

APPENDIX A
TO THE BYLAWS OF THE MEDICAL STAFF
OF
SAINT MICHAEL'S HOSPITAL
STEVENS POINT, WISCONSIN
CORRECTIVE ACTION PROCEDURES AND
FAIR HEARING PLAN
ADDENDUM
FOR PRACTITIONERS
IN IMPLEMENTATION OF
SAINT MICHAEL'S HOSPITAL CORPORATE BYLAWS SECTION NINE AND
MEDICAL STAFF BYLAWS SECTION EIGHT

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ARTICLE I- CORRECTIVE ACTION PROCEDURES

1.1 PROCEDURE

- (a) Whenever the activities or professional conduct of any medical staff member is considered to be lower than the standards or aims of the medical staff or to be disruptive to the operations of the hospital, or where a member's current physical, mental or emotional condition may pose a threat to patient care, corrective action against such medical staff member may be requested by any officer of the medical staff, by the chair of any department, by the chair of the credentials committee or the practitioner's advisory committee, by either designated administrative officer, or by the governing body. Except when a suspension is imposed pursuant to Section 1.2 or 1.3, all requests for corrective action shall be in writing, shall be made to the president of the medical staff on behalf of the executive committee, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request. Bases for corrective action may include, but not be limited to:
- (1) Conduct involving moral turpitude.
 - (2) Conviction of a crime.
 - (3) Unethical practice.
 - (4) Incompetence.
 - (5) Failure to keep adequate records.
 - (6) Revocation, suspension or limitation of practitioner's license by the appropriate licensing board or voluntarily by the practitioner.
 - (7) Loss or limitation of practitioner's narcotics (DEA) license.
 - (8) Exercising privileges while practitioner's professional ability is impaired, whether through illness, accident, addiction, or from any other source.
 - (9) Significant misstatement in or omission from any application for membership or privileges or any misrepresentation in presenting the practitioner's credentials.
 - (10) Violation of the Bylaws, Rules and Regulations of the medical staff, hospital Bylaws, the applicable Code of Ethics, State of Wisconsin laws or rules or the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the National Conference of Catholic Bishops, and the hospital's mission statement.

- (11) Harassment, mistreatment or otherwise degrading any patient, visitor, employee of the hospital, member of the medical staff or paramedical affiliate staff, or member of the governing body.
 - (12) Commission of an offense that would bar the practitioner from providing services in the hospital under Chapter HFS 12 of the Wisconsin Administrative Code if verified by a governmental unit.
- (b) Except when a suspension under Section 1.2 or 1.3 has already occurred, whenever the request for corrective action is based on a question involving clinical ability and was not originated by the department chair, the executive committee or the president of the medical staff, if time or circumstances permit, shall forward the request to the chair of the department(s) in which the medical staff member has such privileges. Upon receipt of the request, the chair of the department(s) involved may investigate the matter personally, or, if appropriate, appoint a committee from within the department(s) to investigate the matter. The matter need not be referred to the clinical department(s) if the president of the medical staff determines that time or other circumstances require a prompt or alternate review. While review of requests for corrective action shall principally be reviewed within departments, the president of the medical staff or the executive committee may conduct the review or appoint a special committee to investigate and supply a recommendation to the executive committee.
 - (c) Within 30 days after the investigating body's receipt of the request for corrective action, the investigating body shall make a report of its investigation to the executive committee. Prior to making this report, the medical staff member against whom corrective action has been requested shall have an opportunity for an interview with the investigating body. At the interview, the practitioner shall be informed of the general nature of the charge(s), and shall be invited to discuss, explain or refute it/them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in the Bylaws or this Plan with respect to hearings shall apply. The investigating body shall make a record of this interview.
 - (d) Within 30 days following the receipt of the report on the investigation of a request for corrective action, the executive committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges or a suspension or expulsion from the medical staff, the affected medical staff member shall be permitted to make an appearance before the executive committee prior to its taking action if the practitioner did not already participate in an interview with the investigating body. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in the Bylaws or this Plan with respect to hearings shall apply. The executive committee shall make a record of this appearance.

- (e) The action of the executive committee on a request for corrective action may be to reject, modify or dismiss the request for corrective action; to issue a warning, a letter of admonition, or a letter of reprimand; to require a physical or mental examination and report by a physician or psychologist chosen by or acceptable to the executive committee and compliance with any recommendations issued as a result of such examination; to impose terms of probation or a requirement for consultation; to recommend reduction, suspension or revocation of clinical privileges; to recommend that an already imposed suspension of clinical privileges be terminated, modified or sustained; to recommend that the practitioner's medical staff membership be suspended or revoked; to issue a fine; to require additional or remedial education; or to take appropriate action, including any combination of the above.
- (f) Except as otherwise provided in this Plan, any recommendation by the executive committee for reduction, suspension or revocation of clinical privileges, or for suspension or revocation of medical staff membership, shall entitle the affected medical staff member to the procedural rights provided in the Bylaws and this Plan. A requirement of consultation, monitoring or similar action shall not be a professional review action generating a right of hearing unless it also includes an actual limitation or reduction of the practitioner's clinical privileges.
- (g) Neither the issuance of a warning, a letter of admonition, nor a letter of reprimand, nor the denial, termination or reduction of temporary privileges, nor any other actions except those specified in this Plan shall be a professional review action which would give rise to any right to a hearing or an appellate review.
- (h) The president of the staff shall promptly notify the chief operating officer in writing of all requests for corrective action received by the executive committee and shall continue to keep the chief operating officer fully informed of all action taken in connection therewith.
- (i) When the executive committee has rejected a request for corrective action and reported to the chief operating officer as set forth in Section 1.1(h) above, the chief operating officer may appoint an investigating committee to investigate the activities or conduct, and to submit a written report of the investigation to the chief operating officer. This report may be submitted by the chief operating officer to the executive committee for action in accordance with Section 1.1(e) above. When the executive committee, after review of a report of investigation, or after review of a suspension imposed by it, the chief operating officer, the president of the medical staff or a department chair pursuant to Section 1.2 below, determines not to take any corrective action, the chief operating officer shall report this determination to the governing body. The governing body, in its discretion, may appoint a committee to conduct an investigation of the conduct that served as the basis for the request for corrective action or may accept the report of the investigation conducted at the direction of the chief operating officer. After receipt of the report of the investigation, either from the chief operating officer or the committee appointed by the governing body, the governing body

may impose any corrective action it deems appropriate, including any action set forth in Section 1.1(e) above.

1.2 SUSPENSION OF PRIVILEGES

- (a) Any of the following: the executive committee, the president of the staff, the president-elect of the medical staff, the medical staff officers, the chair of any department, either designated administrative officer, the executive committee of the governing body or the governing body shall each have the authority whenever action must be taken in the best interest of patient care in the hospital, to suspend all or any portion of the clinical privileges of a medical staff member for a period of time of up to five days, and such suspension shall become effective immediately upon imposition. If the suspension is for a period of more than five days, the medical staff member shall be entitled to the review, hearing and appellate review described in this Plan.
- (b) Except for suspensions of five days or less imposed by the executive committee of the governing body or the governing body, the executive committee may, upon request, afford the medical staff member an opportunity to meet with it in special session to informally discuss the suspension. The executive committee shall be authorized to lift, maintain or modify the suspension of five days or less. For suspensions of five days or less imposed by the governing body or its executive committee, the executive committee of the governing body may, upon request, afford the medical staff member an opportunity to meet with it in special session to informally discuss the suspension. The governing body executive committee shall be authorized to lift, maintain or modify the suspension of five days or less.
- (c) Except for suspensions by the executive committee of the governing body or the governing body, a medical staff member whose clinical privileges have been suspended pursuant to this section for more than five days shall be entitled to request that the executive committee hold a hearing on the matter. For suspensions by the executive committee of the governing body or the governing body, a medical staff member whose clinical privileges have been suspended for more than five days shall be entitled to request that the executive committee of the governing body hold a hearing on the matter. Hearings under this section shall be held within such reasonable time period thereafter as the applicable executive committee may be convened in accordance with the Bylaws, not to exceed 10 days after receipt by the chief operating officer of a request for this expedited review. Such hearing shall be held in accordance with the procedures set forth in this Plan, except for the shortening of the times for action and except for the rules on the composition of the hearing committee. The practitioner may require that the hearing be held by a committee composed pursuant to Section 3.4(a) or (b) of this Plan, as applicable, instead of by the applicable executive committee. If the practitioner chooses an expedited hearing under this section, it shall be in lieu of and not in addition to the hearing otherwise available under this Plan. The practitioner has the option to choose between this expedited review and the hearing otherwise available under this Plan.

- (d) The applicable executive committee may recommend modification, continuance or termination of the terms of the suspension. If, as a result of an expedited review, the applicable executive committee does not recommend immediate termination of the suspension, the affected medical staff member shall, in accordance with this Plan, be entitled to request an appellate review by the governing body. The terms of the suspension as sustained or as modified by the applicable executive committee shall remain in effect pending a final decision thereon by the governing body.
- (e) If the suspension is accompanied by a recommendation that constitutes a professional review action that triggers hearing rights under this Plan, the medical staff member may elect either the expedited hearing procedures in Section 1.2(b) above or may elect the standard hearing procedures available under this Plan. If the medical staff member elects a standard hearing under this Plan and also requests removal of the suspension in the interim, the executive committee of the governing body shall be convened within four days of receipt of the request for hearing. The written position of the medical staff member and the medical staff executive committee on the sole issue of maintenance of the suspension pending hearing and appellate review shall be considered by the executive committee of the governing body, as well as the recommendation of either or both of the designated administrative officers, the president of the staff and the chair of the practitioner's department(s). The executive committee of the governing body shall be authorized to maintain, modify or lift the suspension and shall reduce its determination to a written finding.
- (f) Immediately upon the imposition of a suspension, the president of the staff or responsible department chair(s) 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 wishes of the patients shall be considered in the selection of such alternative medical staff member. The suspended medical staff member shall confer with the alternative medical staff member to the extent necessary to safeguard the patient.
- (g) Suspensions under this section still in effect after 30 days will be reported to the appropriate licensing board whenever reporting is required by law, unless the practitioner timely files a request for hearing. A request for hearing properly filed shall toll the reporting requirement.

1.3 AUTOMATIC SUSPENSION

- (a) State Action Requires Suspension. Action by the applicable licensing board or by a court of competent jurisdiction revoking or suspending a practitioner's license shall automatically suspend all of the practitioner's clinical privileges. Suspension shall occur whether the action of the licensing board is unilateral or agreed to by the licensee. Any practice restrictions, limitations or other special conditions imposed by an applicable licensing board short of suspension shall automatically be considered conditions of the practitioner's medical staff appointment and of the

exercise of clinical privileges. A practitioner who has special conditions imposed placed upon probation or whose practice is limited by a licensing authority shall, within 15 days of the action, have his or her privileges reviewed by the executive committee, which shall immediately submit a report and recommendation to the governing body regarding the continued medical staff status and clinical privileges of the practitioner.

- (b) An automatic suspension may be imposed after a warning of delinquency, upon a medical staff member for failure to complete medical records in accordance with the time limits set forth in the current Rules and Regulations of the medical staff. The suspension shall take the form of withdrawal of the practitioner's hospital privileges, shall be effective at 5:00 p.m. on the date of suspension and shall be in effect until the medical records are completed. No such suspension of privileges shall affect the status or privileges of the medical staff member as regards patients who are at the time of the automatic suspension in the hospital under the care of the medical staff member.
- (c) An automatic suspension of all privileges shall be imposed upon a practitioner's failure to renew his license to practice.
- (d) 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 the number. Further, this shall constitute a resignation of any clinical privileges which require the ability to prescribe these medications.
- (e) An automatic suspension of all privileges of a practitioner shall be imposed upon notification received by either designated administrative officer of the conviction of a medical staff member of a felony. The executive committee may, upon request of the affected practitioner, convene to review the matter and shall submit a recommendation to the governing body regarding the continuation of the membership and privileges of the practitioner.
- (f) An automatic suspension of all privileges may be imposed upon a practitioner's failure to notify the chief operating officer within five days of receipt by the practitioner of an initial sanction notice of a gross and flagrant violation, or of the commencement of a formal investigation or the filing of charges, by a Medicare quality improvement organization, 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. The executive committee shall promptly review the matter and submit a recommendation to the governing body regarding the continued medical staff status and clinical privileges of the practitioner. The executive committee shall, if the chief operating officer concurs, be authorized to lift or modify any such automatic suspension pending final determination by the governing body.

- (g) An automatic suspension may be imposed upon a practitioner's failure without good cause to supply information or documentation requested by any of the following: either designated administrative officer or his designee, the credentials committee; the executive committee or the governing body. Such suspension shall be imposed only if: (1) the request for information or documentation was in writing, (2) the request was related to evaluation of the practitioner's current qualifications for membership or clinical privileges, (3) the practitioner failed to either comply with such request or to satisfactorily explain his inability to comply, and (4) the practitioner was notified in writing that failure to supply the requested information or documentation within 15 days from receipt of such notice would result in automatic suspension. Any automatic suspension imposed pursuant to this paragraph may be a suspension of any portion or all of the practitioner's privileges and shall remain in effect until the practitioner supplies the information or documentation sought or satisfactorily explains his failure to supply it.
- (h) Caregiver Background Check Suspension
- (1) Subject to proof of rehabilitation review approval, an automatic suspension of all privileges of a practitioner shall be imposed upon notification received by the chief operating officer that the practitioner:
- (i) Has been convicted of a serious crime, act or offense or has pending charges for a serious crime, act or offense as defined in Chapter HFS 12 of the Wisconsin Administrative Code.
 - (ii) Has been found by a unit of government to have abused or neglected a client or misappropriated a client's property.
 - (iii) Has been determined under the Children's Code to have abused or neglected a child.
- (2) As soon as possible after an automatic suspension under subsection (1) above, the executive committee shall convene to review and consider the facts under which the individual was barred from providing services under Chapter HFS 12 of the Wisconsin Administrative Code. If the practitioner demonstrates that rehabilitation review approval covering his medical staff appointment and clinical privileges has been received, the executive committee may reinstate the practitioner after determining whether it wishes to retain the practitioner on the medical staff and whether it can accommodate any restrictions imposed as a condition of rehabilitation review approval. The executive committee may then take such further corrective action as is appropriate under the circumstances.

- (3) A suspension of all privileges of a practitioner may be imposed by the designated administrative officer upon notification that a practitioner:
 - (i) Is under investigation for a serious crime, act or offense as defined in Chapter HFS 12 of the Wisconsin Administrative Code.
 - (ii) Is being investigated by a unit of government or an entity subject to HFS 12 for abuse or neglect of a client or misappropriation of a client's property.
 - (iii) Is being investigated under the Children's Code or an entity under HFS 12 for abuse or neglect of a child.
- (4) As soon as possible after suspension under subsection (3) above, the executive committee shall convene to review and consider the facts under which the individual was suspended and to determine whether or not to continue the suspension pending the outcome of the investigation, terminate the suspension subject to monitoring or other safeguards pending the outcome of the investigation, or to take such further corrective action as is appropriate under the circumstances.
 - (i) Suspension for Exclusion from Federally Funded Health Care Program
 - (1) An automatic suspension of all privileges of a practitioner shall be imposed if the practitioner is excluded from a federally funded health care program. If the practitioner immediately notifies the chief operating officer of any proposed or actual exclusion from any federally funded health care program as required by the Bylaws, a simultaneous request in writing by the practitioner for a meeting with the chief operating officer and the president of the medical staff, or their designees, to contest the fact of the exclusion and present relevant information will be granted. This meeting shall be held as soon as practicable but not later than five business days from the date of the written request. The chief operating officer and the president of the medical staff or their designees shall determine within 10 business days following the meeting, and after such follow-up investigation as they deem appropriate, whether an exclusion has occurred, and whether the practitioner's staff membership and privileges will be immediately terminated. The determination of the chief operating officer and the president of the medical staff or their designees regarding the matter shall be final, and the practitioner will have no further procedural rights. The practitioner will be given special notice of the termination decision.
 - (2) A member who does not immediately notify the chief operating officer of any proposed or actual exclusion from any federally funded health care program as required by the Medical Staff Bylaws will have his staff membership and privileges terminated, effective immediately, at such time

as the chief operating officer or his designee receives reliable information of the member's exclusion. The member shall be given special notice of the termination as soon as practicable.

- (j) Data Bank Report in Contradiction of Application Information. A practitioner whose appointment or reappointment is conditioned upon subsequent receipt of a National Practitioner Data Bank report that does not contradict information known at the time of appointment or reappointment shall be automatically suspended upon receipt of a Data Bank report that contradicts that information. The suspended practitioner shall, within 15 days of suspension, have his or her privileges reviewed by the executive committee, which shall immediately submit a report and recommendation to the governing body regarding the continued medical staff status and clinical privileges of the practitioner. The executive committee shall, if concurred with by the chief executive officer, be authorized to lift or modify this automatic suspension pending final determination by the governing body.
- (k) Failure to Meet Financial Responsibility. If at any time a practitioner fails to maintain acceptable malpractice insurance coverage or provide other evidence of financial responsibility in the minimum amounts determined by Wisconsin Statutes covering all clinical privileges granted, the practitioner's privileges that are no longer covered shall be automatically suspended until acceptable coverage or evidence of financial responsibility is secured. The practitioner must provide proof of coverage or of financial responsibility before the suspension can be lifted.
- (l) 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 action, except as otherwise expressly set forth in this section.
- (m) Whenever a member's membership and privileges are terminated pursuant to an automatic suspension, the president of the medical staff and applicable department chairs will assign any patients currently under the member's care in the hospital to the care of another appropriate practitioner, taking the patient's wishes into account when possible.

ARTICLE II- INITIATION OF HEARING

2.1 RECOMMENDATIONS OR ACTIONS

The following recommendations or actions shall, if deemed a professional review action pursuant to Section 2.2, entitle the affected practitioner to a hearing:

- (a) Denial of initial staff appointment.
- (b) Denial of staff reappointment.
- (c) Except as provided in Section 1.3 of this Plan, suspension of staff membership for more than five days.
- (d) Revocation of staff membership, except revocation under Section 1.3(i) of this Plan.
- (e) Limitation of admitting prerogatives except for medical record delinquency.
- (f) Denial of requested department and service affiliation.
- (g) Denial of requested clinical privileges.
- (h) Except as provided in Section 1.3 of this Plan, reduction or suspension of clinical privileges for more than five days.
- (i) Revocation of clinical privileges except as a result of an exclusive contract to provide certain services as provided in Section 8.5 of the Medical Staff Bylaws or as a result of Section 1.3(i) of this Plan.
- (j) Terms of probation which limit clinical privileges.
- (k) Requirement of consultation which limits clinical privileges.

2.2 WHEN DEEMED A PROFESSIONAL REVIEW ACTION

- (a) A recommendation or action listed in Section 2.1 shall be deemed a professional review action only when it:
 - (1) has been recommended by the executive committee; or
 - (2) is a suspension of more than five days which is continued in effect after review provided in Section 1.2(b) of this Plan; or
 - (3) has been taken by the governing body contrary to a favorable recommendation by the executive committee under circumstances where no right to hearing existed; or

- (4) has been taken by the governing body on its own initiative without benefit of a prior recommendation by the executive committee.
- (b) Only the actions identified in Section 2.2(a) shall constitute professional review action for the purpose of this Plan. Except as otherwise expressly provided in the Medical Staff Bylaws, only professional review action shall entitle a medical staff member to the hearing and appellate review set forth in this Plan.
- (c) In formulating such action or recommendation, the acting body should conclude that:
 - (1) there is a reasonable belief that the action is in furtherance of quality health care; and
 - (2) reasonable efforts are taken to obtain the pertinent facts; and
 - (3) a reasonable belief exists that the action is warranted by the facts.

2.3 NOTICE OF PROFESSIONAL REVIEW ACTION

A practitioner against whom professional review action has been taken pursuant to Section 2.2 shall within 10 days be given special notice of such action by the chief operating officer. The notice to the practitioner shall state:

- (a) that a professional review action has been taken or is proposed to be taken against the practitioner;
- (b) the reasons for the professional review action;
- (c) the practitioner has a right of hearing pursuant to this Plan and must request such hearing within 45 days from the date of furnishing the notice or any hearing right shall be waived; and
- (d) a summary of the hearing procedures and rights of the practitioner, which summary can be accomplished by furnishing the practitioner a copy of this Plan with the notice.

2.4 REQUEST FOR HEARING

A practitioner shall have 45 days following the receipt of a notice pursuant to Section 2.3 of this Plan to file a written request for a hearing. Such request must be delivered to the chief operating officer either in person or by certified or registered mail so that he receives it within the 45-day time limit. Any time limits set forth in this Plan may be extended or accelerated by mutual agreement of the practitioner and hospital representatives.

2.5 WAIVER BY FAILURE TO REQUEST A HEARING

A practitioner who fails to request a hearing within the time and manner specified in Section 2.4 of this Plan waives any right to hearing and to any appellate review to which he might otherwise have been entitled. Waiver to right of hearing shall result in the following:

- (a) A professional review action taken by the governing body shall become effective as the final decision of the governing body.
- (b) An adverse action or recommendation of the executive committee shall remain in effect pending the final decision of the governing body.
 - (1) The governing body shall consider the executive committee's recommendation at its next regular meeting following waiver. In its deliberations, the governing body shall review all the information and material considered by the executive committee and may consider all other relevant information received from any source.
 - (2) If the governing body's action on the matter is in accord with the executive committee's recommendation, its action shall constitute the final action of the governing body. If the governing body's action has the effect of changing the executive committee's recommendation, the matter shall be submitted to a joint conference as provided in this Plan. The governing body's action on the matter following receipt of the joint conference recommendation shall constitute its final decision.

2.6 NOTIFICATION OF WAIVER OF RIGHT TO A HEARING

The chief operating officer shall promptly send the practitioner special notice informing him of each action taken pursuant to Section 2.5 of this Plan and shall notify the president of the medical staff of each such action.

2.7 REPORTING

Within 15 days of the date of final action, the designated administrative officer shall file a report with the appropriate licensing body for reporting to the National Practitioner Data Bank whenever reporting is required by law.

ARTICLE III- HEARING PREREQUISITES

3.1 NOTICE OF TIME AND PLACE FOR HEARING

- (a) Upon timely receipt of a written request for hearing, the chief operating officer shall deliver such request to the president of the medical staff or the chairman of the governing body, depending upon whose recommendation or action prompted the request for hearing.
- (b) The president of the medical staff or the chairman of the governing body, as appropriate, shall schedule and arrange for a hearing. The chief operating officer shall send the practitioner special notice of the time, place, and date of the hearing. Unless otherwise agreed to in writing by the practitioner, the hearing date shall be not less than 30 days from the date the practitioner receives notice of the hearing.
- (c) For a practitioner who is under suspension which has been continued in effect for more than five days, at the practitioner's specific request for an expedited hearing, a hearing shall be held as soon as the arrangements for it may reasonably be made, but not later than 10 days from the date of receipt of the request for expedited hearing, unless the practitioner authorizes a longer period in the request. In such event, the 30-day notice requirement is deemed waived. The chief operating officer shall instead send the practitioner special notice of the time, place and date of hearing as soon as practicable after it is scheduled.

3.2 FAILURE TO APPEAR FOR HEARING

Failure without good cause of the practitioner to appear and proceed at such 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.

3.3 STATEMENT OF CHARGES AND WITNESSES

The notice of hearing required by Section 3.1 of this Plan shall be accompanied by a concise statement of the practitioner's alleged acts or omissions, a list by number of the specific or representative patient records in question, a preliminary 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 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. At least 10 days prior to the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals that party intends to call as witnesses at the hearing. Each party shall update its witness list if and when additional witnesses are identified prior to hearing. Neither party shall call witnesses not named at least two business days in advance of the hearing except in rebuttal.

3.4 APPOINTMENT OF A HEARING COMMITTEE

- (a) By Medical Staff. A hearing occasioned by an executive committee recommendation or action pursuant to Section 2.2(a)(1) or 2.2(a)(2) of this Plan shall be conducted by a Hearing Committee appointed by the president of the medical staff and composed of at least three but not more than five members of the medical staff. The president of the medical staff shall designate one of the appointees as the chair unless a Hearing Officer is appointed and acts as chair in accord with Section 9.1. Voting members of the Hearing Committee shall not be practitioners in direct economic competition with the practitioner. For purposes of this Plan, direct economic competition shall be defined to mean those practitioners actively engaged in practice in the primary medical community of the hospital, and who practice in the same medical specialty or subspecialty. The Hearing Committee may use, on a non-voting consulting basis, members of the same medical specialty or subspecialty.

- (b) By Governing Body. A hearing occasioned by a professional review action of the governing body pursuant to Section 2.2(a)(2), 2.2(a)(3) or 2.2(a)(4) of this Plan shall be conducted by a Hearing Committee appointed by the Chair of the governing body and composed of five persons. At least two medical staff members shall be included on this committee, and these medical staff appointees shall not be in direct economic competition with the practitioner. The chair of the governing body shall designate one of the appointees to the Committee as the chair, unless a Hearing Officer is appointed pursuant to Section 9.1. The Hearing Committee may use, on a non-voting consultative basis, members of the same medical specialty or subspecialty.

- (c) Service on the Hearing Committee. Members of the medical staff or the governing body shall not be disqualified from serving on a Hearing Committee because they have heard of the case or have knowledge of the facts involved or what they suppose the facts to be or have participated in the review or investigation of the matter of issue. No member of the medical staff or governing body who requests corrective action pursuant to Section 1.1(a) of this Plan or serves on a committee reviewing such request shall serve as a voting member of the Hearing Committee. However, any member of the medical staff or governing body 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.

- (d) Hearing Conducted by Independent Consultant. The governing body, or the executive committee with the governing body's approval, at their sole discretion but with the written consent of the affected practitioner, may elect to contract with an independent consultant to perform the functions of the Hearing Committee as set forth in this Plan. In such event, the composition of the Hearing Committee shall be as determined by the governing body in its arrangements with the independent consultant. The governing body may require the affected practitioner to pay a share of the independent consultant's fees, up to one-half of the total charges.

ARTICLE IV- HEARING PROCEDURE

4.1 PERSONAL PRESENCE

The personal presence of the practitioner who requested the hearing shall be required. A practitioner who fails without good cause to appear and proceed at the hearing shall be deemed to have waived review rights in the same manner and with the same consequence as provided in Section 2.5 of this Plan.

4.2 PRESIDING OFFICER

The Chair of the Hearing Committee shall be the presiding officer at the hearing. The Chair 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 Chair 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 Chairman is a Hearing Officer appointed pursuant to Section 9.1, the Chair shall also vote on any final recommendations as well as on any other matters giving rise to a vote of the Hearing Committee.

4.3 REPRESENTATION

The practitioner for whom the hearing has been scheduled shall be entitled to be accompanied by and represented at the hearing by a member in good standing of the active medical staff. The executive committee when its recommendation has prompted the hearing shall appoint at least one of its members, some other medical staff member and/or a person of its choosing to represent it at the hearing to present the facts in support of its professional review action and to examine witnesses. When a recommendation or action of the governing body has prompted the hearing, the governing body shall appoint at least one of its members and/or another person of its choosing to represent it at the hearing. Representation or assistance of either party at the hearing by an attorney-at-law shall be governed by the provisions in Section 9.2 of this Plan.

4.4 RIGHTS OF PARTIES

- (a) During a hearing, each of the parties shall have the right to:
 - (1) call, examine and cross-examine witnesses;
 - (2) introduce exhibits and present relevant evidence as determined by the Chair;
 - (3) rebut any relevant evidence;
 - (4) submit a written statement at the close of the hearing;
 - (5) record the hearing by use of a court reporter or other mutually acceptable means of recording.
- (b) “Parties” for the purpose of this Plan shall be the affected practitioner and the body taking or recommending the professional review action.
- (c) If the practitioner who requested the hearing does not testify in his own behalf, the practitioner may be called by the Committee or the other party and examined as if under cross-examination.

4.5 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 Chair, it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs. The parties shall be entitled to submit, prior to or during the hearing, memoranda concerning any issue of law or fact. These memoranda shall become part of the hearing record.
- (b) The Chair may, but shall not be required to, order that oral evidence be taken only on oath or affirmation.
- (c) 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 and have the opportunity to rebut any information so gathered.
- (d) The Hearing Committee may meet outside 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 be in a form which constitutes all the facts

of the case. If so done, 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.

- (e) 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 15 days prior to the hearing date. The written statements of the case shall be supplied both to the Committee and to the other party at least five business days (excluding weekends and holidays) prior to the commencement of the hearing.
- (f) Statements from practitioners, medical staff members, nursing or other hospital staff, other allied medical personnel, patients or others may be distributed to the Hearing Committee and the parties in advance of or at the hearing. They 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, in person or by telephone, for questioning by either party if so requested.

4.6 BURDEN OF PROOF

The body whose professional review action occasioned the hearing shall have the initial obligation to present evidence in support of its actions. The practitioner shall then be responsible for presenting evidence that the professional review action lacked any factual basis or that conclusions drawn from the facts are either arbitrary, unreasonable or capricious. The practitioner who requested the hearing shall at all times, however, have the burden of proving, by clear and convincing evidence, that the professional review action lacks any factual basis or that the conclusions drawn from the facts are arbitrary, unreasonable or capricious.

4.7 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 court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings. A practitioner electing an alternate method under Section 4.4 of this Plan shall bear the cost thereof.

4.8 POSTPONEMENT

Requests for postponement of a hearing shall be granted by the Hearing Committee only upon a showing of good cause. A hearing shall be postponed no more than two times at the request of the practitioner.

4.9 RECESSES AND ADJOURNMENT

The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The Hearing Committee may allow submission of written closing statements if requested by either party. Upon conclusion of the presentation of oral and written evidence and any closing statements, the hearing shall be closed. The Hearing Committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of its deliberations, which shall not exceed 30 days after the close of the hearing, the hearing shall be declared finally adjourned.

4.10 CONTINUED PRESENCE REQUIRED

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.

4.11 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 of the matters to be noticed and those matters shall be noted in the hearing record. Any party may request on a timely basis 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 refutation to be determined by the Hearing Committee.

ARTICLE V- HEARING COMMITTEE REPORT & FURTHER ACTION

5.1 HEARING COMMITTEE REPORT

Within 30 days after the 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 (either the executive committee or the governing body) whose professional review action occasioned the hearing. The written report should include an explanation for the Hearing Committee's findings and recommendations that makes a rational connection between the issues to be decided, the evidence presented or considered and the conclusion reached.

5.2 ACTION ON HEARING COMMITTEE REPORT

Within 30 days after receipt of the report of the Hearing Committee, the executive committee or the governing body, as the case may be, shall consider the same and affirm, modify, or reverse its recommendation or action in the matter. It shall transmit the result,

together with the hearing record, the report of the Hearing Committee, and all other documentation considered to the chief operating officer.

5.3 NOTICE AND EFFECT OF RESULT

(a) Notice. The chief operating officer shall notify the practitioner of the result by special notice, with a copy to the president of the medical staff and to the chair of the governing body. The practitioner shall be furnished a copy of the Hearing Committee report with such notice, as well as the result of the body furnishing the final recommendation.

(b) Effect of Favorable Result.

(1) Adopted by the Governing Body:

If the governing body's result pursuant to Section 5.2 of this Plan is favorable to the practitioner, the result shall become the final decision of the governing body and the matter shall be considered finally closed.

(2) Adopted by the Executive Committee:

If the executive committee's result pursuant to Section 5.2 of this Plan is favorable to the practitioner, the chief operating officer shall promptly forward it, together with all supporting documentation, to the governing body for action. The governing body shall adopt or reject the executive committee's result in whole or in part, or refer the matter back to the executive committee for further consideration. Any such referral shall state the reasons therefor, 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 the 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. The chief operating officer shall promptly send the practitioner special notice informing him of each action taken pursuant to this Section 5.3(b)(2) of this Plan. Favorable action shall become the final decision of the governing body, and the matter shall be considered finally closed. If the governing body's action remains adverse in any of the respects listed in Section 2.1 of this Plan, the special notice shall inform the practitioner of his right to request an appellate review by the governing body as provided in Section 6.1 of this Plan.

(c) Effect of Adverse Result. If the result of the executive committee or of the governing body pursuant to Section 5.2 continues to be adverse to the practitioner in any of the respects listed in Section 2.1, the special notice required by Section 5.3(a) shall inform the practitioner of the right to request an appellate review by the governing body as provided in Section 6.1 of this Plan. If it is the result of the executive committee, the result will not be forwarded to the governing body for

final action until the practitioner has either exercised or waived the right to appellate review.

ARTICLE VI- INITIATION AND PREREQUISITES OF APPELLATE REVIEW

6.1 REQUEST FOR APPELLATE REVIEW

A practitioner shall have 15 days following receipt of a notice pursuant to Section 5.3(b)(2) or 5.3(c) of this Plan to file a written request for appellate review. Such request shall be delivered to the chief operating officer either in person or by certified or registered mail and may include a request for a copy of the hearing record and all other material, favorable or unfavorable, that was considered in making the adverse action or result.

6.2 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW

A practitioner who fails to request an appellate review within the time and in the manner specified in Section 6.1 of this Plan waives any right to such review. A practitioner who fails to submit the written statement required by Section 7.2 of this Plan shall also be deemed to have waived the right to appellate review. Such waiver shall have the same force and effect as that provided in Section 2.5 of this Plan.

6.3 NOTICE OF APPELLATE REVIEW

Upon receipt of a timely request for appellate review, the chief operating officer shall deliver such request to the chair of the governing body. Within 15 days after receipt of such request, the chair of the governing body shall schedule and arrange for an appellate review which shall be conducted not more than 60 days from the date of receipt of the appellate review request. However, an appellate review for a practitioner who is under a suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than 14 days from the date of receipt of the request for review. The chief operating officer shall send the practitioner special notice of the date of the review. The time for the appellate review may be extended by the appellate review body for good cause. The appellate review can occur at a regular meeting of the governing body.

6.4 APPELLATE REVIEW BODY

The chair of 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 to five members of the governing body appointed by the chair. If a Committee is appointed, one of its members shall be designated as chair.

ARTICLE VII- APPELLATE REVIEW PROCEDURE

7.1 NATURE OF PROCEEDINGS

The proceedings by the review body shall not be a de novo 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. The appellate review body shall also consider the written statements submitted pursuant to Section 7.2 of this Plan and such other materials as may be presented and accepted under Sections 7.4 and 7.5 of this Plan.

7.2 WRITTEN STATEMENTS

The practitioner seeking the review shall 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 body through the chief operating officer no more than ten days after the filing of the request for appellate review. A written statement in reply may be submitted by the executive committee or by the governing body, as appropriate; and if submitted, the chief operating officer shall provide a copy to the practitioner at least five days prior to the scheduled date of the appellate review. These advance filing deadlines will not apply to an expedited review for a practitioner who is under suspension. In that case, the written statement shall be submitted with the request for appellate review. In any event, failure to submit the written statement by the applicable deadline shall constitute a waiver of the right to appellate review and the appellate review shall be cancelled.

7.3 PRESIDING OFFICER

The Chair of the appellate review body shall be the presiding officer. The Chair shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

7.4 ORAL STATEMENT

The appellate review body may in its sole discretion allow the parties to personally appear and make oral statements in favor of their positions. Any party so appearing shall be required to answer questions put to him by any member of the appellate review body. If a personal appearance is allowed, the chief operating officer shall notify the practitioner by special notice of the time and place scheduled for oral statements at least five days in advance, with a copy to the body whose decision resulted in the appellate review.

7.5 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 body, in its

sole discretion, shall determine whether such matters or evidence shall be considered or accepted.

7.6 POWERS

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

7.7 PRESENCE REQUIRED FOR PARTICIPATION

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

7.8 RECESSES AND ADJOURNMENT

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

7.9 ACTION TAKEN

The appellate review body may recommend that the governing body affirm, modify, or reverse the adverse result or action taken by the executive committee or by the governing body pursuant to Section 5.2 or 5.3(b)(1) of this Plan. If appellate review is conducted by the entire governing body, its conclusions shall be the final action unless otherwise provided in this Plan. In its discretion, it may refer the matter back to the Hearing Committee for further review and require a recommendation to be returned to it within 30 days and in accordance with its instructions. Any written report following referral shall be shared with the practitioner. Within 10 days after receipt of such recommendation after referral, the appellate review body shall make its recommendation to the governing body.

7.10 CONCLUSION

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

ARTICLE VIII- FINAL DECISION OF THE GOVERNING BODY

8.1 BOARD ACTION

Within 30 days after the adjournment of the appellate review if conducted by an appellate review committee or at the adjournment if conducted by the governing body itself, the governing body shall render its final decision in the matter in writing and shall send notice thereof to the practitioner by special notice and by regular notice to the president of the medical staff, and to the executive committee. If this decision is in accord with the executive committee's last recommendation in the matter, if any, it shall be immediately effective and final. If the governing body's action has the effect of changing the executive committee's last recommendation, if any, the governing body shall refer the matter to a joint conference as provided in Section 8.2 of this Plan. The governing body's action on the matter following receipt of the joint conference recommendation shall be immediately effective and final.

8.2 JOINT CONFERENCE REVIEW

Within 10 days of its receipt of a matter referred to it by the governing body pursuant to the provisions of this Plan, a joint conference of equal numbers of members of the executive committee and governing body shall convene to consider the matter and shall submit its recommendation to the governing body within 30 days. The joint conference shall be composed of a total of six members selected in the following manner: three members from the executive committee appointed by the president of the medical staff, and three members from the governing body appointed by the chair of the governing body.

ARTICLE IX- GENERAL PROVISIONS

9.1 HEARING OFFICER APPOINTMENT AND DUTIES

The use of a Hearing Officer to preside at a hearing held in accord with this Plan is optional. The use and appointment of such Officer shall be determined by the chair of the body whose decision is being contested, after consultation with the chief operating officer or his designee. 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 Chair and 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.

9.2 ATTORNEYS

If the affected practitioner 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. The request must also include the name, address and phone number of the attorney. Failure to notify the applicable committee in accord with this section shall permit the Committee to preclude the participation by legal counsel or to adjourn the hearing for up to 20 days. The executive committee or the governing body

may also be represented by an attorney. Since these proceedings are a forum for professional evaluation and discussion and are not judicial proceedings, legal counsel's role is primarily to attend and assist their party in the proceeding. The Hearing Committee and appellate review body retain the right to limit the role of counsel's active participation in the hearing process. Any practitioner who incurs legal fees in his behalf shall be solely responsible for payment thereof.

9.3 WAIVER

If at any time after receipt of special notice of an adverse recommendation, action or result, a practitioner fails to make a required request or appearance or otherwise fails to comply with this Plan, the practitioner shall be deemed to have consented to the 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 Plan with respect to the matter involved.

9.4 NUMBER OF REVIEWS

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

9.5 AGREEMENT TO BE BOUND BY BYLAWS

By requesting a hearing or appellate review under this Plan, the practitioner agrees to be bound by the provisions of the Medical Staff Bylaws and this Plan in all requests.

9.6 WAIVER OF TIME LIMITS

Any time limits set forth in this Plan may be extended or accelerated by mutual agreement of the practitioner and the chief operating officer or the executive committee. The time periods specified 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 or corrective action procedures are not completed within the time periods specified.

9.7 SUBSTANTIAL COMPLIANCE

Technical or insignificant deviations from the procedures set forth in this Plan shall not be grounds for invalidating the action taken.

ARTICLE X- ADOPTION AND AMENDMENT

10.1 AMENDMENT

This 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 in accord with the procedures for amending the Medical Staff Bylaws, subject always to being consistent with the Medical Staff Bylaws and Corporate Bylaws.

10.2 MEDICAL STAFF RESPONSIBILITY AND GOVERNING BODY INITIATIVE

The principles stated in the Medical Staff and Governing Body Bylaws regarding medical staff responsibility, authority, and procedures to formulate, adopt and recommend Medical Staff Bylaws and amendments, 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 Plan.

10.3 MEDICAL STAFF

The foregoing Corrective Action Procedures and Fair Hearing Plan Addendum was adopted and recommended to the governing body by the medical staff in accordance with and subject to the Medical Staff Bylaws, Rules and Regulations.

Date: May 5, 2005

President of the Medical Staff

10.4 GOVERNING BODY

The foregoing Corrective Action Procedures and Fair Hearing Plan Addendum was approved and adopted by resolution of the governing body after considering the medical staff's recommendation and in accordance with and subject to the Hospital Corporate Bylaws.

Date: May 24, 2005

Secretary of the Governing Body