioral modification are either not feasible or not as appropriate. The Alternative Action Process incorporates the Informal Review Procedure.

1.2-3 Summary Action

Summary Action is action taken to summarily suspend or place condition upon a Member's Privileges. If the action is imposed for more than fourteen (14) business days, the PSEC may pursue Corrective Action, and if the subject Member so requests, Alternative Action processes.

1.2-4 Automatic Action

Automatic Action is a means of suspending a Member's Privileges due to revocation or suspension of his license, DEA or State Board of Pharmacy Registration. The PSEC and Board may request Corrective Action.

1.2-5 Administrative Action

Administration Action is a means of temporarily intervening with respect to a Member's practice at the Hospital on an Administrative basis, to address care concerns, incomplete medical records or non-compliance with the Professional Liability Insurance Requirement in the form of an Administrative Consultation or action, due to but not limited to, incomplete Medical Records or noncompliance with the Professional Liability requirement. Administrative Action by itself, and if the reason for action is resolved timely without the need for Corrective Action, is not disciplinary in nature and therefore not reportable.

1.2-6 Reportable Actions

All final disciplinary actions and actions relative to professional competency or conduct shall be

reported in accordance with legal requirements.

1.3 ADDITIONAL DEFINITIONS

The following definitions are to be utilized along with the definitions set forth in the Bylaws, Appendices, General Rules and policies. These definitions describe the mechanism that can be utilized during a Resolution Process.

1.3-1 Informal Review

A review process undertaken based on recommendations as the result of a resolution process, Alternative Action, or outcome of credentialing or recredentialing review.

1.3-2 Formal Review

A review process undertaken based on recommendations as the result of a disciplinary review process or outcome of credentialing or recredentialing review. Formal Review allows either the Affected Practitioner or Advocate as well as the PSEC or Board the opportunity to call and examine/cross-examine witnesses, introduce exhibits and rebut any evidence.

ARTICLE II. CORRECTIVE ACTION

2.1 ROUTINE CORRECTIVE ACTION

2.1-1 Based on personal observations or reliable reporting from other Professional Staff Members or Hospital employees, any officer of the Professional Staff, Department Chairman, the PSEC, CEO or the Board may initiate request for Corrective Action for, but not limited to the following grounds:

- (a) The personal activities or professional conduct of any Member with Privileges are or are reasonably probable of being:
 - (1) Detrimental to patient safety, employees or associates of the Hospital, physicians or volunteers;
 - (2) Detrimental to delivery of patient care; or
 - (3) Disruptive to Hospital operations.
- (b) Unethical practice in or outside the Hospital.
- (c) Formal institution of felony charges (e.g., an indictment or conviction of any felony).
- (d) Conviction of any crime related to medical practice or hospital activities.
- (e) A finding by any professional licensing board that a Member violated licensing statutes or its rules.
- (f) A finding by any local, state or national professional organization that a Member committed unethical acts.
- (g) Repeated or willful disregard for utilization and quality review findings and requirements.

- (h) Total or partial incapacitation or incompetence (to include mental, judgmental and physical) which impairs a Practitioner's ability to fulfill Professional Staff and Hospital responsibilities.
- (i) Unauthorized disclosure of confidential Hospital or Professional Staff Committee, Department or Section information relating to patient care or professional review.
- (j) Failure or inability to discharge basic responsibilities of Professional Staff membership.
- (k) Failure in good faith to comply with a course of therapy, Alternative Action Program, or practice quality improvement protocol which has been agreed upon by the Member.
- (l) Violation of the Professional Staff Bylaws, Appendices, General Rules and Regulations (including but not limited to falsification of application or credential documents) and failure to timely report an anticipated or actual change in Professional Liability Insurance requirement compliance.
- (m) Any conflict which forms the basis of summary action as described in 4.1.

2.1-2 Requests and Notices

All requests for routine Corrective Action, in accordance with 2.1-1 above, shall be in writing, submitted to the PSEC, and include reference to a description or examples of the specific activities or conduct which constitute the grounds for the request. PSEC referrals of matters subject to summary action for concurrent processing or routine corrective action shall be recorded in writing and briefly summarize the PSEC's reasons for making the referral (e.g., "summary suspension alone does not address long-term concerns"). The Co- Chief(s) shall promptly notify the CEO in writing of all requests for Corrective Action received by the PSEC and shall continue to keep the CEO fully informed of all action taken in conjunction therewith.

2.1-3 Investigation when Deemed Necessary or Appropriate

The PSEC may designate a person or an Ad Hoc Committee to investigate if deemed necessary or appropriate. When so designated, the person or Ad Hoc Committee shall promptly investigate the matter and within forty-five (45) calendar days after receipt of the designation, or lesser time as the PSEC may request, forward a written report of the investigation to the PSEC.

If the Corrective Action request was preceded by an investigation, a report of that investigation may be used in lieu of a subsequent investigation.

2.1-4 Interview of Subject Member

At any point after a Corrective Action request is made the PSEC or designee(s) may upon request, have the opportunity to interview the Member subject to the Corrective Action request.

2.1-5 PSEC Action

Within forty-five (45) calendar days following the request for Corrective Action or if an investigation is requested, receipt of the investigation report, the PSEC shall take action upon the request. Within this period and prior to taking action the PSEC may require further investigation. Action taken by the PSEC may include:

- (a) Rejecting the request for Corrective Action with or without letter or warning or

admonition.

- (b) Recommending to the Board requirements of consultation.
- (c) Issuing a letter or reprimand.
- (d) Imposing probation without limitation of Privileges.
- (e) Recommending to the Board the reduction, suspension or revocation of Privileges.
- (f) Recommending to the Board reduction of Professional Staff category or limitation of any Professional Staff prerogatives directly related to patient care.
- (g) Recommending to the Board suspension or revocation of Professional Staff membership.
- (h) Recommending to the Board that other action be taken.

2.1-6 Exercise or Waiver of Procedural Rights

Any recommendation or action taken pursuant to (b) through (h) of 2.1-5 (but not Articles IV, V and VI) will ordinarily be held in abeyance for a period of thirty (30) calendar days or the timely and effective exercise of procedural rights applicable to the action in the Review Procedures Plan (Informal or Formal Hearing Section), whichever is longer. However, during such period, the actions including those described in Articles IV, V, VI below may still be taken if appropriate. The PSEC may, based on the outcome of any information or formal hearing, revise its action or recommendation. Failure to timely request and pursue exercise of procedural rights shall constitute acquiescence to an Adverse Action or recommendation as provided in 2.3 and 4.3-8 of the Review Procedures Plan.

2.1-7 Report to the Board and Board Action

All PSEC actions regarding a Corrective Action request shall be reported promptly to the Board. A rejection of a request for Corrective Action or the taking of action specified in 2.1-5 (b) and (c) shall not be final until affirmatively approved by the Board. If not approved by the Board, the Board may, after due consultation with PSEC, take any other action specified in 2.1-5. As to any Corrective Action taken or recommended by the PSEC for which the Member has timely and effectively pursued an Informal or Formal Hearing, if applicable, the Board action will await the outcome or waiver of the Member's appeal. As to any Corrective Action taken or recommended by the PSEC for which the Member is not entitled to or has waived an Informal or Formal Hearing, the Board may expressly affirm, after consultation with the PSEC, reject (or rescind) such action or recommendation with such special directives to Administration and/or the PSEC as it deems appropriate. Silence or non-action by the Board for sixty (60) calendar days after receipt of notice of PSEC Corrective Action without the pendency of hearing or appeal proceedings, shall constitute its implied affirmation of same.

ARTICLE III. ALTERNATIVE ACTION

3.1 BASIS FOR ALTERNATIVE ACTION

- 3.1-1 The basis for requesting Alternative Action shall be a physical or mental condition or course of conduct which may potentially impair the ability of a Practitioner to safely and skillfully practice

his profession. By way of example and not in limitation, circumstances which indicate Alternative Action include substance abuse, compulsive behavior, inability to relate to patients and/or staff, or onset of a debilitating illness or condition. Manifestations of the foregoing justifying Alternative Action need not be observed on Hospital premises, but rather can be based on reasonably supportable observations of the Practitioner at any time.

3.1-2 Alternative Action may be Initiated in any of the Following Ways

- (a) By a Practitioner volunteering for Alternative Action at any point before a Corrective Action process is instituted or adverse action on any application (initial or renewal) is taken;
- (b) After Corrective Action is instituted or adverse action has been taken on an application (initial or renewal), but before a hearing, when a Practitioner requests approval of his acceptance for Alternative Action and the PSEC or Board agrees;
- (c) In lieu of Corrective Action at the request of the PSEC with the consent of the Practitioner involved, in a situation where Corrective Action would otherwise be warranted and the Practitioner agrees to proceed in good faith with Alternative Action; or
- (d) Where an initial applicant or a Practitioner seeking renewal of Privileges has, in the judgment of the PSEC or the Board, a personal problem which is appropriate for the Alternative Action, but, if not evaluated and/or acted upon, would require denial or non-renewal of Privileges, and the Practitioner agrees to proceed in good faith with the Alternative Action.

In the event that one of the four criteria set forth above are met, the matter will be referred to an Alternative Action Ad Hoc Committee.

3.1-3 Alternative Action Ad Hoc Committee Composition

The PSEC in cooperation with the CEO, will designate an Alternative Action Ad Hoc Committee which will include at a minimum, one member of PSEC, a Professional Staff Member in the same or similar specialty as the Practitioner who is subject to Alternative Action (e.g., if the Practitioner involved is a surgeon, a surgeon should be appointed), a Member of the Board and a Member of Administration. The Professional Staff Member may not be an officer on the Professional Staff.

Additionally, the Alternative Action Ad Hoc Committee shall, as circumstances require, appoint no more than two (2) non voting adjunct members. Adjunct members shall be persons having particular knowledge of the problem of the involved health care profession. By way of example and not in limitation, an appropriate adjunct member might be a psychiatrist, a general practitioner, an internist, a social worker, a clinical psychologist, or an experienced representative of a substance abuse group. The adjunct members may or may not be affiliated with the Hospital, its Professional Staff or Board. If the adjunct members are not Members of the Professional Staff or Board, they may be required to sign a confidentiality statement. If the adjunct members require payment for participation on the committee and/or services rendered on the committee's behalf, such fees will be the responsibility of the Practitioner who is subject to Alternative Action.

3.1-4 Request For Alternative Action

The Alternative Action Ad Hoc Committee will begin action when a request for Alternative Action, signed by the Co- Chief(s), CEO, or the President of the Board, and countersigned by the Practitioner involved; or, in the case of voluntary submission, a request of the Practitioner is received. The request form will include a brief summary of the nature of the problem for which Alternative Action is sought, whether Corrective Action procedures have been initiated or adverse action on an application (initial or renewal) is contemplated, and the acknowledgment of the Practitioner involved that he will be responsible for payment of fees of adjunct members appointed to the committee.

The request form will also contain a statement by the Practitioner involved that he agrees, for the purposes of the Alternative Action process, to authorize the Alternative Action Committee to obtain and use all medical and institutional records and reports from all treating health professionals. To this end, the Practitioner, who is the subject of the Alternative Action, shall provide to the Alternative Action Ad Hoc Committee, signed medical record authorizations meeting the requirements of Federal and State statutes and regulations relating to substance abuse information release.

3.1-5 Initial Review

Within fifteen (15) business days after receiving the request, the Members of the Alternative Action Ad Hoc Committee will then informally meet with the Practitioner involved and discuss the problem, including its history, the reason for the initiation of the Alternative Action, and the expectations of the involved Practitioner.

3.1-6 Appointment of Additional Members

Following the initial interview, the standing Members of the Alternative Action Ad Hoc Committee will timely meet privately and discuss the committee's future course of action. A determination will then be made if there is a need for an additional Special Alternative Action Ad Hoc Committee Member, and a determination of the type of individual sought for non-voting membership on the committee if indicated. The secretary will be responsible for making arrangements for the special and adjunct members joining the committee.

3.1-7 Plan of Activity, Diagnostic Interviews (s) Examination(s) Preliminary Findings

Once the special and adjunct committee Members have been selected and agree to participate, the committee will meet and establish a written plan for further activity. The plan will include designations of diagnostic interviews and/or examinations of the involved Practitioner by the adjunct committee Member(s) and reports of same, which will be utilized in formulating preliminary findings. An adjunct member may utilize the services of an allied professional or para-professional in carrying out this aspect of an evaluation, e.g. a psychiatrist having a clinical psychologist do testing.

3.1-8 Informal Hearing

Once the preliminary findings are formulated, the Practitioner involved will be asked to appear before the Alternative Action Ad Hoc Committee for an Informal Hearing as outlined in the Professional Staff Review Procedures Plan.

3.1-9 Recommendations (Final Report and Course of Action)

Following the Informal Hearing, (as delineated in the Section 3.9 of the Professional Staff Review Procedures Plan) the Alternative Action Ad Hoc Committee will deliberate in private and formulate in writing a formal report and course of action. -Within thirty (30) calendar days after completion of the Informal Hearing, the final report and course of action will be made available to the involved Practitioner for review. He shall either approve it, or, if he does not approve it, promptly provide his written comments, which shall be made a part of the permanent record of the Alternative Action Ad Hoc Committee. After review of such comments, the Alternative Action Ad Hoc Committee may modify its final report or course of action with notice of any changes to the involved practitioner.

As delineated in Section 3.10 of the Professional Staff Review Procedures Plan, if the Practitioner believes that the Alternative Action Ad Hoc Committees recommendation was arbitrary, capricious, or lacked any evidence in support, which shall be the sole grounds for appeal, he may, within fifteen (15) days of receipt of final report or course of action, submit a written appeal.

Once the final report and course of action are approved or the opportunity to comment has been exhausted, the PSEC, the CEO and the Board shall receive, except as hereinafter provided, only notice of the course(s) of action selected.

3.1-10 Course of Action Alternatives

Course of action alternatives which may be selected by the Alternative Action Ad Hoc Committee include:

- (a) A determination that there is no reason for (or to continue) Alternative Action;
- (b) A determination that the Practitioner involved, by reason of attitude, nature of problem or similar reason, is not a candidate for Alternative Action (if Corrective Action had been initiated with respect to the Practitioner, the matter would be referred back for completion of formal Corrective Action);
- (c) Leave of absence by the involved Practitioner;
- (d) Imposition of a course of therapy requirement;
- (e) Imposition of periodic mental and/or physical health examinations by a health care professional selected by the Alternative Action Ad Hoc Committee (who may be one of the Adjunct Members) with reports to the Alternative Action Ad Hoc Committee.
- (f) Restrictions or limitations on practice and Privileges in the Hospital, and/or other practice settings, including a consultation of preceptor requirement;
- (g) Recommendation of resignation from the Professional Staff;
- (h) Recommendation of non-renewal of requested Privileges; and
- (i) Recommendation of denial of Privileges (for an initial applicant).

If alternative (b), (c), (g), (h) or (i) are selected, the determination or recommendation shall be forwarded to the appropriate Professional Staff and Board entities for follow-up.

When not inconsistent, two or more of the above alternatives may be utilized simultaneously. Further, nothing shall prevent the Alternative Action Ad Hoc Committee from applying any two or more alternatives in serial fashion, e.g., leave of absence with a prescribed course of therapy, a return to the Hospital with required periodic health examinations, followed by a determination there is no longer a need for Alternative Action.

3.1-11 Appointment and Function of Monitor

To implement alternative (c), (d), (e) and/or (f) a monitor, who shall be appointed by the Alternative Action Ad Hoc Committee from one of its standing Members, will implement the actions to be taken.

It will be the responsibility of the monitor to be sure that the course of action determined by the committee, with respect to reporting, preceptorship, or consultation is carried out. If a leave of absence is decided upon and undertaken by the involved Practitioner, the monitor will maintain a line of communication with the involved Practitioner and will be responsible for reconvening the committee when a return of the Practitioner to the Hospital practice is contemplated.

The monitor may also reconvene the Alternative Action Ad Hoc Committee at any time he feels it is indicated, at which time the Alternative Action Ad Hoc Committee may modify, change, or rescind the alternative(s) selected.

The Alternative Action Ad Hoc Committee will retain jurisdiction over the involved Practitioner's case until such times as alternative (a), (b), (g) and/or (h) are determined to be applicable.

3.1-12 Records are Confidential

Inasmuch as the committee's function is professional review, the records, data and knowledge collected by the committee in any form shall be maintained at all times in a strictly confidential manner.

3.1-13 Disclosure to Other Professional Review Entities

Except for its selected course(s) of action (of which the Board, CEO and PSEC shall be advised), the records, data and knowledge of the Alternative Action Ad Hoc Committee may be disclosed only to other entities having a professional review function and only under the following circumstances:

- (a) The Alternative Action Ad Hoc Committee selects any course of action alternative except for number 3.1-10 (a), and reaches the opinion that patient and Staff welfare and/or safety protection require that some or all of the records, data and knowledge accumulated by the committee be provided to the Credentials Committee, PSEC, Board, or a Corrective Action Committee of the Hospital, or another institution where the Practitioner has or is seeking clinical privileges; or,
- b) The Board, PSEC, or the Credentials Committee believes in good faith that some or all of the records, data and knowledge accumulated by the Alternative Action Ad Hoc Committee are required for their meaningful evaluation of an initial applicant, reappointment of a Professional Staff Member or delineation of Privileges. A request under these circumstances will be honored by the Alternative Action Ad Hoc Committee after consultation with the requesting party to narrow the scope of disclosure to the minimum needed; or,
- (c) The Alternative Action Ad Hoc Committee is required by law to respond to State licensing authorities.

With respect to (a) and (b) above, the Alternative Action Ad Hoc Committee will notify the involved Practitioner of its intentions and/or the request of the Board, Credentials Committee, or PSEC. The Practitioner may, in lieu of the information being provided:

- (i) Withdraw his application, if an initial application is involved; or
- (ii) Withdraw his request for reappointment; or
- (iii) Withdraw his request for the Privileges, if the request stems from a request for renewal or

additional Privileges; or

- (iv) Resign from the Professional Staff if the request stems from Corrective Action.

In the event of application withdrawal, request withdrawal, or resignation in accordance with the above, the material will not be provided.

3.1-14 Disclosure to Replacement Alternative Action Ad Hoc Committee Members

In the event an Alternative Action Ad Hoc Committee Member must be replaced, his replacement on the committee is entitled to review all records, data and knowledge of Alternative Action Ad Hoc Committee.

ARTICLE IV. SUMMARY ACTION

4.1 BASIS FOR SUMMARY ACTION

4.1-1 The PSEC acting alone, the Board acting alone, or the CEO acting in combination with the Co-Chief(s) Co- Chief(s) Elect, or Department Chairman in which the Member holds Privileges, shall have the authority to immediately Summarily Suspend or place condition upon the exercise of all or any portion of the Privileges of a Member whenever there is a reasonable belief that:

- (a) The Member's temporary or permanent mental or physical state is such that there is a substantial likelihood that one or more patients under the care of the Member involved, employees/associates of the hospital, volunteers or physicians would be subject to imminent danger to their health as a result of the Member's action or inaction if the Member is permitted to continue to exercise Privileges;
- (b) There is substantial evidence that the Member has committed acts of an illegal or unethical nature while in this Hospital or another which are of such gravity that if proven, would justify revocation or permanent suspension of membership, Privileges, medical licensure or prescribing authority, or
- (c) There is substantial evidence of a gross dereliction of duty which relates to the assurance of a patient's well-being, or in the management of a patient, which, in the judgment of those having the authority to summarily act, indicates one or more patients under the present and/or future care of the Practitioner involved would be subject to imminent danger to their health, if (s)he is permitted to continue to exercise Privileges. (A pattern of unusually high frequencies of unexpected deaths or morbidity shall constitute sufficient ground to invoke this provision.); or
- (d) There is substantial evidence of an act, omission or patters by the Practitioner, which has the potential of materially damaging the Hospital's licensure status or ability to effectively function as a provider of services.
- (e) Non-compliance with an Agreement between a Practitioner and the PSEC of the Hospital where the Agreement specifies non-compliance will result in suspension or the acts of non-compliance will place patient, staff or Practitioner welfare at significant risk.

Such summary action shall become effective immediately upon imposition, and the CEO shall promptly give written notice of the suspension to the subject Member.

4.1-2 PSEC Action

The CEO shall then call an emergency meeting of the PSEC within fourteen (14) days after the suspension takes effect to review said action. The CEO will endeavor to give notice of the PSEC meeting to the subject Member by the most expeditious means possible. The subject Member may request or be requested by the PSEC to appear before the PSEC and review the situation before it votes. The meeting may be delayed at the written request of the subject Member. For the purposes of this Section only, the presence of thirty-three (33%) of the voting Members of the PSEC shall constitute a quorum for conducting a review of voting upon said action. If the subject Member is also a PSEC Member, he may not be present during deliberations and may not vote.

The PSEC may recommend that the Member's Privileges be reinstated or curtailed to a lesser or greater extent than provided in the original action. PSEC may also make a referral of the matter for routine corrective action, as an alternative or concurrently. If a PSEC decision is other than to rescind the action in total within 14 days of imposition, the subject Practitioner may make a request to pursue the procedures applicable in the Review Procedures Plan. If PSEC should rescind the summary action, but refer the matter for routine corrective action as an alternative, any request for the procedures of the Review Procedures Plan, other than informal review, shall be pursued under 1.1-6 of the routine corrective action section only after PSEC has taken action under 1.1-5 of that same section. In the event that the PSEC should recommend routine corrective action concurrent with summary action for the same Practitioner, then any review procedures for both actions shall be consolidated in accordance with the provisions of the Review Procedures Plan.

4.1-3 Responsibilities

The Co- Chief(s) shall arrange for the management of the care of Hospital patients for whom the subject Member cannot provide care on account of the action.

ARTICLE V. AUTOMATIC ACTION

5.1 BASIS FOR AUTOMATIC ACTION

Automatic action will occur without notice for any reason enumerated below. Automatic Action under the provisions of this Section shall not be exclusive of any additional Corrective Action or other action that may be taken.

5.1-1 Loss of License or Serious Crime

A practitioner whose license authorizing him/her to practice in this State is revoked or suspended or who is convicted of a crime involving medical practice or hospital facilities or any felony, shall immediately and automatically be suspended from practicing in the Hospital. Such action shall not be exclusive of any other corrective action that may be imposed.

5.1-2 DEA and State Board of Pharmacy Registration

A Member whose DEA and/or State Board of Pharmacy Registrations are revoked or suspended shall immediately and automatically be divested of his right to prescribe medications covered by such numbers.

As soon as possible after notice of such action, the CEO shall investigate the facts under which the DEA and/or State registration were revoked or suspended. The PSEC and Board may then take such further

Corrective Action as is appropriate to the facts disclosed in its investigation.

ARTICLE VI. ADMINISTRATIVE ACTION

6.1 BASIS FOR ADMINISTRATIVE ACTION

Administrative Action may be summarily imposed for any reason enumerated below. Administrative Action is considered administrative, and not disciplinary in nature, and thus not reportable as disciplinary action in accordance with State and Federal reporting requirements is not subject to the Formal Hearing procedures outlined under the Review Procedures Plan.

Administrative Action shall not, however, preclude Corrective Action or other forms of discipline being imposed simultaneously or sequentially when warranted.

6.1-1 Medical Records

Members who do not complete their medical records within the timeframes specified in the Professional Staff General Rules shall automatically have all admitting, consulting and operative Privileges withheld until the medical records are completed. The PSEC may also impose partial or total limitation on Privileges of the involved Member's employees in practice until his delinquent medical records are completed. PSEC may impose partial or total limitation on the Privileges of a Member until his Dependent Allied Health Professional completes his delinquent charts.

A Member who continues to be delinquent may be required to attend a PSEC meeting to discuss his reasons for the delinquency. Thereafter, notice by the Medical Records Administrator to the CEO and the PSEC of the Member's failure to complete such records by deadline imposed by the PSEC shall be considered the same as recommendation to revoke membership made pursuant to Corrective Action Section 2.1-5 above, reported to the Board pursuant to Corrective Action 2.1-7 without further action, and entitle the Member to such review Procedures as are applicable in the Review Procedures Plan.

6.1-2 Administrative Consultations

The CEO, Co- Chief(s) or a Department Chairman may initiate an Administrative Consultation requirement as to a particular patient, certain particular patients or all patients of a Member, when it is determined that the interest of the Hospital or the welfare of a patient or patients of a Member requires such action. Such consultation requirement may include requirements for proctoring, co-management or other conditions or limitations upon practice in the Hospital.

Initiation of an Administrative Consultation should be preceded by the concurrence of the CEO and either the Co- Chief(s) or Chairman of the Department to which the Member is assigned. Where obtaining such prior concurrence is not possible due to the matter requiring that immediate action be taken, concurrence should be obtained as soon as reasonably possible thereafter. The Member shall be given notice as soon as possible of the imposition and scope of Administrative Consultation requirements. If the initial notice was oral, the Member shall thereafter be given written notice of the imposition and scope of the Administrative Consultation requirements.

The consultation requirement pursuant to this Section shall not exceed thirty (30) calendar days, or if Corrective Action process is pending with respect to the Member, the duration of those proceedings, whichever is longer. However, if the Member believes the imposition of the

Administrative Consultation requirements has the effect of suspending his privileges, he may, by so informing the CEO in writing, elect to have the action treated like Summary Action and obtain review by the PSEC pursuant to 4.1-2 above.

6.1-3 Professional Liability Insurance Requirement Compliance

In the event a Member has not satisfied the Professional Liability Insurance requirement, the CEO shall by Special Notice, advise the Member that:

- (a) He has not documented compliance with the requirement, and
- (b) Unless compliance is documented within seven (7) business days of the date thereof (or a request for an exception is granted), all Privileges of the Member will be withheld as of the end of the seven (7) business day period.

While Privileges are withheld, the Member may not see, treat, consult with respect to, or admit a patient at the Hospital. Privileges, which are withheld for failure to comply with the Professional Liability Insurance requirement, shall continue to be withheld until the requirement is satisfied. Any bona fide questions as to whether a particular means of assurance of Professional Liability Insurance meets the request of the Board shall be resolved pursuant to Professional Staff Policies Appendix.

6.1-4 Unavailability-Resignation

A Member with Privileges exempted in advance by the PSEC, or on an authorized leave of absence, who is not in the general vicinity of the Hospital for more than ninety (90) calendar days or removes his office address and phone number from publication in the usual manner, shall be automatically deemed to have resigned from the Professional Staff without expression upon his professional conduct or competence.

6.1-5 Failure to Meet Minimum Activity Requirements – Resignation

A Member, not on an authorized leave of absence, who fails to meet minimum activity requirements established pursuant to 4.2-13 of the Bylaws for any one (1) year shall be deemed to have resigned from the Professional Staff without reflection upon his professional conduct or competence. Exceptions may be made by the CEO and the PSEC to the foregoing, if the Member is:

In the Adjunct category and has unusual sub-specialty which is otherwise unavailable at the Hospital and represents an invaluable and essential resource to the Professional Staff and/or its patients when needed, or

6.1-6 Technical Non-Compliance with Bylaws, Rules or Other Hospital Policies

In the event a Member is found to have violated a provision of the Bylaws, Rules or other Hospital Policy which does not directly or immediately involve patient well-being, the CEO, after consultation with the PSEC or the Board, is empowered to issue a letter to the Member giving notice of non-compliance. The CEO shall advise the Member involved that he shall be required, within thirty (30) calendar days after receipt of such notice, to acknowledge its receipt in writing, stating he will comply with the policy involved. The Member may also provide any mitigating factors he feels are warranted. A copy of such Notice of Non-Compliance and the Member's response shall be placed in the Hospital Professional Staff file with respect to the Member.

Such notice may be considered for a period of within two (2) reappointment reviews after any Corrective Action taken with regard to the Member for similar policy violations. If no Corrective Action or further Notices of Non –Compliance are issued before two (2) reappointment review periods, it will at the request of the Member, be expunged from his Professional Staff review file.

6.1-7 Suspension or Termination by Educational or Other Employer

Upon notice to the Hospital that a Member who is employed by an educational or other organization having a formal contractual arrangement with the Hospital has had his employment, contract or clinical privileges suspended by the other organization for reasons related to competence or professional conduct, the affected Member at the Hospital shall be automatically placed on leave of absence during the duration of the other organization's suspension. When and if the suspension of the other organization is lifted or the Member's employment relationship is terminated, the leave of absence may be ended.

Termination of such leave of absence shall be preceded by a full investigation of the reasons for the suspension, its lifting or its termination. -If deemed appropriate, Corrective Action procedures may be instituted at this Hospital based upon those or other facts.

6.1-8 Licensure Probation

When a Member is placed on probation by State licensure authorities, such Member's voting and office holding prerogatives are suspended effective upon and for at least the term of the probation.

6.1-9 Continuing Medical Education Requirements

Failure to complete sufficient number and type of continuing education credits to meet minimum Michigan licensure requirements shall be grounds for the Co-Chiefs to withhold clinical privileges until those requirements are met regardless of whether or not the Practitioner's license is suspended. Continued or repeated failure to meet either of these requirements shall be grounds for denying reappointment.

ARTICLE VII. DISRUPTIVE PHYSICIAN BEHAVIOR

7.1 DOCUMENTATION OF DISRUPTIVE BEHAVIOR

7.1-1 Unacceptable disruptive physician conduct includes, but is not limited to, the following behaviors:

- (a) Sexual harassment
- (b) Racial, economic, ethnic or religious slurs
- (c) Participation in practical jokes, horseplay, harassing, abusive, or similar behavior which interfere with work, create risk of injury, or is unduly offensive to other(s)
- (d) Abusive language including excessive profanity, (specially if non-rhetorical)
- (e) Persistent lateness in responding to on-call duties as defined in the Professional Staff Bylaws
- (f) Use of intimidating or threatening physical contact
- (g) Making public derogatory comments about other staff or quality of care
- (h) Writing inappropriate medical record entries
- (i) Throwing objects
- (j) Imposing idiosyncratic requirements on staff that have nothing to do with better patient care
- (k) Inappropriate arguments with patients and staff
- (l) Refusal to accept Professional Staff assignments or to participate in Committee or Department affairs on anything but his own terms or to do so in a disruptive manner

7.1-2 As part of the Hospital's ongoing Quality and Credentialing Review Processes, physicians, nurses and other Hospital employees who observe behavior that disrupts the effective operation of the Hospital, whether or not it also directly jeopardizes patient care, shall report the events including to the extent known:

7.1-3 Reporting Process

- (a) Request and complete a Professional Staff Behavior Form
- (b) Any other narrative or factual information that would be helpful evaluating the behavior, opinions should be labeled.
- (c) The initial report of disruptive conduct shall promptly be forwarded to the Practitioner's Department Chairman. If a House Officer was disruptive, the initial report will be forwarded to the Director of Medical Education.

7.1-4 Investigative Process

- (a) The Department Chairman receives and reviews a copy of the report
- (b) The Department Chairman is obligated to perform an investigation
- (c) The Department Chairman may request a representative from the Quality Improvement Department perform the investigation.
- (d) The person(s) who initiated the complaint, the Practitioner and other as needed will be part of the investigation
- (e) After sufficient data is gathered, the Department Chairman will review
- (f) The Department Chairman will make the final decision, and indicate such on the form, if the behavior in question was disruptive and if it violates the Code of Conduct
- (g) If the behavior was an isolated occurrence, the Department Chairman will conduct a brief meeting with the Practitioner and document a brief summary of the meeting on the form.

7.2 CORRECTIVE ACTION FOR DISRUPTIVE BEHAVIOR

7.2-3 If a pattern of disruptive behavior continues, the Department Chairman, a Co- Chief, the CMO and the CEO (and as deemed appropriate by them, the Board Chairperson or designee) shall meet with and advise the Practitioner that such conduct is unacceptable. After meeting with the Practitioner, a written summary of the meeting stating that further action may include formal Corrective Action shall be sent to the Practitioner by the Department Chairman, a Co-Chief, CMO, or CEO.

7.2-4 Formal Corrective Action shall be taken pursuant to the Bylaws.

7.2-5 When a request for Corrective Action is received, the PSEC will, in addition to any other steps specifically provided for in the Bylaws, forward a recommendation to the Board.

7.2-6 Any Corrective Action procedure including any hearing and/or appeal will then be initiated by the Board.

7.2-7 Nothing in this policy shall prevent initiation of corrective action, summary action, or administrative action when warranted, regardless of whether the steps described here have been fully pursued.

7.3. DOCUMENTATION/TRANSMITTAL/CONFIDENTIALITY

- 7.3-1 All meetings (whether formal or informal) shall be documented by a Department Chairman or a staff member provided by the Hospital.
- 7.3-2 Practitioner specific behavior information will be maintained for referral to Medical Staff office for use during considerations of advancement from provisional appointment and at reappointment time. Five (5) years of behavioral information will be referred at reappointment time. Information from the previous ten (10) years may be requested.
- 7.3-3 All practitioner-specific behavior information concerning a practitioner will be kept in a secure location in the Quality Improvement Department. Such reviews and information include, but are not limited to:
- Quality and utilization review data
 - Individual quality/peer reviews
 - Individual behavior reviews
 - Sentinel events/root cause analysis related to professional staff issues, and
 - All correspondence related to actions recommended or taken as a part of, or subsequent to, a quality/peer review or a quality/peer review
- 7.3-4 Behavior review information is available only to authorized individuals who have a legitimate need to know the information based upon their responsibilities as professional staff leaders or hospital employees. However, such access to any information will be allowed only to the extent necessary to carry out their assigned responsibilities. Only the following individuals will have access to provider-specific behavior information:
- The applicable practitioner
 - The Chief Executive Officer
 - The Chief Medical Officer
 - The CoChiefs of Staff
 - The Professional Staff Department Chairman (specific to the Practitioners Department only)
 - The Director of Patient Safety and Quality Improvement
 - Medical Staff Services personnel to the extent to which access to this information is necessary for the recertification process. Information will be maintained in the Quality Improvement Department and forwarded to Medical Staff Services as required at time of reappointment. Practitioner behavior information will not be maintained in the Medical Staff Services Department.
 - Members of the Quality Improvement Department to the extent which access to this information is necessary for the performance of his/her job and as allowed by the Director of Patient Safety and Quality Improvement.
 - Individuals surveying for information in the Medicare or Medicaid Programs and accrediting bodies, to the extent that such a review is needed to validate compliance with regulatory requirements, but not to the extent where any copying (in full or in part) of such documents occurs (i.e. CMS, MDCIS, JCAHO, HFAP/AOA, CARF)
 - Individuals with a legitimate purpose for access as determined by hospital legal counsel and the Chief Medical Officer.
- 7.3-2 All records, data and knowledge reported to the PSEC and Board pursuant to this policy shall be recognized as peer/professional review records, data and knowledge and shall be maintained confidentially in accordance with MCL 333.20175, 333.21513, 333.21515, 331.531, 331.532 and 331.533 and other State and Federal laws.

ARTICLE VIII. REPORTING OF FINAL ACTIONS

- 8.1** The CEO shall report all final disciplinary actions and actions relative to clinical competency in accordance with the requirements of the State of Michigan, the National Practitioner Data Bank, and the Professional Staff Bylaws.
- 8.2** The CEO shall notify the Co-Chief(s), Co-Chief(s)-Elect, Chairperson of the Department in which the affected Practitioner is an appointee, and all necessary Hospital departments on any restrictions placed upon the Practitioner's privileges because of action taken under the Bylaws.

The foregoing Appendix to the Bylaws of the Professional Staff was adopted by the Active Professional Staff Members of the Hospital on the 26th day of January, 2004.

CO-CHIEF OF THE PROFESSIONAL STAFF

CO-CHIEF OF THE PROFESSIONAL STAFF

SECRETARY OF THE PROFESSIONAL STAFF

ADOPTED by the Board of Trustees of the Hospital on the 13th day of May, 2004.

SECRETARY OF THE BOARD