



MINISTRY

Door County Medical Center

**BYLAWS OF
THE MEDICAL STAFF
OF
MINISTRY DOOR COUNTY
MEDICAL CENTER**

Sturgeon Bay, Wisconsin

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PREAMBLE

Ministry Door County Medical Center, a community hospital, is an organization governed by a corporate board and established for the purpose of providing healthcare services. To fulfill this purpose, the Governing Body acting upon Medical Staff recommendations appoints the Medical Staff.

In return for the privilege of utilizing Ministry Door County Medical Center facilities, personnel and services to care for patients, the members of the Medical Staff accept the obligation to provide effective and efficient care.

The Medical Staff organization, which is responsible to the Governing Body policy and legal guidelines, provides the mechanism whereby:

- ❖ The Governing Body is assured of effective performance of Medical Staff members; and
- ❖ Medical Staff members are assured group input into the decisions, policies, and plans of the Governing Body, and a suitable environment to provide quality care to their patients.

This document describes the nature and characteristics of:

- ❖ The organized Medical Staff's obligations to the Governing Body;
- ❖ Prerogatives, which may be exercised by the organized Medical Staff to accomplish its required functions;
- ❖ Safeguards which protect the rights and privileges of individual staff members; and
- ❖ Organizational details.

DEFINITIONS

Medical Staff: The physicians, dentists and podiatrists with privileges granted by the Ministry Door County Medical Center Governing Board.

Governing Body: The Board of Directors of Ministry Door County Medical Center.

Hospital Administrator: The individual appointed by the Governing Body to act in its behalf in the overall management of the Hospital.

Ex-Officio: By virtue of an office or position held, without voting rights unless otherwise specified.

Medical Staff Appointment: Appointment to the Ministry Door County Medical Center Medical Staff, assignment to a staff category, and assignment to one clinical department. Medical Staff appointment does not automatically confer specific clinical privileges.

Clinical Privileges: Permission to render specific types of care granted by the Governing Board, acting on Medical Staff recommendations.

Clinical Departments and Services: "Clinical Department" means a grouping of Medical Staff members according to clinical activities and interests. "Services" means sub-divisions of a Clinical Department, established only when necessary.

MEC: The Medical Executive Committee as provided for in Article IX of these Bylaws.

Gender: Words of masculine gender include correlative words of the feminine and neuter genders unless the context shall otherwise indicate.

Completed Application: An application for Medical Staff membership and/or clinical privileges, initial or renewal, which is declared complete by a representative of the Credentials Committee and the Hospital Administrator.

ARTICLE I PURPOSE

The goal of the Medical Staff organization is to provide effective and efficient patient care. The purposes of the Medical Staff organization are to reflect, influence and maintain the professional nature of medical practice, and to perform the following functions delegated by the Governing

Body:

- A. Monitor and evaluate the quality and efficiency of patient care;
- B. Pursue courses of action to accomplish needed improvements in the performance of Medical Staff members when necessary, subject to the approval of the Governing Body;
- C. Provide recommendations regarding applications for Medical Staff membership and clinical privileges;
- D. Establish mechanisms whereby Medical Staff members have input into Hospital affairs;
- E. Provide Continuing Medical Education (CME) opportunities for Medical Staff members and establish required CME participation levels; and
- F. Establish rules, regulations and procedural guides at the Medical Staff, Clinical Department and Service levels, subject to Governing Body approval.

**ARTICLE II
MEDICAL STAFF APPOINTMENT:
ELIGIBILITY & PROCEDURES FOR APPOINTMENT & REAPPOINTMENT**

2.1 ELIGIBILITY

Applicants for Medical Staff appointment must:

- A. Be currently licensed, registered, or certified, as applicable, in the State of Wisconsin; and
- B. Provide evidence of training, experience, current clinical competence, good reputation and character; and be free of physical or mental condition, which would in any way impair their ability to exercise the clinical privileges requested or to care for a patient. The Governing Body may precondition appointment, reappointment, or the continuing exercise of any or all-clinical privileges upon the applicants undergoing a health examination by a physician acceptable to the Governing Body or upon submission of any other reasonable evidence of current health status that may be requested by the Medical Executive Committee or the Governing Body. The presence of a physical or mental condition, which can reasonably be accommodated, shall not constitute a bar to the grant of medical staff membership or clinical privileges. No applicant who is otherwise qualified, shall be denied privileges by reason of race, color, creed, handicap, disability, sex, or national origin, or on the basis of any other criterion unrelated to the delivery of good patient care in the Hospital, to professional qualifications, to the Hospital's purposes, need and capabilities, or to the community need.

2.2. CONDUCT

Every prospective member, at the time of appointment, and Medical Staff members, at the time of reappointment, and at any time during the appointment period, must demonstrate to the satisfaction of the Medical Staff Executive Committee and the Governing Body a willingness and capability, to work with and relate to other staff members, members of other health disciplines, Hospital management and employees, patients and the community, in a cooperative, professional manner that is essential for maintaining a hospital environment appropriate to quality and efficient patient care.

2.3. INITIAL APPLICATION FOR MEMBERSHIP/APPOINTMENT

Each applicant will provide, in writing, on a form provided by the Hospital, at least the following:

- A. Names of at least three (3) professional references (local, if possible). References will be evaluated primarily by the extent of direct clinical observation and other work with the applicant. References should be professionals who can provide reliable information based on significant personal experiences to your clinical ability, ethical character and ability to work with others.
- B. Information regarding professional school diploma, current licenses to practice, DEA license, and membership in local, state, or national professional societies. No applicant has a right to membership merely because of a professional license or membership in a professional organization;
- C. Information about previously successful or currently pending challenges to any licensure or registration, (state, DEA, country) or the voluntary relinquishment of such licenses in any jurisdiction.
- D. Information regarding if the applicant has or is in the process of having their medical staff membership or clinical privileges voluntarily or involuntarily limited, suspended, revoked, not renewed, denied, voluntarily relinquished or subjected to probationary conditions or reprimand, or have proceedings toward any of those ends ever been instituted or recommended, or have received any other disciplinary action or sanctions at any healthcare facilities.
- E. Information on the applicant's mental, physical and emotional condition which would impair his ability to exercise clinical privileges requested or to care for patients as requested by the subsequent provision of this article (the presence of a physical or mental condition that can reasonably be accommodated shall not constitute a bar to the granting of medical staff membership or clinical privileges.)
- F. Any additional information required by the Medical Staff, Administration or Governing Body to adequately evaluate the applicant; and
- G. All new applicants who have graduated from a Medical or Osteopathic School subsequent to 1977 must have completed a residency, which is approved by the Accreditation Council for Graduate Medical Education or its predecessors, or the

American Osteopathic Association.

2.4 APPLICANT'S AGREEMENT

Each applicant for Medical Staff appointment acknowledges:

- A. That he has received a copy of, has read, and agrees to be bound by these Bylaws and the Rules and Regulations.
- B. That he will appear for an interview as part of the application process if requested.
- C. That he consents to the inspection of records and documents pertinent to his license, specific training, experience, current competence and health status.
- D. That he releases from liability all Hospital and Medical Staff representatives who evaluate the applicant and his qualifications.
- E. That he releases from liability all individuals and organizations who provide information relevant to the application.
- F. That failure to provide truthful, accurate and complete information shall in itself be grounds for denial or revocation.
- G. That he agrees to provide for continuous care of his patients.
- H. That applicant must pledge that they will not split fees.
- I. That applicant must meet state and federal requirements for Rubella and blood borne pathogens.
- J. That applicants agree to participate in quality improvement activities.

2.5. APPLICANT'S BURDEN

In all matters pertaining to the candidate's application and the obtaining and validation of supporting information, the burden is the applicant's. Processing of the application cannot begin until all required information is on file and validated. Failure by the applicant to provide requested information within sixty (60) days after written request for the information shall result in the application being deemed null and void, with no further processing required, and not subject to hearing or appeal.

2.6 ROUTE OF THE COMPLETED APPLICATION

The Chairman of the Clinical Department to which the applicant would be assigned reviews the completed application, including application for specific clinical privileges. The Credentials Committee next reviews the completed application, along with the Department Chairman's written recommendation. The Credentials Committee's written recommendation is then forwarded to the

MEC, which forwards its written recommendation to the Governing Body. The relevant Clinical Department provides a written recommendation on completed applications within thirty (30) days. The Credentials Committee reviews Department recommendations within thirty (30) days. The MEC reviews completed recommendations within sixty (60) days. The Governing Body acts on the MEC's recommendation within thirty (30) days, unless the MEC has made an adverse recommendation and the applicant has exercised his right to a hearing. If, following either a favorable or an adverse decision by the MEC regarding an application for membership or clinical privileges it appears that the Governing Body may contemplate a contrary decision, and then before a final decision prevails, it should be referred back to the MEC for its reconsideration. Even if disagreement persists or even if no recommendation is forthcoming, the Governing Body's action prevails.

Notice of the Governing Body's final decision shall be given to the President of the Medical Staff and the Chairman of each Department concerned, and to the applicant in writing. A decision and notice to appoint shall include (i) the staff category to which the applicant is appointed; (ii) the Department and section to which he is assigned; (iii) the clinical privileges he may exercise; and (iv) any special conditions attached to the appointment.

The Governing Body shall solely determine whether to select or reject medical staff applicants where the criterion is based on the limitations of facilities, services, staffs support capabilities or any combination thereof. Decisions not to appoint or reappoint or grant privileges to an otherwise qualified practitioner in accord with criteria of a medical staff development plan or due to the existence of any contracts for exclusive provision of clinical services, shall be made by the Governing Body.

2.7 REAPPOINTMENT, RENEWAL OF PRIVILEGES AND ADVANCEMENT

An applicant for renewal of appointment and clinical privileges provides an opportunity to:

- A. Request continuation of present Medical Staff status;
- B. Request a change in Medical Staff category or Clinical Department assignment;
- C. Request either an addition to or a deletion of specific clinical privileges;
- D. Provide updated information regarding appointments, honors, articles published, and other activities;
- E. Request that Medical Staff membership and privileges be terminated;

An applicant for renewal of appointment and clinical privileges is obligated to:

- A. Certify that they are free from physical or mental condition, which would impair their ability to exercise clinical privileges or care for patients. The Medical Executive Committee may precondition recommendation for appointment, reappointment, or continue exercise of clinical privileges upon the practitioner undergoing a health exam or submission of any other reasonable evidence of current health status that may be requested by MEC.

- B. Obtain the recommendation of the Clinical Department Chairman to which the individual is currently assigned. The recommendation is based on an evaluation of information reflecting: clinical knowledge and skills; relationships with other physicians, patients, and the Hospital and its employees; availability; mental, physical and emotional health; technical proficiency and efficiency; and continued medical educational meetings; and
- C. Obtain such other information as the MEC and/or Governing Body may require.

2.8 REAPPOINTMENT PROCESS

The Department Chairman shall review each Department member's Reappointment Summary, and make his written recommendation to the Credentials Committee. The Medical Staff President shall appoint someone from each Department to review that Department Chairman's Reappointment Summary, who will likewise make his written recommendation to the Credentials Committee. The Credentials Committee will then make its written recommendation to the MEC, who will then make its written recommendation to the Governing Body. The Governing Body acts on MEC recommendations regarding reappointment and renewal of clinical privileges of Medical Staff appointees within thirty (30) days.

Medical Staff appointments and clinical privileges are renewed for a period of no more than every two (2) years.

- A. An application for reappointment must be completed and returned to the Medical Staff Office sixty (60) days before the end of the appointment cycle. Failure to do so constitutes voluntary resignation from the Medical Staff and is not subject to review or appeal. This does not preclude application for initial appointment as described in Articles II.2.3 - II.2.8 herein. Members will be notified one hundred and twenty (120) days and ninety (90) days before the application is due, and the due date specified.
- B. A medical staff member who does not deliver a completed application for reappointment sixty (60) days before the due date will be so notified, and advised that failure to apply by the due date constitutes resignation from the Medical Staff.

2.9 BETWEEN REAPPOINTMENT PERIODS

Each member of the Medical Staff shall furnish to the Hospital CEO and MEC, the following information in writing:

- A. Information as to whether the Medical Staff member's professional licenses including DEA registration, has ever been reduced, restricted, suspended, not renewed or voluntarily relinquished in any jurisdiction;
- B. Information regarding malpractice judgments, or settlements during the preceding twelve (12) months;
- C. Information regarding any change in status of current professional liability insurance;

- D. Information regarding any change of mental, physical or emotional health; that would impair his ability to exercise clinical privileges or care for patients.
- E. The MEC may precondition recommendation for appointment; reappointment, or continued exercise of clinical privileges upon the practitioner undergoing a health exam or submission of any other reasonable evidence of current health status that may be requested by MEC.
- F. Any additional information required by the Medical Staff, Administration or Governing Body to adequately evaluate the Medical Staff member;
- G. Documentation of participation in Continuing Medical Education (CME) that relates at least in part, to the privileges granted.

ARTICLE III IMMUNITY FROM LIABILITY

The following shall be express conditions to any individual's application or reapplication for, or exercise of, clinical privileges and/or Medical Staff membership at the Hospital:

- A. Any act, communication, report, recommendation or disclosure, with respect to any Medical Staff member, and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.
- B. Such privileges shall extend to members of the Medical Staff and Governing Body, the Hospital Administrator and designated representatives and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon it. For the purposes of this Article III, the term "third parties" means both individuals and organizations from whom information has been requested by or who have received information from an authorized representative of the Governing Body or of the Medical Staff.
- C. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.
- D. Such immunity shall apply to all acts, communications, reports, or disclosures performed or made in connection with this or any other health care institution's activities related to, but not limited to:
 - 1. Applications for appointment or clinical privileges;
 - 2. Periodic reappraisals for reappointment or clinical privileges;
 - 3. Corrective action, including suspension;
 - 4. Hearings and appellate reviews;

5. Medical care evaluations;
 6. Utilization reviews;
 7. Profiles and profile analyses;
 8. Malpractice loss prevention; and
 9. Other hospital, service or committee activities related to maintaining quality and efficient patient care and appropriate professional conduct.
- E. The acts, communications, reports, recommendations and disclosures referred to in this Article may relate to an individual's professional qualifications, clinical competency, character, judgment, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.
- F. In furtherance of the foregoing, each individual shall, upon request of the Hospital, execute releases in accordance with the tenor and import of this Article in favor of the individuals and organizations specified in Paragraph (B.) above, subject to such requirements, including the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this state. Execution of such releases is not a prerequisite to the effectiveness of this Article.
- G. The consents, authorizations, releases, rights, privileges and immunities provided by Section 5 of Article II of these Bylaws for the protection of this Hospital's Medical Staff, other appropriate Hospital officials and personnel and third parties, in connection with applications for initial appointments, shall also be fully applicable to the activities and procedures covered by this Article. All provisions in these Bylaws and in other forms used in the credentials process relating to authorizations, confidentiality of information and immunity from liability are in addition to other immunities provided by law and not in limitation thereof.

ARTICLE IV OBLIGATIONS OF INDIVIDUAL STAFF MEMBERS

4.1. ASSIGNMENT AND GENERAL CHARACTERISTICS

Each Medical Staff appointee is assigned to a staff category by the Governing Body, upon recommendation of the MEC and Credentials Committee.

Regardless of staff category, all staff members must:

- A. Have offices and homes sufficiently close to the Hospital to provide timely care to their patients, or provide in writing for patient care coverage in the event of emergencies.
- B. Actively participate in the monitoring and evaluation activities of the Clinical Department.
- C. Respond to reasonable request to perform necessary Medical Staff functions, as may be

- D. Complete patients' medical records in a timely fashion, as defined in the Medical Staff Rules governing patient records.
- E. Follow Medical Staff Bylaws and Rules and Regulations, and Departmental rules.
- F. Promptly notify the Hospital Administrator of the revocation or suspension of his professional license by any state, or of his loss of staff membership or privileges at any hospital or other health care institution, or of the commencement of a formal investigation or the filing of charges by the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or the State of Wisconsin, including any criminal charges, or of the filing of a suit alleging professional liability, or of the issuance of a quality sanction from a Peer Review Organization (PRO).
- G. Provide evidence of professional liability insurance coverage, and of current DEA registration.
- H. Abide by the ethical principles of their respective professions.
- I. If requested by the MEC or Governing Body, undergo such health exams as appropriate, by physicians chosen by or acceptable to the body requesting the health exam.
- J. On an annual basis each member of the medical staff shall pay dues as appropriated by the MEC to fund activities of the Medical Staff.
- K. All physicians on the active staff shall participate in call schedule sharing as stipulated in the Medical Staff Policy Manual.
- L. Participate as a member of an organized health care arrangement in coordinating and supporting patient health information privacy and security practices as stated in the "Notice of Privacy Practices" and as required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

4.2. CATEGORY DESCRIPTIONS

The prerogatives and obligations of each Medical Staff category are summarized on the following table:

PRIVILEGE/OBLIGATION:	ACTIVE	CONSULTING	COURTESY
Vote	Yes	No	No
Hold office	Yes	No	No
Admit patients (An admission to the Outpatient Surgery Department is equivalent to and constitutes an admission for the purposes of credentialing.)	Yes (Unlimited)	No	Yes (limited to six per year)
Eligible for clinical privileges pursuant to demonstrated competence	Yes	Yes	Yes
Mandatory assignments	Yes	No	No
Required to attend a percentage of Medical Staff and Department Meetings annually	No	No	No
Other specific obligations	Yes	No	No

Active: Admits/treats an unlimited number of patients. Holds Medical Staff leadership positions.

Any physician on the active medical staff shall participate in the sharing of call coverage for unassigned patients to the extent arranged by his/her respective specialty members. In the event a physician fails to fulfill his/her call obligations, and the issue cannot be resolved within the department, then a corrective action may be initiated by the MEC.

Consulting: The Consulting Medical Staff shall consist of physicians who are eligible for staff membership but who desire to care for patients only on a consultation basis. Members of the Consulting Medical Staff shall not have admitting privileges. Such members must maintain Active status at another hospital.

Courtesy: The Courtesy Medical Staff shall consist of persons eligible for Medical Staff membership who do not wish to become member of the Active Staff. Member of the Courtesy Medical Staff shall have admitting privileges but may not admit more than six (6) patients during any one Medical Staff year. Such members must maintain Active status at another hospital, with one exception. The physician provider on Washington Island would be exempt from this requirement due to regional location. Members of the Courtesy Medical Staff shall not vote or hold office in this organization. They may serve on committees, if they wish, but they shall not be required to attend Medical Staff meetings.

**ARTICLE V
SPECIFIC CLINICAL PRIVILEGES**

5.1. CLINICAL PRIVILEGES & OBLIGATIONS: General

Medical Staff members' exercise only those clinical privileges, which an applicant specifically requests, the MEC specifically recommends and the Governing Body grants.

General clinical obligations include:

- A. Completion of patients' medical records as specified in Medical Staff Rules governing patient records.
- B. Subjection to the rules and regulations of all clinical departments in which privileges are held, and to the authority of the Chairman of that Department.
- C. Participation in reviews of quality, efficiency, appropriateness and accessibility of patient care.
- D. Cooperation with procedures for renewing clinical privileges every two years.

5.2. APPLICANT'S BURDEN

The Hospital provides each applicant, as part of the initial application procedure, an opportunity to request those specific clinical privileges, which the applicant wishes to exercise. It is the applicant's burden to provide objective evidence of qualifications in these clinical areas.

5.3. PERIODIC RENEWAL OF CLINICAL PRIVILEGES

At the time of reappointment, requests for specific clinical privileges must be updated by the staff member and acted upon by the MEC and the Governing Body. (See Article 2.9.)

5.4. EVALUATION OF QUALIFICATIONS

Medical Staff recommendations and subsequent Governing Body actions are based upon information about the applicant's training, including sufficient specificity of training to perform well in the clinical area(s) requested, and on evidence of current competence.

5.5. DENTAL STAFF

Regardless of staff category or department assignment of dentists, surgical procedures performed by dentists are under the overall supervision of the Chairman of the Department of Surgery and Anesthesiology. Dental staff may write orders within the scope of their license to practice, and write orders within the scope of the Medical Staff Rules and Regulations.

Dental staff members of the Medical Staff may admit patients only in conjunction with a physician member of the Medical Staff, and may exercise only those privileges applied for, recommended by the MEC and granted by the Governing Body.

The medical history and physical examination of the patient, as well as the responsibility for the treatment of specific concomitant medical disease throughout the period of hospitalization, are the responsibility of the attending physician (except that qualified oral and maxillofacial surgeons may do their own histories and physicals).

5.6. PODIATRIC STAFF

Regardless of staff category or department assignment of podiatrists, surgical procedures performed by podiatrists are under the overall supervision of the Chairman of the Department of Surgery and Anesthesiology. Podiatric staff may write orders within the scope of their license to practice, and write orders within the scope of the Medical Staff Rules and Regulations.

Podiatric staff members of the Medical Staff may admit patients only in conjunction with a physician member of the Medical Staff, and may exercise only those privileges applied for, recommended by the MEC and granted by the Governing Body.

The medical history and physical examination of the patient, as well as the responsibility for the treatment of specific concomitant medical disease throughout the period of hospitalization, are the responsibility of the attending physician.

5.7. PROBATIONARY, TEMPORARY AND EMERGENCY PRIVILEGES

A. Temporary Privileges

1. The granting of temporary privileges shall only be acceptable in the following situations:
 - a. To fulfill an important patient care need. Temporary privileges may be granted on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved.
 - b. When an applicant with a complete, clean application is awaiting review and approval of the medical staff executive committee and the governing body. Temporary privileges may be granted for a limited period of time, not to exceed 120 days, by the CEO or authorized designee upon recommendation of either the applicable clinical department chairperson or the president of the medical staff provided:
 1. There is verification of: current licensure, relevant training or experience, current competence, ability to perform the privileges requested, and other criteria required by Medical Staff Bylaws.

2. The results of the National Practitioner Data Bank query have been obtained and evaluated.
 3. The applicant has: a complete application, no current or previously successful challenge to licensure or registration, not been subject to involuntary termination of medical staff membership at another organization, and not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges.
2. Temporary privileges are not to be routinely used for other administrative purposes such as but not limited to the following:
- a. The provider fails to provide all information necessary to the processing of his/her reappointment in a timely manner
 - b. Failure of the staff to verify performance data and information in a timely manner
3. In 2.a and 2.b above, the Practitioner would be required to cease providing care in the facility until the reappointment is completed.
- a. If, in the above reappointment situations, the failure to allow the practitioner to continue to provide care would result in a problem meeting an important patient care need, then temporary privileges could be granted. The specific patient care need must be documented by the Medical Staff President or Department Chairman in the practitioners' credential file.

B. Emergency Privileges

In case of an emergency, any staff member, to the degree permitted by his license and regardless of staff status, department assignment, or clinical privilege delineation may, indeed should, assist in the care of the patient.

For the purpose of this section, "emergency" refers to a condition in which serious or permanent harm might result to a patient, or in which the life of the patient is in immediate danger if there is any delay in administering treatment.

5.8. MEDICO-ADMINISTRATIVE POSITIONS

Physicians employed by or under contract with the Hospital whose duties include both administrative and clinical activities must be members of the Medical Staff, and must obtain clinical privileges in the same manner as any other Medical Staff member. The contract of the Hospital-employed or contracted physician who has both administrative and clinical duties shall clearly define the relationship between termination of employment by the Hospital through the individual's contract. If a physician has a contract with the Hospital and the contract is terminated, such termination shall not affect the physician's clinical privileges or staff membership.

5.9. LEAVE OF ABSENCE

Leave of absence, not to exceed the present term of appointment, may be granted by the Governing Body upon written request accompanied by the recommendation of the MEC.

Failure of a Medical Staff member to return or make application for extension of the leave shall constitute resignation from the Medical Staff and not be subject to any hearings or appellate review. Resignation in this manner does not preclude re-applying through the usual initial appointment procedure.

Upon return from leave of absence, the Medical Staff member may be required to submit evidence of continued and current clinical competence, and of good physical and mental health, which would be reviewed and acted upon by the MEC and the Governing Body in the same manner as for reappointment.

Ministry Door County Medical Center

Medical Staff

Request for Leave of Absence (LOA)

I _____, a member of the MDCMC Medical Staff hereby request a Leave of Absence.*

I am requesting a LOA for a Medical Condition Extended Vacation Other

Medical Condition:

The health condition commenced on: _____

The length of time it is estimated I will be unable to work is: _____

I have arranged with Dr(s). _____ to provide coverage of my practice in my absence.

Extended Vacation:

I will be on vacation from _____ through _____.

I have arranged with Dr(s). _____ to provide coverage of my practice in my absence.

I understand that in accordance with the Medical Staff Bylaws, Article 5.9, LOA may not exceed the present term of appointment. I further understand that failure to return or make application for extension of the LOA shall constitute resignation from the Medical Staff and not be subject to any hearings or appellate review. Resignation in this manner does not preclude reapplying through the usual initial appointment procedure.

I also understand that upon return from leave of absence, I may be required to submit evidence of continued and current clinical competence, and of good physical and mental health, which would be reviewed and acted upon by the MEC and the Governing Board in the same manner as for reappointment.

Please submit this request to the Medical Staff President and Chairman of the Board of Directors or their designee for consideration. Actions will be communicated to you by phone and/or mail.

Physician Signature/Date

Medical Staff President/Date

Chairman, Board of Directors/Date

****Leave of Absence is defined as an absence that will or is anticipated to exceed thirty(30) days duration.***

Ministry Door County Medical Center

**Medical Staff
Return to Work Permit**

I, _____, physician, certify that _____ is and/or continues under my medical care.

I have seen and examined _____ and can find no medical contraindication to this individual's resumption of clinical privileges, with the following provisions:

- No restrictions
- Restrictions as described: (please specify the estimated length of time these restrictions will apply)

Possible accommodations, which may be needed for the above restrictions, include:

Physician

Date

Office Address

Telephone Number

ARTICLE VI OFFICERS AND MEETINGS

6.1. Officers

The officers of the Medical Staff shall be the President, President-Elect, and Immediate Past President.

6.2. Eligibility Requirements

Only Active Staff members are eligible to be officers. Eligibility requirements include an awareness of and commitment to ongoing continuing quality improvement with regard to Medical Staff functions and activities.

6.3. Selection of Officer Candidates

In selecting its officers, the Medical Staff considers the responsibilities involved and the interests and skills required to best provide Medical Staff participation in Hospital affairs.

6.4. Nomination, Election and Terms of Office

- A. Nominations. The Nominating Committee will be appointed by the current President of the Medical Staff. It will consist of the President-Elect and two (2) other staff members as appointed by the current President. This list of nominees shall be published at least five (5) days prior to the Annual Meeting. Nominations may also be made from the floor at the time of the Annual Meeting, provided that members so nominated have authorized their nomination prior to, or at, the Annual Meeting.
- B. Election. The President-Elect is elected at the Annual Meeting of the Medical Staff by a simple majority of Active Medical Staff members present and voting. This election is subject to ratification by the Governing Body.
- C. Terms of Office. Officers shall serve a term of one year, and may succeed themselves only once.
- D. Vacancies. Vacancies are filled by special election as soon as reasonably possible after the vacancy occurs, except that vacancy in the office of President is filled by the President-Elect.

6.5. Resignation and Removal from Office

- A. Resignation
Any general staff officer may resign at any time by giving written notice to the Medical Executive Committee. Such resignation takes effect on the date of the receipt or at any later time specified.

B. Removal of Officer

Action Required: Removal of a general staff officer may be effected by a two-thirds (2/3) majority vote of the Active Staff members, with the action not final until ratified by the Governing Body.

The officer who is the subject of the removal action shall be given ten (10) days prior written notice of the meeting at which the vote on removal is to be taken and shall be afforded the opportunity to speak in his own behalf prior to taking of any vote on removal. Failure of an officer to maintain Active Staff status shall result in an automatic removal from office and is not subject to a vote.

Grounds: Permissible basis of removal of a general staff office includes:

- 1) Failure to perform the duties of the position held in a timely and appropriate manner.
- 2) Failure to satisfy the qualifications of the position.
- 3) Malfeasance while in office.
- 4) Conduct detrimental to the interest of the Hospital and/or the Medical Staff.
- 5) Physical or mental infirmity that renders the officer incapable of fulfilling the duties of his office.
- 6) Having an automatic or precautionary suspension imposed in accordance to these Bylaws or a corrective action matter resulting in a final decision other than to take no action.
- 7) Failure to maintain active staff category status (automatic removal, not subject to a vote.)

6.6. Duties of Officers

A. President

The President shall:

- 1 Act in coordination and cooperation with the Hospital Administrator in all matters of mutual concern within the Hospital;
- 2 Call, preside at, and be responsible for the agenda of all General Staff Meetings of the Medical Staff;
- 3 Oversee the activities of the Department Chairmen;
- 4 Serve on the MEC and serve as its Chairman;
- 5 Serve as ex-officio member of all other Medical Staff Committees;
- 6 Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations;
- 7 Appoint Committee members to all standing, special and multidisciplinary committees except as otherwise provided;

- 8 Present the views, policies and needs of the Medical Staff to the Governing Body and Hospital Administrator;
- 9 Interpret the policies of the Governing Body to the Medical Staff, and report to the Governing Body on performance and maintenance of quality and efficient patient care;
- 10 Instruct the Treasurer to issue vouchers and make payment of any Medical Staff expense authorized.

B. President-Elect

In the absence of the President, the President-Elect assumes the duties and authority of the President. The President-Elect also serves and carries out the responsibilities of the Medical Staff Secretary/Treasurer. In addition, the President-Elect shall:

1. Be a member of the MEC;
2. Automatically succeed the President when the latter fails to serve for any reason;
3. Perform such reasonable duties as may be assigned to him by the President and/or these Bylaws; and
4. Succeed the President at the end of the President's term.
5. Provides for accurate and complete minutes of all Medical Staff meetings;
6. Call Medical Staff meetings on order of the President;
7. Provides for a record of attendance at meetings;
8. Attends to all correspondence on behalf of the Medical Staff;
9. Make minutes and correspondence available to the Governing Body; and Is accountable for the Medical Staff funds.

C. Immediate Past President

The Immediate Past President shall:

1. Serve on the MEC;
2. Serve as Chairman of the Credentials Committee; and
3. Perform other reasonable duties as may be assigned to him by the President of the

**6.7. Meetings of the Entire Medical Staff,
Clinical Departments and Services
and of Committees**

A. Entire Medical Staff

The entire Medical Staff meets at least semi-annually, plus on special call. One meeting is designated the Annual Meeting, at which officers are elected.

Special meetings of the entire Medical Staff may be called at any time by the MEC, President of the Medical Staff, Hospital Administrator or Governing Body, and are held at the time and place designated in the meeting notice.

B. Clinical Departments and Services

Clinical Departments and Services shall meet at least quarterly to evaluate findings of the Quality Management Department; formulate recommendations and initiate education activities; and to conduct any other business, which is necessary

C. Committees

The MEC meets monthly; the Physician Board Communication Committee meets at least semi-annually; and all other Medical Staff Committees will schedule meetings as often as necessary to perform their assigned functions.

6.8. Notice of Meetings

Notice of all meetings of the entire Medical Staff, Departments and Committees shall be given at least seven (7) days in advance of such meetings. MEC members, however, shall be given at least twenty-four (24) hours notice prior to special meetings of the MEC.

6.9. Quorum

A quorum for department and committee meetings shall consist of not fewer than two persons eligible to vote. A quorum for Credentials Committee, Medical Executive Committee, and General Staff meetings shall consist of fifty percent (50%) of the persons eligible to vote.

6.10. Attendance Requirements

Members of the Active Staff are encouraged to attend all regular and special meetings of the entire Medical Staff, as well as meetings of the Department and Committees to which they are assigned, or elected.

6.11. Minutes

Minutes of meetings include a record of attendance and actions taken. A permanent file of minutes of Medical Staff meetings, Committee meetings, and meetings of Clinical Departments shall be maintained.

6.12. Majority Vote

Except as otherwise specified, actions are by majority vote of Active Staff members present and voting.

ARTICLE VII CLINICAL DEPARTMENTS AND SERVICES

7.1 Assignment to Department/Service

Each Medical Staff appointee is assigned membership in one clinical department by the MEC considering the Medical Staff member's wishes, and may be granted clinical privileges in one or more of the other Departments/Services. Granting of privileges is by the Governing Body upon the recommendation of the MEC. The exercise of clinical privileges within each Department/Service is subject to relevant rules and regulations, and to the authority of the Department Chairman/Service Chief.

Each Department Chairman is responsible for the recommendations for granting of all privileges for the appointees of that particular department. Because privileges may be exercised in more than one clinical department, the Department Chairman shall consult the appropriate Department Chairman regarding recommendation of privileges. Should disagreement arise between two or more Department Chairmen after they have met jointly to review the matter, the matter shall be referred to the MEC for resolution. These privileges will be subject to final recommendation of the responsible department, the Credentials Committee, the MEC and the approval by the Governing Body.

7.2. List of Departments and Services

The Medical Staff Departments are as follows:

Clinical Support Services (Diagnostic Imaging, Laboratory/Pathology)
Family Medicine
Pediatrics
Medicine
Surgery & Anesthesiology
Emergency Services

Additional departments and/or clinical services within departments may be established as needed by the MEC with the approval of the Governing Body.

7.3. Clinical Department Chairmen and/or Service Chiefs

A. Qualifications:

The Chairman of each Department and the Chief of each Service are members in good standing of the Active Medical Staff and Board Certified in the relevant specialty unless the latter requirement is waived by the Governing Body based on training, experience and demonstrated competencies.

B. Selection:

Each Department elects its Chairman, subject to ratification by the Governing Body.

If services exist, each Department Chairman appoints a Chief of each Service within his Department.

C. Term of Office:

Term of office for each Department Chairman shall be determined by the majority vote of each department.

D. Resignation

Department Chairman may resign at any time by giving written notice to the Medical Executive Committee. Such resignation takes effect on the date of the receipt or at any later time specified.

E. Removal of Chairman

Action Required: Removal of a Department Chairman may be effected by a two-thirds (2/3) majority vote of the Active members of the Department present and voting, ratified by the Medical Executive Committee members (other than the involved Chairman), with the action not final until approved by the Governing Body.

The chairman who is the subject of the removal action shall be given ten (10) days prior written notice of the meeting at which the vote on removal is to be taken and shall be

afforded the opportunity to speak in his own behalf prior to taking of any vote on removal. Failure of an officer to maintain Active Staff status shall result in an automatic removal from office and is not subject to a vote.

Grounds: Permissible basis of removal of a general staff office includes:

- 1) Failure to perform the duties of the position held in a timely and appropriate manner.
- 2) Failure to satisfy the qualifications of the position.
- 3) Malfeasance while in office.
- 4) Conduct detrimental to the interest of the Hospital and/or the Medical Staff.
- 5) Physical or mental infirmity that renders the officer incapable of fulfilling the duties of his office.
- 6) Having an automatic or precautionary suspension imposed in accordance to these Bylaws or a corrective action matter resulting in a final decision other than to take no action.
- 7) Failure to maintain active staff category status (automatic removal, not subject to a vote.)

F. Responsibilities:

The Department Chairs act as a primary medical administrative officer and is responsible for all administrative and medical activities within their respective departments. Responsibilities of the Department Chair or Service Chief include, but are not necessarily limited to:

1. Serves as a member of the MEC (Department Chair only) and the spokesperson for the Department or Service.
2. Coordinates and conducts the meetings of the department with the assistance of Medical Staff Services.
3. In the event the President and President-Elect of the Medical Staff are unavailable, the Department Chairman shall be empowered to enforce the Hospital and Medical Staff Bylaws, Rules and Regulations and Policies within their department.
4. Quality Improvement:
 - a. Conducts or arranges for special studies, performs specified monitoring activities, and participates as required in the quality assessment and improvement, risk management and utilization management programs to enhance processes and safe outcomes of care.
 - b. Reviews quality assessment and improvement, risk management, and utilization management data and findings pertinent to the Department/Service.
 - c. Provides recommendations or takes actions as appropriate for maintaining and improving the safe quality of care provided within the department and the organization.
5. Professional Performance Reviews:
 - a. On an ongoing basis monitors and reviews the professional performance of the individuals in the department that have clinical privileges.
 - b. Initiates investigations of clinical performance, when necessary.
 - c. Reports findings of reviews and investigations to the Quality Director, Credentials Committee, MEC, and Medical Staff President as appropriate.

- d. Provides oversight of the proctoring process for individuals within the assigned department.
6. Credentialing and Privileges:
 - a. Recommends to the MEC the criteria for the qualifications and competence for clinical privileges for licensed independent providers within the department or service.
 - b. Recommends to the MEC criteria for the qualifications and competence of department or service personnel who are not licensed independent providers and who provide patient care, treatment and services
 - c. Recommends to the MEC clinical privileges for each member of the department in accordance to the credentialing process defined in the bylaws and policies.
7. Participates in assessing and recommending to the MEC contract reviews and renewals for clinical services needed for patient care and treatment that are not provided by the department or organization
8. Communication/Integration:
 - a. Facilitates communication and integration of interdepartmental and intradepartmental services within the medical staff and the organization.
 - b. Provides clinical support among and between peers.
 - c. Provides a forum for its members to contribute their professional view and insights
9. Bylaws, Rules, Regulations and Policies:
 - a. Enforces hospital and medical staff bylaws, rules and regulations and policies within the department.
 - b. Participates in the development and implementation of policies and procedures that guide and support the provision of care, treatment and services. Assures that there is an orientation process for all persons in the department or service.
10. Provides opportunities for department members to participate in continuing education programs based on quality reviews and/or member requests.
11. Makes recommendations, as appropriate to the MEC and Administration concerning space, and allocation and acquisition of other resources needed by the department, service or organization.
12. Makes recommendations to the MEC and Administration that a sufficient number of qualified and competent persons provide care, treatment and service.
13. Assists in professional medical needs assessment for the Department, medical staff development planning and the recruitment of any needed practitioners.
14. As requested by Hospital or medical staff leadership, assists in the Department budget development program.
15. Establishes or assists in developing and maintaining required specialty call coverage programs for the Hospital.
16. Accounts to the Medical Executive Committee and the Governing Board regarding clinical and administrative management of the Department.
17. Accounts to the Medical Executive Committee and the Governing Board regarding clinical and administrative management of the Department.

**ARTICLE VIII
COMMITTEES AND FUNCTIONS**

8.1. Types of Committees

There is a Medical Executive Committee (MEC) and such permanent and temporary committees of the Medical Staff as may from time to time be necessary.

Permanent Medical Staff committees may be established by the MEC upon approval of the Governing Body, but temporary (ad hoc) committees may be established by the MEC or by a Department or Service.

8.2. Medical Executive Committee

A. Composition:

The Medical Executive Committee consists of:

- The President and President-Elect of the Medical Staff
- The Immediate Past President of the Medical Staff
- The Chairman of each Clinical Department
- The Hospital Administrator or his designee, ex-officio
- The Director of Patient Care Services, ex-officio
- The Secretary/Treasurer, (elects one of it's own member's to serve this position)

B. Duties:

The duties of the MEC are:

- To represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;
- To coordinate the activities of and policies adopted by the Medical Staff, and its Departments and Committees.
- To receive and act upon reports and recommendations from the Departments, Committees and officers of the Medical Staff concerning accountability (continuing quality improvement) activities and other responsibilities.
- To recommend to the Governing Body all matters relating to appointments, reappointments, staff category and departmental assignments, and clinical privileges.
- To pursue corrective action to necessary conclusions in accordance with Article XV.
- To make recommendations on medico-administrative and Hospital management affairs, including patient care needs such as space, staff and equipment.
- To obtain Medical Staff cooperation with retaining accreditation status of the Hospital.
- To participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs.
- To assess annual dues.
- To resolve disputes between Departments and Services.
- To perform other duties authorized by the Governing Body.

- To have the Secretary/Treasurer maintain a permanent record of minutes of all proceedings and actions in the Medical Staff Office.

C. Meetings

The MEC meets at least monthly and maintains a permanent record of its proceedings and actions.

8.3. Credentials Committee

A. Composition:

The Credentials Committee consists of one active medical staff member from each clinical department plus the Immediate Past President who serves as its Chairman. In the event the Chairman cannot attend the meeting, he/she must designate a member of the committee to preside over the meeting.

B. Duties:

The duties of the Credentials Committee are:

1. To conduct a thorough, objective and fair review of applications and supporting documents for Medical Staff membership and clinical privileges, both initial appointment and reappointment
2. To seek such additional information as is deemed necessary to make confident recommendations about applications to the MEC and Governing Body.
3. To forward to the MEC a recommendation on each application for staff membership and/or clinical privileges, both appointment and reappointment.

C. Meetings:

The Credentials Committee shall meet at least four (4) times a year, and within thirty (30) days of completion of an application for Medical Staff appointment and/or privileges.

8.4 Practitioner Health Advisory Committee

A. Purpose

The purpose of the practitioner health advisory committee is to provide a committee where information and concerns about potentially impaired practitioners, including issues related to behavior as described in the Medical Staff Policies Impairment and/or Disruptive Conduct may be

taken for consideration; to detect, intervene upon, promote rehabilitation for and monitor practitioner in question and to those persons contacting the committee about possible impairment; to educate the medical and hospital staff about practitioner health, well-being and impairment, to provide appropriate responses to different levels of concern; to seek to assure that no instances of patient abuse or neglect occur and to identify any instances in which such may have occurred and to help restore the practitioner to an optimal level of functioning

B. Composition

The practitioner health advisory committee shall be comprised of no less than three (3) active appointees of the medical staff who are appointed by the President of the Medical Staff. Members of this committee shall not serve as active participants on other peer review or quality assurance committees while serving on this committee.

C. Referrals:

Individual practitioners may directly seek the assistance of the committee, or they may be referred to the committee by authorized department leadership, the Executive Committee, the Medical Staff President or the Hospital President/CEO.

D. Responsibilities:

The Practitioner Health Advisory Committee shall receive reports related to the health, well-being, or impairment of practitioners.

They will seek assistance of the Wisconsin Medical Society Physician Health Program as deemed appropriate. The committee may, in cooperation with the Wisconsin Medical Society Health Program, on a voluntary basis, provide advice, counseling, or referrals as it may determine to be appropriate. Such activities shall be confidential; however in the event information received by the committee clearly demonstrates that the health or known impairment of a medical staff appointee poses an unreasonable risk of harm to patients, that information may be referred for corrective action to the Medical Executive Committee. If the committee or others in authority become aware of matters involving patient abuse, neglect or misappropriation of patient property by the appointee which requires notification beyond medical staff and hospital leadership, such notification will be made. The committee may, in its discretion, request that a practitioner voluntarily submit to an evaluation and follow any recommendations made by the treating professional, treatment staff and staff of the Wisconsin Medical Society Physician Health Plan or similar program or healthcare providers who have treated or evaluated the practitioner. If a practitioner follows this course of action following an intervention, and can demonstrate to the committee that he or she is capable of caring for patients safely and competently, no suspension of clinical privileges, nor any other disciplinary action shall be taken. In the event that a practitioner should refuse to submit to a requested evaluation, and there is a reasonable belief that the practitioner may represent a danger to his or her own health or safety or to the safety of patients, the committee shall immediately refer the matter to the Medical Staff President or CEO. The committee shall also consider general matters related to the health and well-being of practitioners and, with the approval of the Medical Executive Committee, develop educational programs or related activities.

E. Meetings:

Meetings will be held as frequently as necessary to fulfill its responsibilities. A record of its proceedings shall be maintained.

8.5. Bylaws Committee

A Bylaws Committee shall review the Medical Staff Bylaws, Rules and Regulations at least annually and recommend to the MEC any revisions to meet changing requirements. Revisions of the Bylaws, Rules and Regulations shall be dated to indicate the time of last review.

8.6. Physician Board Communication Committee

A. Composition:

The Physician Board Communication Committee shall be composed of the entire Governing Body and the MEC. The Hospital Administrator shall be an ex-officio member of the Physician Board Communication Committee. The Chairman of the Governing Body shall serve as the Chairman of the Committee.

B. Duties:

The duties of the Physician Board Communication Committee are:

1. To provide a forum for discussion of matters of mutual concern to the Medical Staff, Board and Administration.
2. To recommend resolution of any specific disagreements between the Medical Staff, Governing Body and/or Administration.

C. Meetings:

1. The Physician Board Communication Committee meets at least twice per year, and keeps a record of its proceedings, which are reported to both the Governing Body and the MEC.
2. If, following either a favorable or an adverse decision by the MEC regarding an issue other than credentialing, it appears that a contrary decision may be contemplated by the Governing Body, then either the Medical Staff President, Governing Body Chairman or Hospital Administrator may request a meeting of the Physician Board Communication Committee to frame a recommendation to be considered by the Governing Body. In the event disagreement persists, or even if no recommendation is forthcoming, the Governing Body's action prevails.

8.7. Performance Improvement

The Medical Staff will participate in performance improvement initiatives as outlined in the Medical Staff Performance Improvement Plan.

**ARTICLE IX
RULES AND REGULATIONS**

Specific rules and procedures for implementing several provisions of these Bylaws are included in:

- A. Rules and Regulations of the Medical Staff
- B. Procedure and policy manuals of the Medical Staff

**ARTICLE X
AMENDMENT OF BYLAWS**

The Medical Staff shall have the initial responsibility and delegated authority to formulate, adopt, and recommend to the Governing Body, Medical Staff Bylaws, Rules and Regulations, and amendments thereto, which shall be effective when approved by the Governing Body. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely and responsible manner, so as to have Bylaws, Rules and Regulations of generally recognized quality, to provide a basis for acceptance by accreditation agencies, to comply with supervising, licensing authorities, and to provide a system of ongoing effective professional review.

Medical Staff Bylaws may be adopted, amended, or repealed by the following combined action:

- A. The affirmative vote of a majority of the Active Medical Staff members eligible to vote on this matter who are present at a meeting at which a quorum is present, provided at least ten (10) days written notice of the intention to take such action has been given, accompanied by the proposed Bylaws and/or changes; and the affirmative vote of a majority of the Governing Body.
- B. The Bylaws may not be amended or adopted by unilateral action of the Medical Staff or Governing Body. For the purpose of these Bylaws, unilateral action by the Governing Body would be adoption of Bylaws or amendments without informing the Medical Staff and MEC or providing an opportunity for revision and recommendation. However, in the event that the Medical Staff shall fail to exercise its responsibility and authority as required by Section (A.) of this Article, and after notice from the Governing Body of such effect, including a reasonable period of time for response, the Governing Body may, upon its own initiative, formulate or amend these Bylaws. In such event, Medical Staff recommendations and views shall be carefully considered by the Governing Body during its deliberations and in its actions.
- C. The Rules and Regulations may also be amended, adopted or repealed by the affirmative vote of the MEC, or by the majority vote of the active staff, and the affirmative vote of the Governing Board.

**ARTICLE XI
ADOPTION OF BYLAWS**

These Bylaws must be adopted at any regular or special meeting of the Medical Staff, by majority vote of Active Staff members, present and voting. Once adopted, they replace any existing Bylaws when approved by the Governing Body.

**ARTICLE XII
STAFF NOTIFICATION OF CHANGES TO THE BYLAWS, RULES & REGULATIONS
AND POLICIES**

When significant changes are made in the Bylaws, Rules and Regulations, or policies of the Medical Staff, the Medical Staff President shall inform the members of the Medical Staff. Staff will be provided with revised texts of the materials.

**ARTICLE XIII
QUESTIONS OF MARGINAL PRACTICE, DISRUPTIVE BEHAVIOR,
DISREGARD FOR RULES, PHYSICAL OR MENTAL IMPAIRMENT
OR UNETHICAL CONDUCT**

13.1. Problem Identification

Confirmed and documented patterns or incidents that adversely affect, or could adversely affect, patients, the Medical Staff, the Hospital or its employees, are addressed by the MEC and Governing Body in a timely manner. Problem identification relating to a Medical Staff member's clinical judgment or skills, compliance with Hospital and Medical Staff rules, physical or mental status or ethical conduct, may be developed routinely in response to quality assurance (accountability) activities, or by a complaint from a Medical Staff member, patient or Hospital employee.

13.2. Medical Staff's Obligation

The Medical Staff, through its responsible committees, groups, departments and individuals:

- A. Develops and evaluates objective information to either confirm or disprove the existence of the suspected problem;
- B.
 - 1. Brings the full authority of responsible officers, department chairmen and committees to bear to resolve the issue in a timely manner in the event an uncooperative stance is encountered; and
 - 2. When the Medical Executive Committee or the Governing Body receives or is considering initiating an adverse recommendation or decision concerning a practitioner, the practitioner shall be afforded an interview with the body initiating the recommendation. Such an interview shall not constitute a hearing, shall be preliminary in nature, and shall not be conducted according to the procedural rules provided with respect to hearings. The practitioner shall be informed of the general nature of the circumstances and may present information relevant thereto. A record of such interview shall be made.

- C. Includes information about resolving the problem in the Medical Staff's reports of its activities to the Governing Body.
- D. Initiate a Corrective Action Plan and Fair Hearing plan when indicated. See Article 14.

13.3. Right to Hearing and Appeal

- A. Circumstances under which a Medical Staff appointee is entitled to (a) a hearing on the facts and/or (b) an appeal of the Governing Body's final decision, and the specific procedure to be followed for hearings and appeals, are described in the "Corrective Action and Fair Hearing Plan" pursuant to the provisions in Article XIV.
- B. **AHP Fair Hearing and Appeals**
Whenever the Medical Executive Committee or the Board makes a recommendation or proposes to take an action to restrict or deny an allied health professional's clinical privileges for more than thirty days or any application therefore, the CEO shall provide the allied health professional or employer with written notice of the recommendation, the reasons therefore, and the time period within which the allied health professional or employer can request a hearing. If a hearing is requested, the President of the Medical Staff shall name and CEO shall appoint a committee of three (3) unbiased medical staff members and allied health professionals with clinical privileges to hear the allied health professional or employer's objections to the proposed action or recommendation no sooner than thirty days from the date of the request. A record of the hearing shall be made. The committee's recommendation shall be in writing, shall reflect consideration of the information presented at the hearing, and shall be provided to the allied health professional or employee; the Medical Executive Committee, and the Board. The allied health professional or employer and the Medical Executive Committee each have the right to appeal the committee's recommendation to the Board within thirty days of receipt of the recommendation. The Board, or a committee thereof shall hear the parties regarding the appeal. If the appeal is heard by a committee it shall promptly provide the parties and the Board with its recommendation. Upon consideration of the hearing committee recommendation and the information presented at appeal, the Board shall take final action and shall thereupon provide all parties with its decision, and the reasons therefore, in writing. Final actions regarding allied health professionals' privileges shall not be reported to the National Practitioner Data Bank.

ARTICLE XIV CORRECTIVE ACTION AND FAIR HEARING PLAN

The Medical Executive Committee shall be the disciplinary body of the Hospital Medical Staff. Corrective action may be requested by any officer of the Medical Staff, by the Chairman of any standing or special committee, or service, by the Hospital Administrator or by the Governing Body. All requests for corrective action shall be in writing to the MEC, and the request shall contain a detailed description of the activity or conduct upon which the request is based.

14.1 Grounds for Request

Conduct or activity upon which the request for corrective action may be based shall include, but not be limited to:

- A. Conviction of a class A misdemeanor and all felonies.
- B. Unethical practice.
- C. Incompetence.
- D. Failure to keep adequate records.
- E. Revocation, suspension or limitation of license by the State Board of Medical Examiners or voluntarily by the Medical Staff member.
- F. Loss or limitation of narcotics (DEA) license.
- G. Exercising privileges that place patient care at risk while professional ability is impaired, whether through illness, accident, or from any other source.
- H. Significant misstatement in, or omission from, any application for membership or privileges; or any misrepresentation in presenting credentials.
- I. Violation of the Bylaws, Rules and Regulations of the Medical Staff, Hospital Bylaws, the Code of Ethics of the applicable professional association or State of Wisconsin rules.
- J. Abuse, mistreatment, or other malicious degrading of a patient, employee of the Hospital, member of the Medical Staff, or member of the Governing Body.

14.2 Procedure to Determine Request

- A. Following receipt of a request for corrective action, the President of the Medical Staff shall inform and discuss with the affected staff member the request for a corrective action plan. This would be done prior to the next scheduled MEC meeting. This is not in place of the interdisciplinary plan listed in Article XIV. 14.2 A and B. The President of the Medical Staff shall bring the matter to the MEC at its next scheduled meeting. If time or circumstances require prompt action, the MEC shall be called into a special meeting to consider the matter. The President of the Medical Staff, the MEC or an ad hoc committee appointed by the President of the Medical Staff shall conduct an investigation and report its findings to the MEC within thirty (30) days of the receipt of the request for corrective action. The President of the Medical Staff or the MEC may elect to review the request or to appoint a special ad hoc committee to investigate the matter and report the results to the MEC.
- B. The investigation should include an interview, if possible, with the Medical Staff member involved. The individual shall be informed of the general nature of the charges that have been brought and that such charges may result in action entitling the individual to a formal hearing. When the Medical Executive Committee or Governing Body receives or is

considering initiating an adverse recommendation or decision concerning a medical staff member, the medical staff member shall be afforded an interview with the Body initiating the recommendation.

- C The individual shall be permitted to discuss and explain his conduct. His appearance at the interview shall not constitute a formal hearing, and is considered preliminary in nature and not subject to procedural rules. A record of the interview shall be made by the Chairman of the Department or his designee.
- D The individual, as well as the Medical Staff committee conducting the investigation and review, shall have the right of consultation with legal counsel prior to attending the interview. Due to the informal nature of the interview, legal counsel will be excluded from attending except in unusual circumstances.
- E The President of the Medical Staff shall promptly notify the Hospital Administrator of all requests for corrective action received by the MEC and shall continue to keep the Hospital Administrator fully informed of all action taken.

14.3 Medical Executive Committee Action

- A. Within thirty (30) days following receipt of the report of the investigation, the MEC shall take one of the following actions:
 - 1. Issue a warning letter to the staff member.
 - 2. Issue a letter of reprimand to the staff member.
 - 3. Reject or modify the request for corrective action.
 - 4. Recommend that the Governing Body:
 - a. Require consultation.
 - b. Impose probation for a specified term.
 - c. Reduce privileges.
 - d. Suspend privileges
 - e. Revoke privileges
 - f. Suspend staff membership
 - g. Revoke staff membership.
- B. If the MEC makes a recommendation to the Governing Body under (4), it shall also

recommend the interim status of the individual during the Fair Hearing Process, if invoked.

- C. The MEC shall make a written report of its action on the request for corrective action, including the reasons for the action taken, and any minority view, and shall forward the report to the Hospital Administrator for submission to the Governing Body. If the action taken by the MEC is not a professional review action as defined in Sections 15.1 and 15.2 of this Fair Hearing Plan, the Governing Body, in its sole discretion, may conduct its own investigation, through whatever means, and, after receipt of the report of the investigation, impose any of the sanctions set forth in subsection (A.) above.
- D. Any recommendation by the MEC or action of the Governing Body that constitutes a professional review action, as defined in Sections 15.1 and 15.2 of this Fair Hearing Plan, shall entitle the affected individual to a hearing, and the MEC's recommendation need not be forwarded to the Governing Body until the affected individual has exercised or waived his rights to such hearing and review.
- E. Referral to the Medico-Administrative Committee as defined in Section 14.4 (b) should generally occur when the MEC determines that non-clinical concerns outweigh any clinical concerns; and that the clinical issues would not result in action by the MEC constituting a professional review action, as defined in Sections 15.1 and 15.2 of this Fair Hearing Plan. Such conduct includes but is not limited to: sexual harassment or exploitation of patients or staff; illness, health or disability issues, including addictive disorders, drug or alcohol abuse; fraud and abuse violations; defamation of the Hospital, etc. Should the circumstances indirectly involve clinical issues, medico-administrative review shall occur, unless the individual requests a hearing under the Fair Hearing Plan.

14.4 Medico-Administrative Committee Action

- A. Matters not involving clinical issues and matters referred by the MEC pursuant to Section 14.3(A)(4) of this Fair Hearing Plan shall be handled by the Medico-Administrative Committee.
- B. The Medico-Administrative Committee shall consist of the President of the Medical Staff and the Hospital Administrator. A third individual, who shall be the Chairman of the Governing Body or his designee, shall also serve if either of the following occurs:
 - 1. The President of the Medical Staff and the Hospital Administrator elect to select a third person; or
 - 2. The President of the Medical Staff and the Hospital Administrator are unable to agree upon the disposition of the request for corrective action.
- C. Within thirty (30) days following receipt of the report of the investigation of a matter not involving clinical issues or a referral of a matter from the MEC, the Medico-Administrative Committee shall take one of the following actions:
 - 1. Issue a warning letter to the staff member.

2. Issue a letter of reprimand to the staff member.
3. If the committee concludes that clinical or patient care conduct is involved, refer the matter to the MEC for action or recommendation in the matter, including any action or recommendation listed in Section 14.3.
4. Reject or modify the request for corrective action.
5. Recommend that the Governing Body:
 - h. Impose probation for a specified term.
 - i. Suspend privileges.
 - j. Revoke privileges.
 - k. Suspend staff membership.
 - l. Revoke staff membership.

14.5 Effect of Committee Action

- A. The MEC or medico-administrative committee, as appropriate, shall make a written report of its action on the request for corrective action, including the reasons for the action taken and any minority views, and shall forward the report to the Hospital Administrator for submission to the Governing Body. If the action taken by the Medico-Administrative Committee is of a similar nature or effect as a professional review action, as defined in Sections 15.1 and 15.2 of this Fair Hearing Plan, the Governing Body, in its sole discretion, may conduct its own investigation, through whatever means; and, after receipt of the report of the investigation, impose any of the sanctions set forth in subsection 14.4(c)(5) above. If the action of the Medical Staff member is non-clinical in nature, the Governing Body's action shall not entitle the Medical Staff member to hearing or appellate review procedures set forth in the Fair Hearing Plan.
- B. Any recommendation by the MEC or action of the Governing Body that constitutes a professional review action, as defined in Sections 15.1 and 15.2 of this Fair Hearing Plan, shall entitle the affected Medical Staff member to a hearing, and the MEC's recommendation need not be forwarded to the Governing Body until the affected Medical Staff member has exercised or waived his rights to such hearing and review.
- C. If the MEC makes a recommendation to the Governing Body under either Section 14.3(a)(4) or 14.4(a)(4), it shall also recommend the interim status of the Medical Staff member during the Fair Hearing process, if invoked.
- D. A referral from the MEC to the Medico-Administrative Committee or vice versa shall not

constitute a professional review action and shall not give rise to a right to hearing and review.

14.6 Suspension of Privileges

- A. Any of the following: the MEC, the President of the Medical Staff, the Hospital Administrator, the Executive Committee of the Governing Body or the Governing Body shall each have the authority whenever action must be taken in the best interests of patient care in the Hospital, to suspend for no less than fifteen (15) days all or any portion of the clinical privileges of a Medical Staff member; and such suspension shall become effective immediately upon imposition.

- B. A Medical Staff member whose suspension pursuant to this section is for more than fifteen (15) days shall be entitled to request that the MEC hold a hearing on the matter within such reasonable time period as a hearing committee may be convened in accordance with the Bylaws, not to exceed ten (10) days after receipt by the Hospital Administrator of a request for expedited hearing. Such hearing shall be held in general accord with the procedures set forth in this Fair Hearing Plan. Due to the expedited nature of a hearing under this subsection, the procedural requirements set forth in the Fair Hearing Plan may be adjusted as needed to facilitate expedited review while still affording due process to the Medical Staff member. Since the availability of an expedited review is to minimize the period of suspension before fair hearing, should a Medical Staff member so request, a hearing on the suspension may be held at a later time than ten (10) days after receipt of the request for review. If an expedited hearing is held at the Medical Staff member's request, it shall be in lieu of, and not in addition to, any right to hearing otherwise available to the Medical Staff member under this Fair Hearing Plan.

- C. The MEC may, upon the Medical Staff member's request, and as soon as practicable, afford the Medical Staff member an opportunity to meet with the MEC in special session to informally discuss the suspension, whether or not a hearing is requested under subsection (B). The MEC shall be authorized to lift, maintain, or modify the suspension, except a suspension imposed by the Governing Body or its Executive Committee. If the suspension:
 - 1. is lifted or modified by the MEC but either the Hospital Administrator or the President of the Medical Staff object in writing to such action; or
 - 2. is not lifted by the MEC, and the Medical Staff member requests a hearing on the professional review action, but not an expedited hearing as provided in subsection (B), and also requests removal of the suspension until hearing, the suspension shall remain in effect and the Executive Committee of the Governing Body shall be convened within four (4) days of receipt of the request for hearing. The Executive Committee of the Governing Body shall consider the written positions of the Medical Staff member and the MEC on the sole issue of maintenance of the suspension pending hearing and appellate review, as well as the recommendation of the Hospital Administrator, the President of the Medical Staff and the Chief of the Medical Staff member's service. The Executive Committee of the Governing Body shall be

authorized to maintain, modify or lift the suspension pending hearing and shall reduce its determination to a written finding.

- D. After hearing held pursuant to subsection (B), the MEC may recommend modification, continuance or termination of the terms of the suspension. If, as a result of such hearing, the MEC does not recommend immediate termination of the suspension, the affected Medical Staff member shall, in accordance with the Fair Hearing Plan, be entitled to request an appellate review by the Governing Body. The terms of the suspension as sustained or as modified by the MEC shall remain in effect pending a final decision thereon by the Governing Body.
- E. Immediately upon the imposition of a suspension, the President of the Medical Staff shall provide for alternative medical coverage for the patients of the suspended Medical Staff member still in the hospital at the time of such suspension. The patients' preference shall be obtained before an alternative Medical Staff member is selected. The suspended Medical Staff member shall confer with the alternative Medical Staff member to the extent necessary to safeguard the patient.

14.7 Automatic Suspension

- A. Action by the State Board of Medical Examiners or other governing licensing agency revoking or suspending a Medical Staff member's license, or imposing probation or limitation of practice, shall automatically suspend all of the Medical Staff member's hospital privileges. Such shall occur whether the action of the Licensing Board is unilateral or agreed to by the licensee. If a Medical Staff member is placed on probation or the Medical Staff member's practice is limited by the Licensing Board, the MEC shall promptly review the matter and submit a recommendation to the Governing Body regarding the continued Medical Staff status and clinical privileges of the Medical Staff member. The MEC shall, if concurred with by the Hospital Administrator, be authorized to lift or modify any such automatic suspension pending final determination by the Governing Body.
- B. A Medical Staff member whose DEA number is revoked or restricted or voluntarily surrendered shall automatically be divested of the right to prescribe medications controlled by such number. Further, all the Medical Staff member's clinical privileges, which require the ability to prescribe such medications, shall be automatically suspended.
- C. An automatic suspension of all privileges of a Medical Staff member shall be imposed upon notification received by the Hospital Administrator of the conviction of a Medical Staff member of a felony. The MEC may, upon request of the affected Medical Staff member, convene to review the matter and shall submit a recommendation to the Governing Body regarding the continuation of the membership and privileges of the Medical Staff member.
- D. All granted privileges of a member of the Medical Staff shall be withdrawn automatically, for a period of no less than twelve (12) months, upon determination by the MEC that a privileged member of the Medical Staff has been guilty of gross or flagrant or continued misconduct or actions, or absence of actions, as previously stated in Section 14.1 of this Fair

Hearing Plan.

- E. Each Medical Staff member shall have the duty to notify the Hospital Administrator of any action which may constitute a cause for automatic suspension under subsections (a) through (c). Failure to report such action will result in automatic suspension.
- F. Automatic suspension activated pursuant to this Section shall not be a professional review action and thus not give rise to any right of hearing or appellate review, including the maintaining of any suspension instituted as a result of Licensing Board or DEA action.

14.8 Time Periods for Processing

Requests for corrective action shall be considered in a timely and good faith manner by all individuals and groups required by these Bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this Fair Hearing Plan. The time periods specified for corrective action are to guide the acting parties in accomplishing their tasks and shall not be deemed to create any right for the Medical Staff member to have a suspension lifted or to have a request for corrective action dismissed within those time periods.

**ARTICLE XV
HEARING PREREQUISITES**

**15.1 Recommendations or Actions Entitling a
Medical Staff Member to a Hearing**

The following recommendations or actions shall, if deemed a professional review action pursuant to Section 15.2 of this Plan, entitle the Medical Staff member affected thereby (whether presently on staff with privileges or a new applicant requesting staff membership and privileges) to a hearing:

- A. Denial of initial staff appointment.
- B. Denial of staff reappointment.
- C. Suspension of staff membership.
- D. Revocation of staff membership.
- E. Denial of requested advancement in staff category.
- F. Reduction in staff category.
- G. Limitation of admitting privileges, except for temporary suspension due to medical record delinquency.
- H. Denial of requested clinical privileges.
- I. Reduction in clinical privileges.
- J. Suspension of clinical privileges (other than suspensions pursuant to Section 14.5 or Section 14.6 hereof).
- K. Revocation of clinical privileges.
- L. Terms of probation or preceptorship which limit clinical privileges.
- M. Requirement of consultation which limits clinical privileges.

15.2 When Deemed a Professional Review Action

An adverse recommendation or action listed in Section 15.1 shall be deemed a professional review action only when it has been:

- A. recommended by the MEC or Medico-Administrative Committee; or
- B. taken by the Governing Body contrary to a favorable recommendation by the MEC under circumstances where no right to hearing existed; or
- C. a suspension imposed pursuant to Section 14.1 of this Fair Hearing Plan; or
- D. taken by the Governing Body on its own initiative without benefit of a prior recommendation by the MEC.

Only the foregoing shall constitute professional review action for the purpose of this Fair Hearing Plan. Since only the MEC or medico-administrative committee and the Governing Body have the authority necessary to adversely affect a Medical Staff member's status, only activity deemed a professional review action shall entitle a Medical Staff member to the hearing and appellate review procedure set forth in this Fair Hearing Plan. All actions and recommendations made by other Medical Staff committees or officials are preliminary in nature and do not of themselves constitute professional review action.

15.3 Basis for Professional Review Action

In formulating any professional review action or recommendations, the acting body should conclude that:

- A. There is a reasonable belief that the action is in furtherance of quality health care; and
- B. Reasonable efforts are taken to obtain the pertinent facts; and
- C. A reasonable belief exists that the action is warranted by the facts.

15.4 Notice of Professional Review Action

The Hospital Administrator shall within ten (10) days give a Medical Staff member against whom professional review action has been taken pursuant to Section 15.2 special notice of such action. The notice to the Medical Staff member shall state:

- A. That a professional review action has been taken or is proposed to be taken against the Medical Staff member;
- B. The reasons for the professional review action;
- C. That the Medical Staff member has a right of hearing pursuant to this Fair Hearing Plan and must request such hearing within forty-five (45) days from the date of furnishing the notice or such hearing right shall be waived; and
- D. A summary of the hearing procedures and rights of the Medical Staff member, which summary can be accomplished by furnishing the Medical Staff member a copy of this Fair

Hearing Plan with the notice.

15.5 Request for Hearing

A Medical Staff member shall have forty-five (45) days following the receipt of a notice pursuant to Section 15.4 of this Plan within which to file a written request for a hearing. Such request shall be delivered to the Hospital Administrator either in person or by certified or registered mail. If an effective date is specified for a professional review action taken pursuant to Section 15.2, the recommended action shall take effect as of that date unless the Medical Staff member submits a hearing request before that date. Receipt by the Hospital Administrator of a request for hearing shall signify the effective date of the action and maintain the status quo of the Medical Staff member unless the Executive Committee of the Governing Body, with appropriate Medical Staff recommendations, imposes limitations on the privileges or membership of the Medical Staff member pending completion of the hearing and review process.

15.6 Effect of Waiver by Failure to Request a Hearing

A Medical Staff member who fails to request a hearing within the time and in the manner specified in Section 15.2 waives any right to such hearing and to any appellate review to which the Medical Staff member might otherwise have been entitled. Such waiver of the right to hearing shall result in the following in connection with:

- A. A professional review action taken by the Governing Body shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Governing Body.
- B. An adverse action or recommendation by the MEC shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Governing Body. At the Governing Body's next regular meeting following waiver, it shall:
 - 1. Consider the MEC's recommendation, review all the information and material considered by the MEC, and consider all other relevant information received from any source.
 - 2. If the Governing Body's action on the matter is in accord with the MEC's recommendation, such action shall constitute the final decision of the Governing Body.
 - 3. If the Governing Body's action has the effect of changing the MEC's recommendation, the matter shall be submitted to the Joint Conference Committee as provided in Article XX of this Plan. The Governing Body's action on the matter following receipt of the Joint Conference Committee's recommendation shall constitute its final decision.
- C. The Hospital Administrator shall promptly send the Medical Staff member notice informing him of each action taken pursuant to Section 15.6 and shall notify the President of the

Medical Staff and the MEC of each such action.

15.7 Notice of Time and Place for Hearing

- A. Upon receipt of a timely request for hearing, the Hospital Administrator shall deliver such request to the President of the Medical Staff or to the Chairman of the Governing Body, depending on whose recommendation or action prompted the request for hearing.
- B. The President of the Medical Staff, or the Chairman of the Governing Body, shall schedule a date and arrange for a hearing.
- C. The hearing date shall be not less than thirty (30) days nor more than sixty (60) days from the date of the Hospital Administrator's receipt of the request for hearing, except as provided in Section 15.7(E.).
- D. The Hospital Administrator shall send the Medical Staff Member notice of the time, place and date of the hearing. Unless otherwise agreed to by the Medical Staff Member in writing and by the Hospital Administrator, the hearing date shall not be less than thirty (30) days from the date of the notice of such hearing.
- E. A Medical Staff Member under suspension may request an expedited hearing. Such hearing to be held as soon as the arrangements for it may reasonably be made. Such expedited hearing shall be held no later than ten (10) days from the date of the Hospital Administrator's receipt of the request for expedited hearing. In such event, the thirty (30) day notice requirement is deemed waived. The Hospital Administrator shall instead send the Medical Staff Member notice of the time, place and date of hearing as soon as practicable after scheduling same.

15.8 Statement of Issues and Events

The notice of hearing required by Section 15.7 shall be accompanied by a concise statement of the Medical Staff Member's alleged acts or omissions, a list by number of the specific or representative patient records in question, a list of witnesses, if any, expected to testify on behalf of the body whose action prompted the request for hearing; the other reasons or subject matter, if any, forming the basis for the professional review action which is the subject of the hearing; and the names of those individuals who have been chosen to serve on the Hearing Committee.

15.9 Appointment of Hearing Committee

- A. By Medical Staff

A hearing occasioned by an MEC recommendation or action pursuant to Section 15.2(A) of this Plan shall be conducted by a Hearing Committee appointed by the President of the Medical Staff and composed of at least three (3) but no more than five (5) members of the Active Medical Staff. The President of the Medical Staff shall designate one (1) of the members so appointed as chairman. If a Hearing Officer is appointed in accord with Section 22.2, the Hearing Officer shall preside as committee chair. Voting members of the Hearing

Committee shall not be physicians in direct economic competition with the Medical Staff Member. For purposes of this Fair Hearing Plan, direct economic competition shall be defined to mean those Medical Staff Members actively engaged in the community of the Medical Staff Member, and who practice in the same medical specialty or subspecialty. The Hearing Committee may utilize, on a consulting basis, members of the same medical specialty or subspecialty whether or not they are members of the Medical Staff.

B. By Independent Consultant

If there are not sufficient Active Staff members who are not in direct economic competition with the Medical Staff Member to form a committee under Section 15.9(A), the committee may be composed of other physicians (whether or not medical staff members) or an administrative hearing officer as may be designated by the President of the Medical Staff. The Governing Body, or the MEC with the Governing Body's approval, at their sole discretion but with the written consent of the affected Medical Staff member, may elect to contract with an independent consultant to perform the functions of the Hearing Committee as set forth in this Fair Hearing Plan. In such event, the Governing Body shall determine the composition of the Hearing Committee in its arrangements with the independent consultant. The Governing Body may require the affected Medical Staff Member to pay a share of the independent consultant's fees, up to one-half of the total charges.

C. By Governing Body

A hearing occasioned by professional review action of the Governing Body pursuant to Section 15.2(B), (C) or (D) shall be conducted by a Hearing Committee appointed by the Chairman of the Governing Body and composed of five (5) persons. The Hearing Committee shall be comprised of selected members of the Governing Body and at least two Active Medical Staff Members not in direct economic competition with the Medical Staff Member. The Chairman of the Governing Body shall designate, whenever feasible, one (1) of the appointed to the committee as chairman of the committee or a Hearing Officer may fill such role appointed pursuant to Section 22.2. The Hearing Committee may utilize, on a consulting basis, members of the same medical specialty or subspecialty whether or not they are members of the Medical Staff.

D. Prior to final selection of the Hearing Committee, the affected Medical Staff Member shall be given a list of three (3) governing body and four (4) active medical staff members from which the Hearing Committee shall be appointed. The Medical Staff Member may strike one (1) person from the list. The Medical Staff Member must inform the Hospital Administrator in writing of the names to be stricken within five (5) days of receipt of the list of names, or the Medical Staff Member will be deemed to have waived any objections to the composition of the Hearing Committee. The Hearing Committee will then be chosen from the remaining individuals as provided above.

15.10 Service on the Hearing Committee

A member of the Active Medical Staff or of the Hospital Governing Body shall not be disqualified

from serving on a Hearing Committee because he has heard of the case or has knowledge of the facts involved, or what he supposes the facts to be, or has participated in the review or investigation of the matter at issue. No member of the Medical Staff or Governing Body who requests corrective action pursuant to Article XIV of the Fair Hearing Plan shall serve as a voting member of the Hearing Committee. However, such individuals may appear before the committee if requested by either of the parties concerned. In any event, all members of a Hearing Committee shall be required to consider and decide the case with good faith objectivity.

ARTICLE XVI. HEARING PROCEDURE

16.1 Failure to Appear for Hearing

Failure without good cause of the Medical Staff Member to appear in person and proceed at a hearing shall constitute voluntary abandonment of the appeal and the professional review action involved shall become final and effective immediately when approved by the Governing Body. Postponement of a hearing may be effected for good cause if mutually acceptable to the parties concerned.

16.2 Presiding Officer

The Chairman of the Hearing Committee shall be the presiding officer and shall be the presiding officer at the hearing, unless a Hearing Officer is appointed pursuant to Section 22.2, in which case the Hearing Officer shall be the presiding officer at the hearing. 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 be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence. Unless the presiding officer is a Hearing Officer appointed pursuant to Section 22.2, the presiding officer shall also vote on any final recommendations as well as on any other matters giving rise to a vote of the Hearing Committee.

16.3 Representation

A. By a Member of the Medical Staff

The Medical Staff Member who requested the hearing shall be entitled to be accompanied by and represented at the hearing by a member of the Active Medical Staff in good standing. The MEC or the Governing Body, depending on whose recommendation or action prompted the hearing, shall appoint at least one (1) of its members and/or another person of its choosing to represent it at the hearing to present the facts in support of the professional review action, and to examine witnesses.

B. By Legal Counsel

If the affected Medical Staff Member desires to be represented by an attorney at any hearing or at any appellate review appearance pursuant to this Plan, his request for such hearing or

appellate review must so state. Such notice must also include the name, address and phone number of the attorney. Failure to notify the Hearing Committee in accord with this section shall permit the Committee to preclude the participation by legal counsel or to adjourn the hearing for a period not to exceed twenty (20) days. The MEC or the Governing Body may also be allowed representation by an attorney. While legal counsel may attend and assist the respective parties in proceedings provided herein, due to the professional nature of these review proceedings, it is intended that the proceedings will not be judicial in form but a forum for professional evaluation and discussion. Accordingly, the Hearing Committee and/or appellate review body retains the right to limit the role of counsel's active participation in the hearing process. Any Medical Staff Member who incurs legal fees in his behalf shall be solely responsible for payment thereof.

16.4 Rights of Parties

"Parties" for the purpose of this Fair Hearing Plan shall be the affected Medical Staff member and the Body whose action prompted the request for hearing. During a hearing, each of the parties shall have the right to:

- A. Call and examine witnesses, including expert witnesses.
- B. Introduce exhibits and present relevant evidence.
- C. Question any witness on any matter relevant to the issues.
- D. Impeach any witness.
- E. Rebut any evidence.
- F. Submit a written statement at the close of the hearing.
- G. Record the hearing by use of a court reporter or other mutually acceptable means of recording.

If the Medical Staff member who requested the hearing does not testify in his own behalf, the Medical Staff member may be called for the Hearing Committee or the other party and examined as if under cross-examination.

16.5 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 group that may later be called upon to review the record and render a recommendation or decision in the matter. The Hearing Committee may select the method to be used for making the record, such as a court reporter, electronic recording unit, detailed transcription, or any combination thereof. If an electronic recording unit is used, each person

speaking should endeavor to identify himself each time he speaks. A Medical Staff member electing an alternate method under Section 16.4(G.) shall bear the cost thereof.

16.6 Postponement

Requests for postponement of a hearing shall be granted by the Hearing Committee only upon a showing of good cause and only if the request is prompt. A hearing shall be postponed no more than two (2) times whether at the request of the Medical Staff member of the other party.

16.7 Participation

A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any significant part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.

16.8 Procedure and Evidence

- A. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admissible if, in the judgment of the presiding officer, it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become a part of the hearing record. The presiding officer may, but is not required to, order that oral evidence be taken only on oath or affirmation.
- B. The Committee shall be entitled to consider any pertinent material contained on file in the Hospital and all other information that can be considered, pursuant to the Medical Staff Bylaws, in connection with applications for appointment or reappointment to the Medical Staff or for clinical privileges. The Hearing Committee shall be entitled to conduct independent review, research and interviews, but may utilize the products of such in its decision only if the parties are aware of such and have the opportunity to rebut any information so gathered.
- C. The Hearing Committee may meet without the presence of the parties to deliberate and/or establish procedures. The Hearing Committee may require that the parties submit written, detailed statements of the case to the Committee and to each other. Such statements of the case may consist of a rendering of all the facts of the case. If so, the hearing can consist of clarification and explanation of the written statements of the case. If a party is ordered by the Hearing Committee to supply a detailed statement of the case and fails to do so, the Hearing Committee can conclude that such failure constitutes a waiver of the party's case.
- D. If the Hearing Committee determines to require the parties to submit written statements of the case, notice to that effect shall be provided to both parties at least ten (10) days prior to any scheduled hearing. The written statements of the case shall be supplied both to the Committee and to the other party at least forty-eight (48) hours prior to the commencement

of the hearing.

- E. Statements from members of the Medical Staff, nursing or other Hospital staff, other professional personnel, patients or others may be distributed to the Hearing Committee and the parties in advance of or at the hearing. Such shall be made a part of the record of the hearing and given such credence as may be appropriate. These statements must be available to all parties. When time and distance allow, the authors of the statements should be available at the hearing for questioning by either party, if so requested.

16.9 Official Notice

In reaching a decision, the Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the Courts of the State of Wisconsin. Parties present at the hearing shall be informed on the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the Hearing Committee.

16.10 Burden of Proof

The body whose professional review action occasioned the hearing shall have the burden of going forward to present evidence in support thereof. The Medical Staff member shall thereafter be responsible for supporting challenge to the professional review action by clear and convincing evidence that the grounds therefore lack any substantial factual basis or that such basis or the conclusions drawn there from are arbitrary, unreasonable or capricious. The burden of proof shall at all times remain with the Medical Staff member.

16.11 Recesses and Adjournments

The presiding officer or the Hearing Committee as a whole 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, provided such adjournment shall not extend the time within which any action is required to be taken under this Plan, without the express consent of the parties.

Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee may, at a time convenient to itself within the time frame previously set forth in this Plan, conduct its subsequent deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

ARTICLE XVII HEARING COMMITTEE REPORT AND FURTHER ACTION

17.1 Hearing Committee Report

Within thirty (30) days after final adjournment of the 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 body whose professional review action occasioned the hearing. All findings and recommendations by the Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it.

17.2 Action on Hearing Committee Report

Within thirty (30) days after receipt of the report of the Hearing Committee, the MEC or Governing Body, as the case may be, shall consider the same and affirm, modify or reverse its recommendation or action in the matter. The results of that consideration shall be transmitted to the Hospital Administrator together with the hearing record, the report of the Hearing Committee and all other documentation considered.

17.3 Favorable Result

A. By the Governing Body

1. If the Governing Body's result pursuant to Section 17.2 of this Plan is favorable to the Medical Staff member, such result shall become the final decision of the Governing Body and the matter shall be considered finally closed.

B. By the MEC

1. If the MEC result is favorable to the Medical Staff member, the Hospital Administrator shall, within seven (7) days of his receipt thereof, forward it, together with all supporting documentation, to the Governing Body for action.
2. The Governing Body shall, within ten (10) days following its Chairman's receipt of the favorable result of the MEC, take action thereon by adopting or rejecting the MEC's result in whole or in part, or by referring the matter back to the MEC for further reconsideration. Any referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Governing Body must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation and any new evidence in the matter, the Governing Body shall take final action.
3. Any favorable action by the Governing Body shall become its final action and the matter will be finally closed. Section 17.4 of this Plan shall control any unfavorable action by the Governing Body.

17.4 Unfavorable (Adverse) Report

If the result of the MEC or of the Governing Body pursuant to Sections 17.2 or 17.3 of this Plan is or remains adverse to the Medical Staff member as set forth in Section 15.2, the affected Medical Staff

member shall have the right to request an appellate review by the Governing Body as provided in Article XVIII of this Plan.

17.5 Notice of Result

- A. The Hospital Administrator shall promptly send a copy of the result under Section 17.2 of this Plan to the Medical Staff member by special notice via certified mail. The Medical Staff member shall be furnished a copy of the Hearing Committee report with such notice as well as the written decision or recommendation of the body acting on the Hearing Committee report.
- B. If the result sent to the Medical Staff member is or continues to be unfavorable to the Medical Staff member in any of the respects listed in Section 15.1 of this Plan, the special notice shall state, in addition to the result:
 - 1. that the Medical Staff member has a right to request an appellate review by the Governing Body of the decision made pursuant to Section 17.2;
 - 2. that the Medical Staff member has fifteen (15) days, following mailing of the notice required by this section, to file a written request for appellate review and that failure to properly request such review shall constitute a waiver of the right to review; and
 - 3. a summary of the appellate review procedures, which summary can be accomplished by furnishing the Medical staff member a copy of the Fair Hearing Plan with the notice.

ARTICLE XVIII INITIATION AND PREREQUISITES OF APPELLATE REVIEW

18.1 Request for Appellate Review

A Medical Staff member shall have fifteen (15) days following the mailing of a notice pursuant to Section 17.5 of this Plan within which to file a written request for appellate review. Such request shall be delivered to the Hospital Administrator within the time specified either in person or by certified mail, and may include a request for a copy of the record of the Hearing Committee and all other material that was considered in making the adverse action or result, whether favorable or unfavorable, if not previously forwarded.

18.2 Waiver by Failure to Request Appellate Review

A Medical Staff member who fails to request an appellate review within the time and in the manner specified in Section 18.1 of this Plan waives any right to such review. Such waiver shall have the same force and effect as that provided in Section 15.5 of this Plan.

18.3 Notice of Time, Place and Date

Upon receipt of a timely request for appellate review, the Hospital Administrator shall promptly deliver such request to the Chairman of the Governing Body. Within ten (10) days after receipt of such request, the Chairman of the Governing Body shall schedule and arrange for an appellate review which shall be conducted not more than thirty-five (35) days from the date the Hospital Administrator received the appellate review request. At least twenty (20) days prior to the appellate review, the Hospital Administrator shall send the Medical Staff member notice of the time, place and date of the review. An appellate review for a Medical Staff member who is under a suspension or revocation then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than twenty (20) days from the date the Hospital Administrator received the request for review. In such case, the Medical Staff member shall be afforded notice of the time; date and place of review as soon as practicable. The Appellate Review Body for good cause may extend the time for the appellate review. The appellate review can occur at a regular meeting of the Governing Body.

18.4 Appellate Review Committee

The Governing Body shall determine whether the appellate review shall be conducted by the Governing Body as a whole or by an Appellate Review Committee composed of three (3) to five (5) members of the Governing Body, appointed by the Chairman of the Governing Body. If a committee is appointed, the Chairman of the Governing Body shall designate one (1) of its member as chairman.

ARTICLE XIX APPELLATE REVIEW PROCEDURE

19.1 Nature of Proceedings

The proceedings by the Appellate Review Committee shall not be a new or additional hearing but shall be in the nature of an appellate review based upon the record of the hearing before the Hearing Committee, that Committee's report, and all subsequent results and actions thereon. The Appellate Review Committee shall also consider the written statements, if any, submitted pursuant to Section 19.2 of this Plan and such other materials as may be presented and accepted under Sections 19.4 and 19.5 of this Plan.

19.2 Written Statements

The Medical Staff member seeking appellate review may submit a written statement detailing the findings of fact, conclusions and procedural matters with which he disagrees, and the reasons 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 Appellate Review Committee through the Hospital Administrator at least ten (10) days prior to the scheduled date of the appellate review. A written statement in reply may be submitted by the MEC or by the Governing Body, as the case may be; and if submitted, the Hospital Administrator shall provide a copy thereof to the Medical Staff member at least five (5) days prior to the scheduled date of the appellate review. These filing deadlines do not

apply to an expedited review as permitted in Section 18.3 of this Plan.

19.3 Presiding Officer

The Chairman of the Appellate Review Committee shall be the presiding officer. He shall determine the order of the procedure during the review, make all required rulings, and maintain decorum.

19.4 Oral Statement

The Appellate Review Committee, 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 directed to him by any member of the Appellate Review Committee.

19.5 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 the record shall be introduced at the Appellate Review only under unusual circumstances. The Appellate Review Committee, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted. The party requesting the consideration of such matter or evidence shall explain the reasons for not presenting it earlier.

19.6 Powers

The Appellate Review Committee shall have all the powers granted to the Hearing Committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.

19.7 Participation

A majority of the Appellate Review Committee must be present throughout the review and deliberations. If a member of the review committee is absent from any significant part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.

19.8 Recesses and Adjournment

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

19.9 Action Taken

A. Within ten (10) days following final adjournment, the Appellate Review Committee shall

submit a written report of its findings and recommendations in the matter to the Governing Body. If the Governing Body as a whole conducts appellate review, its conclusions shall be the Governing Board's final action unless otherwise provided in this Plan.

- B. The Appellate Review Committee may recommend that the Governing Body affirm, modify or reverse the adverse result or action taken by the MEC or by the Governing Body pursuant to Sections 17.2 and 17.3(B.)(2) of this Plan. In its discretion, the Appellate Review Committee may refer the matter back to the Hearing Committee for further review and require a recommendation to be returned to the Appellate Review Committee within twenty (20) days. Such recommendation shall be in accordance with the Appellate Review Committee's instructions. Any written report following referral shall be shared with the Medical Staff member. Within ten (10) days after receipt of such recommendation after referral, the Appellate Review Committee shall make its recommendations to the Governing Body to affirm, modify or reverse the professional review action of the body who occasioned the review.

19.10 Conclusion

The appellate review shall not be deemed to be concluded until all of the procedural steps provided herein have been completed or waived.

ARTICLE XX. FINAL DECISION OF THE GOVERNING BODY

20.1 Governing Body Action

- A. Within ten (10) days after receipt of the recommendation of the Appellate Review Committee, the Governing Body shall render its final decision in the matter in writing and shall send notice thereof to the Medical Staff member by special notice via certified mail, and to the President of the Medical Staff and the Medical Executive Committee.
- B. If the Governing Body's decision is to affirm its last adverse recommendation in the matter, if any, it shall be immediately effective and final.
- C. If the Governing Body's decision is to affirm the MEC's last adverse recommendation in the matter, if any, it shall be immediately effective and final.
- D. If the Governing Body's action has the effect of changing the MEC's last adverse recommendation, if any, the Governing Board shall refer the matter to the Joint Conference Committee as provided in Article XXI of this Plan. The Governing Body's action on the matter following receipt of the Joint Conference Committee's recommendation shall be immediately effective and final.
- E. When the Governing Body makes a final decision, the Hospital Administrator to the Medical Staff member, the President of the Medical Staff and the MEC will send a copy of the decision.

**ARTICLE XXI
PHYSICIAN BOARD COMMUNICATION
COMMITTEE REVIEW**

21.1 Membership and Time Limits

- A. Within seven (7) days following receipt of a matter referred to the Physician Board Communication Committee by the Governing Body pursuant to the provisions of this Plan, the Committee shall convene to consider the matter.
- B. Within seven (7) days following the conclusion of its consideration, the Physician Board Communication Committee shall submit its recommendation to the Governing Body.
- C. The Governing Body's action on the matter following receipt of the Physician Board Communication Committee's recommendation shall be immediately effective and final.

**ARTICLE XXII
GENERAL PROVISIONS**

22.1 Number of Hearings and Reviews

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no Medical Staff member shall be entitled as a right to more than one (1) evidentiary hearing and a appellate review with respect to a professional review action.

22.2 Hearing Officer Appointment and Duties

The use of a Hearing Officer to preside at a hearing held in accord with this Fair Hearing Plan is optional. The Chairman of the Governing Body shall determine the use and appointment of such Officer after consultation with the President of the Medical Staff. A Hearing Officer may or may not be an attorney-at-law but must be experienced in conducting hearings. Such Hearing Officer shall act in an impartial manner as the presiding officer of the hearing. If requested by the Hearing Committee, the Hearing Officer may participate in its deliberations and act as its advisor, but shall not be entitled to vote.

22.3 Waiver

If at any time after receipt of special notice of an adverse recommendation, action or result, a Medical Staff member fails to make a required request or appearance or otherwise fails to comply with this Fair Hearing Plan, he shall be deemed to have consented to such professional review action or result and to have voluntarily waived all rights to which he might otherwise have been entitled under the Medical Staff Bylaws then in effect or under this Fair Hearing Plan with respect to the matter involved.

22.4 Release

By requesting a hearing or appellate review under this Fair Hearing Plan, a Medical Staff member agrees to be bound by the provisions of Article X of the Medical Staff Bylaws in all matters relating thereto.

22.5 Waiver of Time Limits

Any time limits set forth in the Fair Hearing Plan may be extended or accelerated by mutual agreement of the Medical Staff member and the Hospital Administrator or the MEC. The time periods specified in this Fair Hearing Plan for action by the Medical Staff, the Governing Body and the Committees are to guide those bodies in accomplishing their tasks and shall not be deemed to create any right for reversal of the professional review action if the Fair Hearing process is not completed within the time periods specified.

ARTICLE XXIII AMENDMENT

23.1 Amendment

This Fair Hearing Plan may be amended or repealed, in whole or in part, by a resolution of the Medical Staff which shall be recommended to and adopted by the Governing Body, subject always to consistency with the Medical Staff Bylaws and Corporate Bylaws of the Governing Body.

23.2 Medical Staff Responsibility and Governing Body Initiative

The principles stated in the Medical Staff and Governing Body Bylaws regarding Medical Staff responsibility and authority to formulate, adopt and recommend Medical Staff Bylaws and amendments thereof, and the circumstances under which the Governing Body may resort to its own initiative in accomplishing those functions shall apply as well to the formulation, adoption and amendment of this Fair Hearing Plan.

ARTICLE XXIV ADDITIONAL PROVISIONS FOR PROVIDERS

24.1 Requirements for Histories and Physicals

- A. H&P's may only be performed by practitioners that are credentialed (privileged) to perform this service.
- B. Inpatient Admissions
All patients being admitted to the hospital must have: an H&P completed within 24 hours of admission, or an H&P completed within 30 days prior to the admission/ procedure. If using an H&P completed within 30 days, an assessment and update of the patient's condition must be completed upon admission.

C. Patients Undergoing an Operation or Patients Undergoing Procedures

All patients undergoing an operation or procedure must have: an H&P documented and updated in the chart prior to the start of the operation or procedure. This H&P may be completed within 24 hours of admission, or within 30 days prior to the operation or procedure. In all cases an assessment and update of the patient's condition must be completed and documented prior to the start of the operation or procedure. The Pre-Anesthesia Assessment completed by the Anesthesiologist or CRNA (co-signed by the Anesthesiologist) may serve as the update to the record.

D. In instances that the H&P is over 30 days old, the H&P is invalid and a new H&P must be provided prior to the start of the procedure.

E. In life threatening situations, when there is no time to complete the H&P or provide an update, this requirement will be waived.

Initially Approved by:

Medical Executive Committee on July 11, 1986
Board of Directors on August 20, 1986

Major Revisions Approved By:

Medical Executive Committee on August 2, 1994.
Board of Directors on September 21, 1994.

Amended:

Approved by Medical Executive Committee and the Board of Directors

March 1987
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July 1987
September 1993
November 1994
January 1996
December 1998
September 1999
April 2000
October 2002
December 2002
June 2003
June 2004
February 2005
July 2006
January 2008
January 2010

Signatures on File

Medical Staff President
Hospital President/CEO
Board of Directors Chairman