

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

REVIEW PROCEDURES PLAN

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**INGHAM REGIONAL MEDICAL CENTER
PROFESSIONAL STAFF**

REVIEW PROCEDURES PLAN

ARTICLE I. APPLICATION OF REVIEW PROCEDURES

1.1 SCOPE AND DEFINITIONS

1.1-1 Scope

The procedures set forth in this policy hereinafter referred to as “Plan” are intended to be utilized with regard to certain types of disciplinary and administrative actions taken or about to be taken with regard to Members and Initial Applicants who make a timely request for same.

1.1-2 Definitions

The following definitions are to be utilized along with the definitions set forth in the Bylaws, Appendices, General Rules and policies:

“Affected Practitioner”

Means a Member or Initial Applicant as to whom a Professional Staff or Board recommendation was made or action taken.

“Initial Applicant”

Means an applicant making application for initial appointment to the Professional Staff.

1.2 BASIC REVIEW AND NON-APPLICATION OF FORMAL HEARING PROCEDURES

1.2-1 The informal and formal hearing procedures specified in Articles III through VI of this Plan shall not apply to any of the following recommendations or actions:

- (a) Removal from any committee for failure to fulfill the responsibilities of appointment;
- (b) Issuance of a written warning or letter of admonition;
- (c) Continuation of provisional status when Professional Staff appointment has been no more than one (1) year;
- (d) Summary Action when rescinded within fourteen (14) business days of suspension;
- (e) Withholding of Privileges on account of late filing of a Reappointment Application;
- (f) Non-reappointment for failure to file a Reappointment Application;

- (g) A reduction of Privileges which applies equally and generally to all of a class of Members of like or similar training, experience, and Professional Staff appointment duration;
- (h) Imposition of a consultation or similar requirement for thirty (30) calendar days or less, the duration of hearing and appeal proceedings regarding Professional Staff appointment or Privileges, or the duration of provisional status, whichever is longer;
- (i) Involuntary resignation of Professional Staff appointment as a result of a failure to timely request reinstatement while on leave of absence;
- (j) Termination of Professional Staff appointment or Privileges pursuant to the terms of a written contract;
- (k) Removal from Professional Staff Officer position by Professional Staff or Board;
- (l) Removal from a medical-administrative capacity by virtue of action by the Administration or Board or by contract operation or expiration.
- (m) Denial of an initial application to the Professional Staff by reason of material inaccuracies in the application, by reason of failure to submit a complete and accurate initial application (including all required attachments) or for any reason unrelated to competence or professional conduct of the Initial Applicant;
- (n) Denial of transfer to a Professional Staff category which has fewer prerogatives and responsibilities than that to which a Member or Initial Applicant is appointed;
- (o) Revocation of the Professional Staff appointment and Privileges of a Member provisionally appointed by reason of insufficient activity upon which to base an evaluation of his ability;
- (p) Expiration or revocation of temporary privileges.

Although the formal and informal hearing procedures delineated in this Plan shall not apply to such recommendations or actions, any Member who believes he is aggrieved by any such action or recommendation of the PSEC or Board may seek review of the action or recommendation by submitting a written statement taking exception to such action or recommendation and specifying the reasons therefor. The statement shall be read or furnished to whichever body made the recommendation or took the action, and made a part of the Professional Staff Members permanent file. The statement may also request an opportunity to appear before the PSEC or Board to informally discuss his position on the action, which request may be granted or denied in the discretion of the PSEC or Board. The Board may also, in its sole discretion, direct an informal or formal hearing be held to review and make recommendations concerning the underlying matter at issue.

1.3 APPLICATION OF INFORMAL HEARING PROCEDURES

The informal hearing procedures as set forth in Article III of this Plan shall apply to the following recommendations or actions:

- 1.3-1 Automatic Suspension of Affected Practitioner's appointment or clinical privileges due to loss of license; loss of governmentally authorized prescribing authority; or conviction of any felony or any crime arising out of professional practice;
- 1.3-2 Denial of a request by an Active, Affiliate, Adjunct or Emeritus category Member to obtain Privileges which are not ordinarily possessed by Practitioners of like training, experience, staff category and Professional Staff appointment duration;
- 1.3-3 Denial of a requested change in Professional Staff category which is not based on professional competence or conduct;
- 1.3-4 Issuance of a letter of reprimand without any reduction or limitation on the exercise of Privileges;
- 1.3-5 Non-reappointment to the Professional Staff by reason of failure to document Professional Liability Insurance requirement compliance, or submission of a materially incomplete or inaccurate Reappointment Application.

1.4 APPLICATION OF FORMAL HEARING PROCEDURES

The formal hearing procedures as set forth in Article IV of this Plan shall apply to the following recommendations or actions:

- 1.4-1 Non-reappointment, except for failure to timely submit a Reappointment Application; or document financial responsibility; timely request reinstatement following an expiration of leave of absence; or submission of an inadvertently incomplete or inaccurate Reappointment Application.
- 1.4-2 Denial or suspension of Privileges for a Active, Adjunct, Affiliate or Emeritus category Member which are ordinarily possessed by Professional Staff Members of like or similar training or Professional Staff duration, for fifteen (15) business days or more;
- 1.4-3 Revocation or suspension of Professional Staff appointment except for: involuntary resignation for failure to timely submit a Reappointment Application or to timely request reinstatement following expiration of a leave of absence; or any other ground to which 1.2 or 1.3 applies.
- 1.4-4 Imposition of a consultation requirement or similar limitation of more than thirty (30) calendar days without: the pendency of hearing or appeal proceedings regarding Professional Staff appointment or Privileges, the Member being on provisional status;
- 1.4-5 Denial of an initial application for appointment to the Professional Staff, except: by reason of the application being incomplete; by reason of the application containing material inaccuracies; or for any reason unrelated to the competence or professional conduct of the Professional Staff; and
- 1.4-6 Such other recommendations or actions as the Board may direct in its discretion, after consultation with the PSEC.

ARTICLE II. ADVERSE RECOMMENDATION OR ACTION

2.1 NOTICE OF RECOMMENDATION OF ACTION

Bylaws Committee Approved 12/05/05
 Joint Conference Approved 12/12/2005
 PSEC Approved 1/23/2006
 Quarterly Professional Staff Approved 1/24/2006
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- 2.1-1 When a recommendation is made or action taken by the PSEC or the Board which, according to this Plan, entitles an Affected Practitioner to a informal hearing (Article III) or formal hearing (Article IV) prior to a final decision of the Board on that recommendation or action, the Affected Practitioner shall be promptly given Special Notice by the CEO. The Special Notice shall contain:
- (a) A statement of the recommendation made and the general reasons for it;
 - (b) A statement that the Affected Practitioner has the right to request a hearing on the recommendation within thirty (30) calendar days of his receipt of the notice;
 - (c) A statement of the kind of hearing (informal or formal) to which the Affected Practitioner is entitled; and
 - (d) A copy of this Plan, unless it has already been provided to the Affected Practitioner.

2.2 REQUEST FOR ORIGINAL HEARING

An Affected Practitioner shall have thirty (30) calendar days following receipt of the Special Notice pursuant to this Section 2.2 to file a written request for an original hearing. Such request shall be delivered to the CEO either in person or by certified or registered mail.

2.3 WAIVER BY FAILURE TO REQUEST A HEARING

An Affected Practitioner who fails to request a formal hearing within the time and in the manner specified in Section 2.1 waives any right to a hearing and to any possible appellate review. When such waiver is in connection with:

- 2.3-1 A proposed or actual adverse action by the Board, it shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Board. In this event, the Board shall consider the PSEC's recommendation at its next regular meeting following waiver. In its deliberations, the Board shall review and consider the recommendation and supporting documentation of the PSEC and may consider any other relevant information received from any source. The Board's action on the matter shall constitute the final decision of the Board.

The CEO shall promptly send the Affected Practitioner notice of each official action taken pursuant to this Action and shall notify the Co-Chiefs of each such action

ARTICLE III. INFORMAL HEARING PROCEDURES

3.1 NOTICE OF TIME AND PLACE FOR HEARING

Upon receipt of a timely request for hearing, the CEO shall deliver such request to the Co-Chiefs or the Board, depending on the body whose recommendation or action prompted the request for hearing. The Co-Chiefs or the Board, as appropriate, shall promptly schedule and arrange for an informal hearing. At least seven (7) business days prior to the hearing date, the CEO shall notify the Affected Practitioner of the date, time and place of the commencement of the hearing by Special Notice. The hearing date ordinarily should not be more than forty-five (45) calendar days from the date of receipt of the request for hearing. If he so requests and commits to not thereafter seek hearing delays, a hearing for an Affected Practitioner who is

under suspension then in effect shall ordinarily be held as soon as the arrangements and preparations for it may be reasonably made and requirements for same met.

3.2 STATEMENT OF REASON

If the reason(s) for the action or recommendation have not already been stated to the Affected Practitioner seeking a hearing, he may request that such reasons be provided in his request for hearing. Such a request for reasons shall be responded to by letter from the CEO, mailed or delivered to the Affected Practitioner at least three (3) business days before the schedule date for the hearing. The statement of reasons may be amended at any time, provided the Affected Practitioner is given at least an additional three (3) business days to prepare to meet any added reasons.

3.3 APPOINTMENTS OF HEARING COMMITTEE

3.3-1 By Professional Staff

A hearing occasioned by recommendation of the PSEC pursuant to Section 2.1.1 shall be conducted by:

- (a) A quorum of the PSEC; or
- (b) A subcommittee of no less than three (3) Practitioners, at least one of which must be a Member of the PSEC, appointed by the Co-Chiefs to conduct the hearing.

The Co-Chief, who shall not be a Member of the committee, shall appoint a Member of the committee to serve as its chair.

3.3-2 By Board

A hearing occasioned by adverse action of the Board pursuant to 2.1.1 shall be conducted by a hearing committee appointed by the Board. This committee shall be composed of not less than three (3) persons; at least one of who shall be a Member. The Chairman of the Board, who shall not himself serve on the hearing committee, shall designate a Member of the committee to serve as its chair.

3.4 SERVICE ON HEARING BODY

A Professional Staff Member or Board Member shall not be disqualified from serving on a hearing body merely because of prior participation in the investigation of the underlying matter at issue or because of knowledge of facts involved. In any event, all Members of a hearing body shall be required to consider and decide the case with good faith objectivity.

3.5 APPEARANCE AND REPRESENTATION

3.5-1 Appearance of Affected Practitioner

The Affected Practitioner requesting the hearing must be present for the hearing; his failure to appear at the date and time set forth in the notice shall constitute a waiver of the right to a hearing.

3.5-2 Representation at Any Informal Hearing

- (a) An Affected Practitioner who is the subject of the challenged PSEC or Board recommendation or action shall represent himself. Representation of either party by an attorney shall be governed by the provisions of Section 5.1.
- (b) If the hearing body is the PSEC or a subcommittee thereof, the Co-Chiefs may, in their discretion, appoint a Practitioner to present the position adverse to the Affected Practitioner who requested the hearing, and if the Affected Practitioner so desires, in lieu of the Affected Practitioner's presence at the hearing. This person shall be called the "Advocate".
- (c) No affected Practitioner nor Advocate may participate in deliberations of the hearing body.

3.6 HEARING CONDUCT AND EVIDENCE

3.6-1 Hearing Conduct

The Chairman of the hearing body shall be the presiding officer. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure and the considerations of evidence.

The hearing shall be conducted in such a manner that both the person requesting the hearing and the representative of the opposing position, if any, has an opportunity to have his position fairly heard and considered. Members of the hearing body may ask questions of the person who requested the hearing and the representative of the position adverse to him, if any.

3.6-2 Evidence

The Affected Practitioner who requested the hearing and Advocate (if any) may submit to the hearing body for consideration:

- (a) Written statements, letters and documents that are relevant to the subject matter of the hearing, including relevant portions of the file maintained by the Hospital regarding the Affected Practitioner who requested the hearing.
- (b) Oral statements by the affected Practitioner and the Advocate (if any).
- (c) Only when deemed essential to a meaningful hearing, the presiding officer may, in his discretion, authorize the appearance, examination and cross-examination of witnesses, consistent with supplemental hearing rules; unless, so authorized, neither the Affected Practitioner nor the Advocate (if any) shall have a right to present witnesses, or cross-examine in person.

Evidence admitted in the hearing need not strictly meet the requirements of admissibility of a court of law, and the hearing body may consider any evidence customarily relied upon by responsible persons in the conduct of serious affairs.

3.7 BURDEN OF PROOF

The body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support of its position. The affected practitioner shall thereafter be responsible for supporting a challenge to the adverse recommendation or action by a preponderance of the evidence that:

3.7-1 The grounds therefore are not supported by the evidence; or

3.7-2 The conclusions drawn therefrom are arbitrary or capricious.

3.8 RECORD OF HEARING

A record of the hearing shall be kept that is of sufficient accuracy to assure that an informed and valid judgment can be made by any person or group that may later be called upon to review the record and render a recommendation or decision in the matter. If the CEO and the Affected Practitioner cannot agree on a method, the presiding officer shall select the method to be used for making the record such as a court reporter, electronic recording unit or detailed transcription. The Affected Practitioner who requested the hearing shall be entitled to obtain a copy of the record upon payment of the reasonable charges associated with the preparation of same. If the Affected Practitioner who requested the hearing elects an alternate method of recording, he shall bear the primary cost thereof.

3.9 RECOMMENDATION

3.9-1 Notice

Within thirty (30) calendar days after completion of the hearing, the hearing body shall meet, deliberate, and then issue its report in writing to the CEO. The report shall be submitted by the CEO to the Co-Chiefs or Board, as appropriate, the Advocate (if any), and to the Affected Practitioner by Special Notice.

3.9-2 Action on Recommendation

- (a) If the hearing body was a subcommittee of the PSEC, its report shall be submitted to the PSEC for consideration. Thereafter, the PSEC shall make its final recommendation, subject to approval by the Board.
- (b) If the hearing body was the PSEC, its report shall become the final recommendation of the PSEC, subject to Board action.
- (c) If the hearing body was a committee appointed on behalf of the Board, its report shall become its final recommendation, subject to Board action. If timely requested, final Board action may be subject to reconsideration or appeal.

3.10 APPEAL

If, following a informal hearing pursuant to this Plan, the Affected Practitioner believes that the hearing body's recommendation was arbitrary, capricious, or lacks any evidence in support, which shall be the sole grounds for appeal, he may, within fifteen (15) business days of receipt of notice of the recommendation, submit a written appeal of recommendation consisting of not more than ten (10) pages of text (not including exhibits) concisely stating the basis therefore to the CEO. If such an appeal document is filed, the hearing body and/or the Advocate (if any) may submit a written response in opposition within fifteen

(15) business days after the appeal is received. The appeal shall be considered by the Board, which shall, within forty-five (45) calendar days after receipt of the appeal, take one of the following actions:

- 3.10-1 Refer the matter back to the hearing body for further review or supplemental findings; if this is done, the hearing body shall respond in writing to the Board request within fifteen (15) business days of request, and the Board shall then take the actions in Sections 3.10-2, 3.10-3 or 3.10-4 below within thirty (30) calendar days after receipt of the response; or
- 3.10-2 Uphold the recommendation of the hearing body and take final action accordingly; or
- 3.10-3 Reverse the recommendation of the hearing body, with or without the requirement that further hearings be conducted by the hearing body; or
- 3.10-4 Require a formal hearing be held in accordance with the provisions of Article IV. The CEO shall advise the appealing Affected Practitioner in writing by special notice, of the outcome of the appeal.

3.11 RELEASE

By requesting an informal hearing or appellate review under this Plan, an Affected Practitioner agrees to be bound by the provisions of the Bylaws, this Plan and the Rules and Regulations of the Professional Staff in all matters relating hereto.

ARTICLE IV. FORMAL HEARING PROCEDURES

4.1 NOTICE OF TIME AND PLACE FOR HEARING

4.1-1 Scheduling and Notice of Hearing

Upon the receipt of a timely request for hearing, the CEO shall deliver such request to the Co-Chiefs or the Board, depending upon the body whose recommendation or action prompted the request for hearing. The Co-Chiefs or Board, as appropriate, shall promptly schedule and arrange for a formal hearing. The CEO by Special Notice shall notify the Affected Practitioner of the time, place, and date of the hearing and the proposed composition of the hearing committee. The hearing date shall ordinarily be not less than thirty (30) calendar days nor more than sixty (60) calendar days from the date of receipt of the request for hearing.

4.1-2 Shortened Time Limit for Hearing

A hearing for an Affected Practitioner who is under suspension then in effect may be held in less than thirty (30) calendar days after the request is made, provided such Affected Practitioner's request for the hearing includes a specific request that the hearing be held in less than thirty (30) calendar days and makes a commitment that no delays in the hearing will be sought by the Affected Practitioner or his representative(s); in the event such a special request for a shorter period is made by an Affected Practitioner who is under suspension, the hearing shall be held as soon as the arrangement and preparations for it may reasonably be made and requirements for same met, subject to Section 4.1-3 below.

4.1-3 Lengthened Time Limit for Hearing

If pursuant to Section 4.3, the Affected Practitioner objects to the composition of an ad hoc hearing committee, or a determination is made that an alternate hearing officer shall conduct the hearing, the sixty (60) calendar day maximum limitation shall be deemed waived by the Affected Practitioner. In such event, the hearing shall be held as soon as the arrangement and preparations for it may reasonably be made and the requirements for same met. The CEO shall give written notice of the new scheduled date, time, and place of the hearing to the Affected Practitioner, hearing committee or officer, and the Co-Chiefs or Board, once the questioning and objection processes are complete and the hearing committee or officer has been finally selected.

4.2 STATEMENT OF CHARGES AND LIST OF WITNESSES

4.2-1 Hearing Notice

A notice of hearing shall be given to the Affected Practitioner by Special Notice and by any suitable means of notice to others involved in the hearing process. The notice of hearing shall specify:

(a) Time and Location

The scheduled date, scheduled time and location of the hearing, as well as a statement of reasons and list of witnesses (as provided in 4.1-2 and 4.1-3).

(b) Statement of Reasons

As applicable, a statement of the alleged acts or omissions of a Member, a list by number of the specific or representative patient charts in question and/or other reasons or subject matter forming the basis for the adverse recommendation or action which is the subject of the hearing.

(c) List of Witnesses

A list of witnesses, if any, that the body which took or proposed adverse action (or its designated representative) believe will be called as witnesses to testify in support of the recommendation or action at the time of the hearing.

4.2-2 Response and List of Witnesses of Affected Practitioner

Within fourteen (14) business days after receipt of the notice of hearing, the Affected Practitioner shall furnish to the CEO his written response to the Statement of Reasons and a list of the individuals (and their addresses) who may or will be called as witnesses in support of the Affected Practitioner's position at the time of the hearing.

4.2-3 Amendments

The statement of charges or a list of witnesses may be amended at any time by the party furnishing it, provided that the opposite party is given a reasonable period in which to prepare to meet the substance of the amendments to the statement of charges or the substance of testimony of additional witnesses. For the purpose of this provision, a time period of one week or more shall be presumed to be a "reasonable period."

4.3 APPOINTMENTS OF HEARING COMMITTEE

4.3-1 By PSEC

A formal hearing occasioned by recommendation of the PSEC pursuant to Section 2.1-1 shall generally be conducted by an ad hoc hearing committee composed of no less than three (3) and no more than five (5) Practitioners appointed by the Co-Chiefs, who may not be Members of the PSEC.

The Co-Chief, who shall not be a hearing committee Member, shall appoint the presiding officer of the hearing committee who may, but need not be a Practitioner; an attorney may be appointed as a presiding officer but if this is done, while the attorney may participate in committee deliberations and assist in the preparation of the hearing committee report, he shall not have a vote for or against adoption of the final hearing committee report. The appointments are subject to the procedures of Sections 4.3-3, 4.3-4, 4.3-5 and 4.3-6.

4.3-2 By Board

A hearing occasioned by Adverse Action of the Board pursuant to Section 2.1-1(b) or 2.1-1(c) shall be conducted by a hearing committee of three or more persons appointed by the Chairman of the Board, at least one of which must be a Practitioner (who may, but is not required to be a Member) and at least one of which must be a Board Member. One of the appointees to the hearing committee shall be designated as presiding officer. The appointments are subject to the procedures of Sections 4.3-3, 4.3-4, 4.3-5 and 4.3-6.

4.3-3 Service on Hearing Committee

A Member or other person appointed to serve on an ad hoc hearing committee shall not be disqualified from serving on a hearing committee merely because of prior participation in the investigation of the underlying matter and issue because of knowledge of the facts involved, or because of participation in an earlier disciplinary hearing involving the same Affected Practitioner. However, if after objection timely submitted in accordance with Section 4.3-4, the CEO, in his good faith discretion, determines that there is reasonable evidence to support the conclusion that a proposed Member of an ad hoc hearing committee is either in direct economic competition with the Affected Practitioner, or could not decide the matter with good faith objectivity, the proposed Member of the ad hoc hearing committee shall be removed and, except as provided in Section 4.3-6, replaced before the hearing.

4.3-4 Notice of Appointment to Hearing Committee

Within seven (7) business days after the Affected Practitioner is given notice of those who are proposed to serve on the hearing committee, such Affected Practitioner shall be entitled to submit reasonable written questions of not more than ten (10) in number limited to the issues of direct economic competition to, or bias regarding him, to all or any one or more of the proposed hearing committee Members through the CEO. The CEO shall, in his good faith discretion, determine whether questions are unreasonable or irrelevant to the issues of direct economic or bias, and shall strike such questions, which are unreasonable or irrelevant. The questions, except those, which are deemed by the CEO to be unreasonable or irrelevant, will then be submitted to the proposed hearing committee Member(s) to whom directed, who shall then submit his response(s) within thirty (30) calendar days to the CEO. The CEO shall in turn forward the answers on a prompt basis to the Affected Practitioner and the Co-Chiefs or Board Chairman, depending upon the body which took the adverse action or made the recommendation which is the subject of the hearing.

4.3-5 Objections to Proposed Hearing Committee Members

Within seven (7) business days after receipt of notice of the proposed hearing committee appointment or, if the procedure set forth in Section 4.3-4 was elected by the Affected Practitioner, seven (7) business days after his receipt of the responses to the written questions, the Affected Practitioner shall be entitled to submit his written objections, if any, to those proposed Members of

the hearing committee which he believes are in direct economic competition with him or are so biased against him as to prevent a fair hearing if they serve as a hearing committee Member. Such objections, if any, will be reviewed by the CEO who shall determine if his good faith discretion as to whether or not the objections are meritorious.

- (a) If none of the objections are deemed to be meritorious by the CEO, he shall so advise the Affected Practitioner who requested the hearing, in writing, and the hearing committee shall be constituted in the manner proposed.
- (b) If the CEO determines that the objections to any or all of the hearing committee appointments have substance, he shall confer with the Co-Chiefs or the Chairman of the Board, depending upon the body whose recommendation or action is the subject of the hearing, as to possible alternative proposed Members of the hearing committee.
 - (1) If the Co-Chiefs or Chairman of the Board believes that there are other alternative persons who may satisfactorily meet the requirements of appointment on the hearing committee, the process set forth in Section 4.3-4 and this 4.3-5 regarding written questions and objections, shall be repeated as necessary until an appropriate hearing committee can be constituted.
 - (2) If, however, the Co-Chiefs or Chairman of the Board believe that there is no person available at the Hospital or in the community, who meets the committee appointment requirements for participation on a hearing committee, the requirements of Section 4.3-1 and 4.3-2 shall not apply.

4.3-6 Alternate Hearing Officer (Committee of One)

If by reason of objections to proposed appointment which are determined to be valid by the CEO, a hearing committee of at least three (3) volunteer persons as provided in Section 4.3-1 or 4.3-2 cannot be constituted, the CEO shall be empowered to appoint a single person (who may, but need not be a Member) to serve as hearing officer (i.e., a hearing committee of one) where:

- (a) In the good faith discretion of the CEO, such person is not in direct economic competition with, and has no known bias towards the Affected Practitioner; and
- (b) The CEO has consulted with the Affected Practitioner and the Co-Chiefs or Board Chairman (depending upon which body prompted the hearing) regarding the appointment of such person(s) and the CEO has, in his good faith discretion, taken into account the legitimate objections, or preferences of the Affected Practitioner and the Co-Chiefs or Board Chairman as well as the availability of a qualified person to serve as hearing officer.
- (c) As a part of the appointment process, in lieu of consultation provided in 4.3-5(b)(2) above, the CEO may, in his sole discretion, provide the Affected Practitioner and the Co-Chiefs or Board Chairman with a list, by name, of two (2) or more prospective hearing officers from which one person may be appointed by the CEO to serve as hearing officer. If submitted, the Affected Practitioner and the Co-Chiefs or Board Chairman or designee of either, may submit objections and the reasons therefor in writing to the CEO within seven (7) business days of receiving the list. If objections are timely made and meritorious in the judgment of the CEO, this process may be repeated until a mutually satisfactory hearing officer can be selected or the procedures of (b) above utilized.

4.3-7 Notice of Appointment

Notice of the appointment shall be promptly given to the Affected Practitioner who requested the hearing. Such notice shall include the estimated fee and expenses of the hearing officer, if any.

- (a) If a fee and expenses are required by the hearing officer for his services as such, the cost will be equally borne by the Hospital and the Affected Practitioner and advance of one-half the estimated costs shall be sent to the hearing officer by the Affected Practitioner within fourteen (14) business days of his appointment.
- (b) If, and only if, the Affected Practitioner can demonstrate such poverty that he is unable to pay his portion of the hearing officer's fee, if any, the entire fee for the hearing officer shall be borne by the Hospital. However, in order to establish this poverty sufficient to relieve the Affected Practitioner of his obligation to pay half the fee and expenses for such hearing officer, the Affected Practitioner must provide upon request financial information which the CEO deems necessary to make the determination including personal and practice income tax returns for the preceding two (2) years, financial statements prepared regarding his practice (including any professional corporation or partnership owned in whole or in part by him) and a statement of assets under oath.

4.3-8 Waiver of Rights

In the event the Affected Practitioner fails to, within seven (7) calendar days after notice, timely submit written questions or raise objections to proposed alternate hearing officer, he shall be deemed to have waived his right to submit such questions and/or make objections to the composition of the hearing committee or the selection of an alternate hearing officer. Further, a failure of an Affected Practitioner to timely submit financial information upon request to the CEO necessary to establish a claim of poverty with regard to payment of the hearing officer, shall constitute a waiver of any right to have the Hospital pay the full amount of hearing officer's fee. The failure to timely submit one-half of the estimated fees and expenses of a hearing officer, if one is appointed, shall be deemed to be a waiver of the right to any hearing, unless an exception based on poverty is granted. In addition, the failure of the Affected Practitioner to pay his share of the final determined fees, after the hearing officer, shall result in the withholding of any Privileges he holds, until such obligation is paid.

4.4 SUBSTITUTED REFERENCE TO HEARING OFFICER

In the event a Hearing Officer is appointed instead of a hearing committee, all references in this Plan to the "hearing committee" or "presiding officer" shall be deemed to refer instead to the hearing officer, acting as a committee of one, unless the context would clearly indicate otherwise.

4.5 PERSONAL PRESENCE

The personal presence of the Affected Practitioner shall be required. An Affected Practitioner who fails without good cause to appear and to proceed at such hearing shall be deemed to have waived such rights or review in the same manner and with the same consequence as provided in Sections 2.3.

4.6 PRESIDING OFFICER

The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present appropriate oral and documentary evidence. The presiding officer shall determine the order of procedure during the hearing and shall make all rulings on the matters of law, procedure and the considerations of evidence.

4.7 REPRESENTATION

The Affected Practitioner shall be entitled to be accompanied and represented at the hearing by a Member in good standing or by a Member of his local professional society who the Affected Practitioner arranges to have appear on his behalf. The PSEC or Board, as may be applicable, shall appoint a person to present the facts in support of its adverse recommendation, who shall be called the "Advocate". The appointed person may present evidence but even if a PSEC or Board Member shall not participate in deliberations nor vote on the matter at issue. Representation of either party by an attorney at law shall be governed by the provisions of Section 5.1.

4.8 RIGHTS OF PARTIES

During a hearing, each of the parties and their representatives shall have the right to:

- 4.8-1 Call and examine witnesses;
- 4.8-2 Cross-examine witnesses called by the other party;
- 4.8-3 Introduce exhibits; and
- 4.8-4 Rebut any evidence.

If the Affected Practitioner does not testify, he may be called and examined as if under cross-examination.

4.9 PROCEDURE AND EVIDENCE

The hearing will not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, prior to, during, at the close of or if specifically requested and authorized by the presiding officer, within seven (7) business days of the hearing, be entitled to submit a memoranda concerning any issue of procedure, fact, or conclusions drawn from record. The presiding officer may, but shall not be required, to order that oral evidence be only taken on oath of affirmation.

4.10 MATTERS CONSIDERED

The hearing committee shall be entitled to consider any pertinent material contained on file in the Hospital and all other information which can be considered in connection with applications for appointments or reappointments on the Affected Practitioner and a request for Privileges. In this respect, to facilitate the hearing efficiency, subject medical charts, investigative reports, pertinent correspondence, committee minutes, and the statement of charges, may be furnished by the CEO in his discretion, to the hearing committee and presiding officer, provided the Affected Practitioner is advised same have been furnished and may challenge its relevancy at the hearing. The hearing committee shall be entitled to conduct

independent review, research and interview, but may utilize the products of such in its decision, only if the Affected Practitioner is aware of such, and has an opportunity to rebut any information so gathered.

4.11 BURDEN OF PROOF

The body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support of its position. The Affected Practitioner shall thereafter be responsible for supporting a challenge to the adverse recommendation or action by a preponderance of the evidence that:

4.11-1 The grounds therefore are not supported by the evidence; or

4.11-2 The conclusions drawn therefrom are arbitrary or capricious.

4.12 RECORD OF HEARING

A record of the hearing shall be kept that is of sufficient accuracy to assure that an informed and valid judgment can be made by any person or group that may later be called upon to review the record and render a recommendation or decision in the matter. If the CEO and the Affected Practitioner cannot agree on a method, the presiding officer shall select the method to be used for making the record such as a court reporter, electronic recording unit or detailed transcription. The Affected Practitioner who requested the hearing, shall be entitled to obtain a copy of the record upon payment of the reasonable charges associated with the preparation of same. If the Affected Practitioner who requested the hearing elects an alternate method of recording, he shall bear the primary cost thereof.

4.13 POSTPONEMENT

Requests for postponements of a hearing shall be granted by the presiding officer only upon a showing of good cause.

4.14 RECESSES AND ADJOURNMENT

The hearing committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of its deliberations, the hearing shall be declared finally adjourned.

4.15 HEARING REPORT

Within thirty (30) calendar days after final adjournment of the formal hearing, the hearing committee shall make a written report of its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the CEO. The CEO in turn shall submit the report to the body whose adverse recommendation or action occasioned the hearing with copies to the Affected Practitioner and the Advocate.

4.16 ACTION ON HEARING REPORT

Within thirty (30) calendar days after receipt (or finalization, if a committee of the whole was involved) of the report of the formal hearing committee, the PSEC or the Board, as the case may be, shall consider the same and affirm, modify or reverse its prior recommendation or action in the matter. It shall transmit the

result, together with the hearing record, the report of the hearing committee and all other documentation considered, to the CEO.

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4.17 NOTICE AND EFFECT OF RESULT

4.17-1 Notice

The CEO shall promptly send a copy of the result to the Affected Practitioner by Special Notice, to the Co-Chiefs and to the Board.

4.17-2 Effect of Favorable Result Adopted by PSEC

If the PSEC's recommendation pursuant to Section 4.16 is favorable to the Affected Practitioner, the CEO shall promptly forward it, together with all supporting documentation, to the Board for its final action. The Board shall take action thereon by adopting or rejecting the PSEC's result in whole or in part, or by referring the matter back to the PSEC for further reconsideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing or other review be conducted to clarify issues that are in doubt.

After receipt of such subsequent recommendation and any new evidence in the matter, the Board shall take final action. The CEO shall inform the Affected Practitioner by Special Notice of each action taken pursuant to this Section 4.17. Favorable action shall become the final decision of the Board, and the matter shall be closed. The Board's action would be based on information available to it, adverse in any of the respects listed in Section 1.4, the Special Notice shall inform the Affected Practitioner of a right to request an appellate review by the Board as provided in Section 4.17 of this Plan, as if the PSEC's recommendation had been adverse. In such circumstances the Board's tentative position adverse to the Affected Practitioner shall be represented by a person, selected by the Chairman of the Board for appellate review. All references in Article IV, Sections 4.16 through 4.20, of this Plan to the PSEC would instead refer to the Board, as the context requires.

4.17-3 Effect of Adverse Result Adopted by PSEC

If the result of PSEC pursuant to Section 4.17 continues to be adverse to the Affected Practitioner in any of the respects listed in Section 1.3 or 1.4, the Special Notice required by Section 4.16-1 shall inform the Affected Practitioner of his right to request appellate review by the Board as provided in Section 4.18 of this Plan.

4.17-4 Effect of Favorable Action by the Board

Favorable action taken by the Board pursuant to Section 4.16 is the final decision of the Board and no appeal may be taken therefrom.

4.17-5 Effect of Proposed Unfavorable Action by the Board

If in accordance with Section 4.1, Board's action, based on its consideration of a Board level hearing committee, would, if implemented, be adverse to the Affected Practitioner in any of the respects listed in Section 1.3 and 1.4, the Special Notice required by Section 4.17-1 shall inform the Affected Practitioner of his right to request reconsideration, by means of appellate review by the Board as provided in Section 4.18 of this Plan.

4.18 REQUEST FOR APPELLATE REVIEW

An Affected Practitioner shall have ten (10) business days following receipt of a notice pursuant to 4.17 or 4.16 to file a written request for an appellate review. Such request shall be delivered to the CEO either in person or by certified mail and may include a request for a copy of the report and record of the hearing committee and all other material, favorable or unfavorable, which was considered in making the adverse action or result.

4.19 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW

An Affected Practitioner who fails to request an appellate review within the time and in the manner specified in Section 4.18 waives any right to such review. Such waiver shall have the same force and effect as that provided in Sections 2.3 and 5.2 of this Plan.

4.20 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW

Upon receipt of a timely request for appellate review, the CEO shall deliver such request to the Board. The Board shall schedule and arrange for an appellate review which shall be not more than forty-five (45) calendar days from the date of receipt of the appellate review request; provided, however, that an appellate review for an Affected Practitioner who is under a suspension then in effect, if so requested by the Affected Practitioner, shall be held as soon as the arrangements and preparations for it may reasonably be made. The CEO shall send the Affected Practitioner notice of the time, place and date of the review. The time for the appellate review may be extended by the Board for good cause.

4.21 APPELLATE REVIEW BODY

The Board shall be the appellate review body; one Board Member shall be designated as Chairman of the appellate review proceedings.

4.22 NATURE OF APPELLATE REVIEW PROCEEDINGS

The appellate review proceedings of the Board shall be an appellate review based solely upon the record of the hearing before the hearing committee, that committee's report, and all subsequent results and actions thereon. The Board shall also consider the written statements as may be presented and accepted under this Plan.

4.23 WRITTEN STATEMENTS

The Affected Practitioner seeking review shall submit a written statement detailing those findings of fact, conclusions and procedural matters with which he disagrees, and the reason for such disagreement. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the Board through the CEO at least five (5) business days prior to the scheduled date of the appellate review. A written statement in reply may be submitted by the PSEC, or if Board action is being appealed, the Advocate selected by the Board to take the position adverse to the Affected Practitioner. If submitted, the CEO shall provide a copy thereof to the Affected Practitioner at least two (2) business days prior to the scheduled date of the appellate review.

4.24 PRESIDING OFFICER

The Chairman of the appellate review proceedings shall be presiding officer for any appellate hearing and shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

4.25 ORAL STATEMENT

The Board in its sole discretion may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative so appearing shall be required to answer questions put by any Member of the Board.

4.26 CONSIDERATION OF NEW OR ADDITIONAL MATTERS

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in his record shall be introduced at the appellate review only under unusual circumstances. The Board in its sole discretion shall determine whether such matters or evidence shall be considered or accepted.

4.27 RECESSES AND ADJOURNMENT

The Board may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon the conclusion of oral statements, if allowed, the proceedings shall be closed. The Board shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the appellate review shall be declared adjourned.

4.28 ACTION TAKEN BY BOARD ON APPEAL

The Board may affirm, modify or reverse the result of recommendations by the hearing committee if a PSEC recommendation is involved, the PSEC, or, in its discretion, may refer the matter back to the hearing committee or PSEC for further review and recommendation to be returned to it within forty-five (45) calendar days and in accordance with its instructions. Within fifteen (15) business days after receipt of such recommendation after referral, the Board shall make its final decision.

4.29 FINAL BOARD ACTION AFTER APPELLATE REVIEW

Unless the matter is referred back to a hearing committee pursuant to Section 4.28, within fifteen (15) business days after the conclusion of the appellate review, including referrals back to the hearing committee or PSEC, the Board shall render its decision in the matter in writing and shall send notice thereof to the Affected Practitioner by Special Notice, to the Co-Chiefs, and to the PSEC.

ARTICLE V. GENERAL PROVISIONS APPLICABLE TO INFORMAL AND FORMAL HEARINGS

5.1 ATTORNEYS

5.1-1 The Parties

(a) *Informal Hearings*

If the Affected Practitioner desires to be represented by an attorney at any informal hearing or at any appellate review pursuant to the provisions of Article III of this Plan, the request for such hearing or appellate review must so state. The hearing body or appellate review body shall, in its sole discretion, determine whether to permit such representation at the hearings. If and only if it allows the Affected Practitioner to be so represented, the PSEC or the Board may also be represented by an attorney at the hearing; such attorney may represent or be the Advocate.

(b) *Formal Hearings*

If the Affected Practitioner desires to be represented by an attorney at any formal hearing or at any appellate review appearance pursuant to the provisions of Article IV of this Plan, the request for such hearing or appellate review must so state. The Affected Practitioner shall have an unqualified right to be represented by an attorney at any such formal hearing or appellate review appearance. Regardless of what the Affected Practitioner may do, the PSEC or the Board (whichever body made the recommendation or action leading to the hearing) may be represented by an attorney at the hearing; if it so elects, such attorney may represent or be the Advocate.

(c) *Appearance*

If the Affected Practitioner wishes his attorney to receive correspondence on his behalf, he shall notify the CEO in writing the name and address of his attorney and that such person consistent with 5.9-4 is designated to receive notices and communications on his behalf.

Notwithstanding anything foregoing, an attorney may be contacted at appropriate times during the proceedings by any party for advice, provided such contact does not unduly interfere with the conduct of a hearing as determined by the presiding officer.

5.1-2 The Hearing or Appellate Review Body or Administrator

A hearing or appellate review body or committee may, in its discretion, consult with legal counsel at any stage of the proceedings for advice on appropriate hearing conduct or the drafting of its report(s).

5.2 WAIVER

If at any time after receipt of Special Notice of an adverse recommendation, action or result, an Affected Practitioner fails to make a required request or appearance or otherwise fails to comply with this Plan, the Affected Practitioner shall be deemed to have consented to such adverse recommendation, action or result and to have voluntarily waived all rights under the Bylaws then in effect or under this Plan with respect to the matter involved.

5.3 INDEPENDENT CONSULTANTS

At any stage of hearing proceedings, a hearing committee/body or the Board, may retain an independent consultant, who may or may not be a Member. The consultant may be provided with medical records,

films, slides, reports, or such other materials he and the requesting body may deem appropriate for his review. The consultant shall present a written or oral report to the requesting body, which shall be made available to the parties. A consultant so selected should not be deemed a witness for any of the parties, but an independent advisor whose opinions represent evidence, which may be considered.

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Quarterly Professional Staff Approved 1/24/2006
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5.4 SUPPLEMENTAL HEARING RULES

The presiding officer of any hearing or appellate review body may promulgate, with or without the advice of legal counsel; hearing rules to supplement those contained in this Plan. Such rules shall be fundamentally fair to all parties and generally consistent with the provisions of this Plan. The supplemental rules may set forth order of presenting evidence and oral statements as well as time limits for presentations and for the in-person aspects of the hearing. In this respect, the hearing rules may require that certain testimony be taken in deposition format and submitted to the hearing committee in the form of transcript, videotape, and/or abstracts of relevant testimony. When feasible, the presiding officer may in his discretion arrange a pre-meeting with the parties (or their representatives) to decide upon such rules or ask the parties (or their representatives) to meet and propose rules subject to his approval. When such rules are promulgated by the presiding officer, they shall be furnished to the parties before the hearing. Written objections by any of the parties shall be considered and, when deemed meritorious, amendments shall be made in the rules to address the objections.

5.5 NUMBER OF REVIEWS

Notwithstanding any other provision of the Bylaws or of this Plan, no Affected Practitioner shall ever be entitled as a right to more than one hearing and appellate review with respect to an adverse recommendation or action. Further, the PSEC and the Board need not conduct additional hearings or reviews upon reapplication or request for reconsideration by the Affected Practitioner, absent a clear and convincing indication of new or additional information which has a substantial probability of changing the outcome of the previous hearing or appeal.

5.6 RELEASE

By requesting a hearing or appellate review under this Plan, an Affected Practitioner agrees to be bound by the provisions of the Bylaws, this Plan, and the Rules and Regulations, in all matters relating thereto.

5.7 TIME LIMIT MODIFICATION

Any procedural rule or time limit specified in this Plan may be modified or waived by agreement between the presiding officer of the hearing committee and the Affected Practitioner, or duly authorized designate of any of them. The Board or the presiding officer at a hearing may, in its/his discretion, grant an extension of any time limit, which if granted, waives any right to insist on any other time limits specified herein being complied with.

5.8 PSEC REVIEW

If at any time during the Board's consideration and review of a recommendation or action with respect to an Affected Practitioner, the Board deems it necessary or advisable, the Board may refer the matter to (or back to) the PSEC for review and comment.

Upon receipt of a matter referred to it by the Board pursuant to the provisions of this Plan, the PSEC shall convene and consider this matter and submit its written recommendations to the Board for final action, consistent with this Plan or any time limits imposed by the Board.

5.9 GOOD FAITH-ALTERNATIVE SPECIAL NOTICE

5.9-1 Good Faith

In addition to those duties imposed in the Bylaws, it shall be the duty of each Affected Practitioner to act with utmost good faith before and during the hearing process. Such good faith shall include, but not be limited to, timely compliance with requirements, cooperation in the receipt of required notices, and the exercise of procedures in this Plan without intent to cause undue delay. In addition to other automatic hearing and appeal right waivers for non-compliance with time limits or appearance requirements, upon a finding by a hearing committee/body or the Board that an Affected Practitioner is not acting or has not acted in good faith with regard to the hearing process of this Plan, the hearing committee/body or Board may limit or deem waived the Affected Practitioner's rights to hearing, appeal or use of particular procedures in a hearing or appeal.

5.9-2 Alternative Mailing

If, in attempting to give Special Notice, postal authorities, despite reasonable efforts, are unable to deliver or obtain signature on a return receipt for registered or certified mail, or a representative of the Hospital, despite reasonable efforts, is unable to make personal delivery, at the designated place of mail delivery for the Affected Practitioner, such Special Notice may alternatively given by regular mail that is mailed at least five (5) business days before any deadline to the last home address and last office address provided by the Affected Practitioner to Administration.

5.9-3 Time Limits Constructive Receipt

For the purpose of time limits of this Plan, if the foregoing mailing procedure of Section 5.9-2 is used, the document mailed shall be deemed to have been received at the time the first attempt at registered or certified mail by postal authorities or personal delivery by Hospital personnel was attempted, as documented by the written statement of either. This presumption of receipt shall be binding on the Affected Practitioner, even if it means rights to hearing, appeal or objections are waived by failure to comply with time limits. This presumption may be overcome only by a clear and convincing showing to the presiding officer that the failure to make delivery or sign a receipt, was due to error, neglect or unreasonable delay, of the postal authorities or Hospital Representatives, and not the Affected Practitioner.

5.9-4 Designated Place of Mail Delivery

The designated place of mail delivery shall be the office address last provided by an Affected Practitioner to Administration and any person who signs a receipt for mail there shall be deemed as authorized by the Affected Practitioner to do so. In the event of his absence, each Affected Practitioner shall either: (a) authorize his office staff Members to receive and sign receipt for mail on his behalf, or alternately, (b) if his office shall be closed for more than two (2) business days or he does not wish his office staff to authorize to receive and sign a receipt for mail on his behalf, he must in a writing sent by certified mail to the CEO, designate the name and address of an alternate place of delivery (e.g., a law or accounting firm) and provide a statement that any person who receives and signs for mail there is authorized to do so on his behalf.

5.9-5 Purpose Good Faith

The purpose of the foregoing provisions of Sections 5.9-2, 5.9-3 and 5.9-4 are to assure reasonable efforts to give required notices and proceed forward with requested hearing are not thwarted or delayed by refusal to accept delivery, refusal to sign receipts, office closure, absence from the community, or the bad faith on the part of an Affected Practitioner.

5.10 CONSOLIDATION

If two (2) or more hearings and/or appeals with respect to the same Affected Practitioner are proceeding simultaneously, (e.g., Summary Suspension and non-reappointment), the Board, at the request of the Affected Practitioner, the CEO, Co-Chiefs, or the PSEC may order the two (2) proceedings consolidated into a single hearing or appeal. In this respect, the Board shall have the authority to suspend or modify time limits and take whatever action most reasonably and fairly to all concerned to accommodate the consolidation.

5.11 HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986

Those actions or recommendations which entitle an Affected Practitioner to a formal hearing pursuant to Article IV, are those matters the Hospital and Affected Practitioner reasonably believe represent "professional review action" and "professional review activity" which may "adversely affect" a "physician" pursuant to the Health Care Quality Improvement Act of 1986. In this respect, it is the intent and purpose of this Plan that the initiation and conduct of professional review actions hereunder comply with all material respects with the provisions of paragraph 412 of the Act.

Prior to filing a reportable event with the National Practitioner Data Bank, a copy of the proposed report shall be hand delivered to the affected Practitioner. He shall be allowed five (5) business days to submit any suggested revisions. If the CEO has not received a response from the affected Practitioner by the fifth day, the proposed report will be submitted to the National Practitioner Data Bank.

ARTICLE VI. AMENDMENT AND APPLICATION

6.1 AMENDMENT

This Plan may be amended or repealed, in whole or in part, in the same manner that Rules and policies of the Professional Staff may be amended.

6.2 APPLICATION

Any matter subject to review or hearing pursuant to the Professional Staff Bylaws after adoption of this Plan by the Board shall be governed by its terms; the prior review and hearing procedures shall be deemed superseded by the terms of this Plan.

The foregoing Plan which is a policy of the Professional Staff was adopted by the Active Professional Staff Members of the Hospital on the 26th day of January, 2006.

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 21st day of February, 2006.

SECRETARY OF THE BOARD

Bylaws Committee Approved 12/05/05
Joint Conference Approved 12/12/2005
PSEC Approved 1/23/2006
Quarterly Professional Staff Approved 1/24/2006
Board of Trustees Approved 2/21/2006

Print Date: 2/19/2007