



MOUNT CARMEL

Medical Staff Fair Hearing Policy

MOUNT CARMEL HEALTH SYSTEM

A Medical Staff Document

DEFINITIONS

This Fair Hearing Policy adopts and incorporates by reference the definitions contained in the Medical Staff Bylaws.

I. INITIATION OF HEARING

A. Grounds for Hearing

1. Except as otherwise specifically provided in the Medical Staff Bylaws, a Practitioner is entitled to request a hearing whenever the Medical Executive Committee or the Board, in response to a non-Adverse recommendation by the MEC under circumstances where no prior right to a hearing existed, or taken by the Board on its own initiative without benefit of a prior recommendation by the MEC, makes one (1) of the following recommendations or takes action based upon quality of care or professional behavior:
 - a) Denial or termination of initial appointment or reappointment to the Medical Staff.
 - b) Suspension of Medical Staff appointment.
 - c) Denial or termination of Privileges.
 - d) Suspension of, or reduction in, Privileges.
 - e) Mandatory consultation requirement, or concurrent consultation requirement, direct supervision or imposition of probationary terms resulting in a limitation on previously exercised Privileges.
 - f) Denial of reinstatement from a leave of absence or imposition of modifications of Privileges or conditions for reinstatement, if the action will result in a report to the National Practitioner Data Bank.
 - g) Other recommendations or actions as so designated by the MEC or the Board.
2. No other recommendations or actions shall entitle the Practitioner to a hearing.

When a hearing is triggered by an Adverse recommendation/action of the Board, any reference in this Article to the "Medical Executive Committee" shall be interpreted as a reference to the "Board."

B. Actions Not Grounds for Hearing

None of the following actions shall constitute grounds for a hearing, and they shall take effect without hearing or appeal, provided that the Practitioner shall be entitled to submit a written explanation to be placed into his/her file:

1. Issuance of a letter of guidance, counsel, warning, or reprimand.
2. Denial, termination, modification, or suspension of temporary, *locum tenens*, emergency, telemedicine, or disaster Privileges.
3. Automatic suspension or automatic termination of appointment or Privileges as defined in the Bylaws.
4. Denial of a request for leave of absence, for an extension of a leave, or for reinstatement from a leave if the reasons do not relate to professional competence or conduct.
5. Determination that an application is incomplete.
6. Determination of ineligibility based on a failure to meet threshold criteria, a lack of need or resources, or because of an exclusive contract.
7. Ineligibility for appointment or requested Privileges because of lack of facilities, equipment, or because the Hospital has elected not to perform, or does not provide, the service which the Practitioner intends to provide or the procedure for which Privileges are sought.
8. Imposition of focused/ongoing professional practice evaluation provided that such evaluation does not limit the Practitioner's ability to exercise his/her Privileges.
9. Termination of the Practitioner's employment or contract for services unless the employment or services contract provides otherwise.
10. Voluntary suspension or relinquishment of Privileges and/or resignation of Medical Staff appointment when such voluntary suspension or relinquishment/resignation is not in return for the Medical Staff or Board refraining from conducting an investigation based upon professional competence or conduct.
11. Denial of reappointment on the basis that the Practitioner has failed to exercise any of the Privileges granted to the Practitioner during the prior two (2) year period. This provision shall not be construed as permitting an automatic denial of reappointment or loss of a

Privilege(s) on the basis that the Practitioner failed to exercise such Privilege(s) provided that the Practitioner has exercised one (1) or more Privileges during the two (2) year period.

12. Any other action that is not based upon professional behavior or quality of care concerns.

C. **Notice of Adverse Recommendation/Action**

The CEO shall promptly give Special Notice of an Adverse recommendation/action that entitles a Practitioner to request a hearing. This notice shall contain:

1. A statement of the Adverse recommendation/action.
2. The reason(s) for the Adverse recommendation/action including a concise statement of the acts or omissions upon which the decision was based and identifying, where applicable, the medical records of patients affected by such acts or omissions, or the other reasons or subject matter forming the basis for the Adverse recommendation/action.
3. A statement that the Practitioner has the right to request a hearing on the Adverse recommendation/action within thirty (30) days of receipt of the notice, and the manner in which to do so.
4. A copy of this Policy to include a summary of the Practitioner's hearing rights.
5. A statement that if the Practitioner fails to request a hearing, in the manner and within the time period prescribed, such failure shall constitute a waiver of his/her right to a hearing and to an appellate review on the issue that is the subject of the notice.

D. **Request for Hearing**

A Practitioner has thirty (30) days following receipt of the notice to request a hearing. The request shall be made in writing, by Special Notice, to the CEO and shall include the name, address, and telephone number of the Practitioner's counsel, if any. Failure to request a hearing shall constitute waiver of the right to a hearing, and the Adverse recommendation/action shall be transmitted to the Board for final decision. The Practitioner shall be informed of the Board's final decision by Special Notice.

E. **Notice of Hearing**

1. Upon receipt from a Practitioner of a timely and proper request for a hearing, the CEO shall deliver the request to the body whose

Adverse recommendation/action triggered the hearing, and schedule the hearing. At least thirty (30) days prior to the hearing, the CEO shall provide the Practitioner, by Special Notice, the following:

- a) The time, place, and date of the hearing.
 - b) A proposed list of witnesses who will give testimony at the hearing in support of the Adverse recommendation/action, as well as a time frame within which the Practitioner must provide the MEC or Board, as applicable, his/her list of witnesses.
 - c) A schedule for exchange of documents upon which each party expects to rely at the hearing.
 - d) The name(s) of the hearing officer or hearing panel member(s) and presiding officer if known.
2. The hearing shall begin as soon as practicable, but no sooner than thirty (30) days after the date of the notice of the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties.
 3. A hearing for a Practitioner who is under summary suspension shall, at the request of the Practitioner, be held as soon as arrangements may reasonably be made but not later than sixty (60) days after the notice of hearing provided that the Practitioner agrees to a waiver of the thirty (30) day advance notice requirement. The time periods set forth in this paragraph may be altered by mutual agreement of the parties.
 4. Each party remains under a continuing obligation to provide to the other party any documents or witnesses to be introduced at the hearing and identified after the initial exchange. The introduction of any documents not provided prior to the hearing, or the admissibility of testimony to be presented by a witness not so listed, shall be at the discretion of the presiding officer.

F. **Witness List**

1. At least fifteen (15) days before the hearing, the affected Practitioner shall provide a written list of the names of witnesses expected to offer testimony on his/her behalf.
2. The witness list of either party may, at the discretion of the presiding officer, be amended at any time during the course of the

hearing, provided that notice of the change is given to the other party.

3. The presiding officer shall have the authority to limit the number of witnesses, especially character witnesses or witnesses whose testimony is merely cumulative.
4. To avoid interference with Hospital operations, neither the Practitioner, nor his/her attorney or any other person acting on behalf of the Practitioner, shall contact a Hospital employee while the employee is working at the Hospital. The Practitioner, or a person acting on his/her behalf may contact Hospital employees (other than employees deemed to be management) during any time when the employee is not working at the Hospital unless the Practitioner has been put on notice not to contact the employee at the employee's request and provided that the purpose of the contact is not to request or obtain protected peer review information. Although Hospital employees will be encouraged to participate in the peer review process, all such participation shall be voluntary, and the Hospital shall not have the authority to coerce or otherwise demand participation unless such participation is a part of the employee's job description. At his or her request, a Hospital employee may be accompanied by legal counsel (who may be the counsel who represents the MEC) when meeting with the Practitioner or his/her attorney.

G. Hearing Panel, Hearing Officer and Presiding Officer

1. Hearing Panel/Hearing Officer

- a) The hearing shall be conducted by either (i) a hearing officer, or, (ii) a hearing panel, as determined by whichever body, the MEC or Board, made the Adverse recommendation or took the Adverse action that is the basis for the hearing.
- b) A hearing officer may be a Practitioner, an individual from outside the Hospital, such as an attorney, or other individual qualified to conduct the hearing. The hearing officer is not required to be a Medical Staff Appointee.
- c) A hearing panel shall consist of not less than three (3) individuals and shall be chosen by the MEC or the Board, whichever body made the Adverse recommendation or took the Adverse action that is the basis for the hearing. The panel members may either be Practitioners or individuals from outside of the Hospital, or a combination thereof, as determined by the MEC or the Board, as appropriate. The

MEC or Board, as appropriate, may appoint one (1) of the panel members the chair of the panel. If the MEC or Board, as appropriate, elects not to designate the panel's chair, one (1) of the panel members shall be appointed as chair pursuant to a majority vote of the panel members.

2. Knowledge of the underlying peer review matter; or, employment by, or other contractual arrangement with the Hospital or an affiliate, in and of itself, shall not preclude a Practitioner from serving as a hearing officer, on a hearing panel or as a presiding officer.
3. Any person shall be disqualified from serving as a hearing officer, on a hearing panel, or as a presiding officer if such person:
 - a) Is in direct economic competition with the affected Practitioner (or if an attorney, represents individuals who are in direct economic competition with the affected Practitioner).
 - b) Is professionally associated with, related to, or involved in a referral relationship with the Practitioner requesting the hearing.
 - c) Is demonstrated to have an actual bias, prejudice, or conflict of interest that would prevent the individual from fairly and impartially considering the matter.
 - d) Directly participated in initiating the Adverse recommendation or action, in investigating the underlying matter at issue, or in taking an active part in the matter contested.
4. **Presiding Officer**
 - a) If a hearing officer is selected, that individual shall also act as the presiding officer. If a hearing panel is selected, the hearing panel chair shall act as presiding officer. In the alternative, the MEC or Board, as appropriate, may appoint an active or retired attorney in addition to the hearing panel members to act as presiding officer; provided, however, that such individual shall not be entitled to vote on the hearing panel's recommendation. The presiding officer shall not act as an advocate for either side at the hearing. The presiding officer shall:
 - (1) Allow the participants in the hearing to have a reasonable opportunity to be heard and to present relevant evidence, subject to reasonable limits on the

number of witnesses and duration of direct and cross-examination.

- (2) Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, or abusive or that causes undue delay.
 - (3) Maintain decorum throughout the hearing.
 - (4) Determine the order of procedure.
 - (5) Rule on all matters of law, procedure and the admissibility of evidence.
- b) In the event the presiding officer is not an attorney, he/she may be advised by legal counsel to the Hospital with regard to the hearing procedure.

5. **Objections**

Any objection to the hearing officer, any member of the hearing panel or the presiding officer shall be made in writing, within ten (10) days of receipt of notice, to the CEO. A copy of such written objection must include the basis for the objection. The CEO shall rule on the objection and give notice to the parties. The CEO may request that the presiding officer make a recommendation as to the validity of the objection [provided such objection does not involve the presiding officer.

II. PRE-HEARING PROCEDURES

A. **General Procedures**

The pre-hearing and hearing processes shall be conducted in an informal manner. Formal rules of evidence or procedure shall not apply.

B. **Provision of Relevant Information**

1. Prior to receiving any confidential documents, the Practitioner requesting the hearing must agree that all documents and information shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing. The Practitioner must also provide a written representation that his/her counsel and any expert(s) have executed Business Associate Agreements in connection with any patient Protected Health Information contained in any documents provided.

2. Upon receipt of the above agreement and representation, the Practitioner requesting the hearing shall be provided with a copy of the following:
 - a) Copies of, or reasonable access to, all patient medical records referred to in the notice of Adverse recommendation/action, at the Practitioner's expense.
 - b) Reports of any external peer reviews relied upon by the Medical Executive Committee.
 - c) Copies of relevant minutes (with portions regarding other Practitioners and unrelated matters deleted).
 - d) Copies of any other documents relied upon by the Medical Executive Committee.
3. The provision of this information is not intended to waive any privilege under the state peer review statute.
4. The Practitioner shall have no right to discovery beyond the above information. No information shall be provided regarding other Practitioners.
5. Prior to the pre-hearing conference, on dates set by the presiding officer or agreed upon by both sides, each party shall provide the other party with its proposed exhibits. All objections to documents or witnesses, to the extent then reasonably known, shall be submitted in writing in advance of the pre-hearing conference. The presiding officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.
6. Evidence unrelated to the reasons for the Adverse recommendation/action or to the Practitioner's qualifications for appointment or the relevant Privileges shall be excluded.

C. **Pre-Hearing Conference**

The presiding officer may require a representative (who may be counsel) for the Practitioner and for the Medical Executive Committee to participate in a pre-hearing conference. At the pre-hearing conference, the presiding officer shall resolve all procedural questions, including any objections to exhibits or witnesses. The presiding officer shall establish the time to be allotted to each witness's testimony and cross-examination.

D. **Stipulations**

The parties and counsel, if applicable, shall use their best efforts to develop and agree upon stipulations so as to provide for a more orderly and efficient hearing by narrowing the issues on which live testimony is reasonably required.

E. **Provision of Information to the Hearing Officer/Hearing Panel**

The following documents shall be provided to the hearing officer or hearing panel in advance of the hearing:

1. A pre-hearing statement that either party may choose to submit.
2. Exhibits offered by the parties (without the need for authentication).
3. Stipulations agreed to by the parties.

III. **THE HEARING**

A. **Failure to Appear**

Failure, without good cause as determined by the presiding officer, to appear and proceed at the hearing shall constitute a waiver of the Practitioner's right to a hearing and to any appellate review to which he/she might otherwise have been entitled. In such event, the matter shall be transmitted to the Board for final action.

B. **Record of Hearing**

A court reporter shall be present to make a record of the hearing. The cost of the reporter shall be borne by the Hospital. Copies of the transcript shall be available at the Practitioner's expense.

C. **Hearing Rights**

1. At a hearing, both sides shall have the following rights, subject to reasonable limits determined by the presiding officer:
 - a) To have record made of the proceedings, copies of which may be obtained by the Practitioner upon payment of any reasonable charges associated with the preparation thereof.
 - b) To call and examine witnesses, to the extent they are available and willing to testify.
 - c) To cross-examine any witness on any matter relevant to the issues.

- d) To present evidence determined to be relevant by the hearing panel/officer, regardless of its admissibility in a court of law.
 - e) To have representation by counsel or other person of the party's choice.
 - f) To submit a written statement at the close of the hearing.
 - g) Upon completion of the hearing, to receive a copy of the written recommendation of the hearing officer or hearing panel (including a statement of the basis for the hearing officer's or hearing panel's recommendation(s)) and to receive a copy of the written decision of the Board (including a statement of the basis for the Board's decision.).
2. If the Practitioner who requested the hearing does not testify, he or she may be called and questioned.
 3. The hearing officer or hearing panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

D. Admissibility of Evidence

The hearing shall not be conducted according to rules of evidence, except that oral evidence shall be taken only on oath or affirmation administered by any person designated by the presiding officer and entitled to notarize documents in the State of Ohio. Evidence shall not be excluded merely because it is hearsay. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The guiding principle shall be that the record contains information sufficient to allow the Board to decide whether the Practitioner is qualified for appointment and Privileges.

E. Official Notice

In reaching a decision, the hearing panel or hearing officer, as applicable, may take official notice, at any time for evidentiary purposes, of any generally accepted technical or scientific principles relating to the matter at hand, and of any facts that may be judicially noticed by Ohio courts. The parties to the hearing shall be informed of the principles or facts to be noticed, and the same shall be noted in the hearing record. Any party shall be given the opportunity to request that a principle or fact be officially noticed and/or to refute any officially noticed principle or fact by evidence or by written or oral presentation of authority in such manner as determined by the hearing officer or panel.

F. **Persons to be Present:**

The hearing shall be restricted to those individuals involved in the proceeding (including representatives from Hospital administration) who agree to the confidentiality provisions as set forth in this Policy. The Practitioner who requested the hearing shall be entitled to be accompanied, and represented at the hearing, by an attorney or other person of the Practitioner's choice. The chair of the MEC or Board, depending upon whose Adverse recommendation or action prompted the hearing, may appoint an attorney and/or one of its members to represent it at the hearing, to present the facts in support of its Adverse recommendation or action and to examine witnesses. If an attorney is chosen to represent the MEC/Board, then either of those bodies, as applicable, may also appoint one of its members to present the facts in support of its Adverse recommendation or action.

G. **Postponements and Extensions:**

Postponements and extensions of time may be requested by anyone, but shall be permitted only by the CEO (prior to the start of the hearing) or the presiding officer (following the start of the hearing) on a showing of good cause.

H. **Presence of Hearing Panel Members:**

If the hearing panel consists of a group, then a majority must be present throughout the hearing. In unusual circumstances when a hearing panel member must be absent from any part of the hearing, he or she shall read the entire transcript of the portion of the hearing from which he or she was absent.

I. **Order of Presentation and Burden of Proof**

Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of fact or procedure, and such memoranda shall become a part of the hearing record. At the hearing, the MEC or the Board, as applicable, and the Practitioner may make opening statements. Following the opening statements, the body whose Adverse recommendation or action triggered the hearing shall present its evidence first, establishing the basis for its recommendation or action. The Practitioner shall be obligated to present evidence in response. The triggering body shall have the right to present rebuttal witnesses following the presentation of the Practitioner's case. The parties may make closing statements following the introduction of all of the evidence and submit written statements at the close of the hearing.

J. **Basis of Hearing Panel Recommendation:**

Consistent with the burden on the Practitioner to demonstrate that he or she satisfies, on a continuing basis, all criteria for initial appointment, reappointment, and Privileges, the hearing panel/hearing officer shall recommend in favor of the Medical Executive Committee or Board, as applicable, unless it finds that the Practitioner who requested the hearing has proved that the recommendation that prompted the hearing was arbitrary, capricious, or not supported by credible evidence.

K. **Hearing Recess**

The hearing panel or hearing officer, as applicable, may recess the hearing and reconvene it without additional notice for the convenience of the participants, to obtain new or additional evidence, or if consultation is required for resolution of the matter.

IV. **HEARING CONCLUSION, DELIBERATIONS, AND RECOMMENDATIONS**

A. **Hearing Conclusion and Deliberations**

Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. Upon receipt of the transcript of the proceedings and closing written briefs, the hearing panel or hearing officer, as applicable, shall at a time and place convenient to itself, conduct its deliberations outside the presence of the parties after which the hearing shall be declared adjourned.

B. **Recommendation of the Hearing Panel or Hearing Officer**

Within thirty (30) days after adjournment of the hearing, the hearing officer or hearing panel, as applicable, shall render a recommendation, accompanied by a report of its findings, with specific references to the hearing record and other documentation considered, and a concise statement of the basis for its recommendation(s). The hearing recommendation shall be based exclusively upon the written and oral evidence presented at the hearing, and any memoranda submitted by the parties.

C. **Disposition of Hearing Panel's/Hearing Officer's Report:**

The hearing panel or hearing officer shall deliver its report to the Director of Medical Staff Services who, in turn, shall forward it, along with all supporting documentation, to the body whose Adverse recommendation or action occasioned the hearing. Within fifteen (15) days of receiving the report and recommendation of the hearing panel or hearing officer, the triggering body shall consider the same and affirm, modify, or reverse its recommendation or action in the matter.

1. **Favorable Recommendation or Action.** When the MEC's recommendation is favorable to the Practitioner, the Board may adopt or reject all or any portion of the MEC's recommendation that was favorable to the Practitioner or refer the matter back to the MEC for additional consideration. Any such referral shall state the reason(s) for the requested reconsideration, set a time limit within which a subsequent recommendation 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 Board shall take action. A favorable determination by the Board shall be effective as its final decision and the matter shall be considered closed.
2. **Adverse Recommendation or Action.** If the recommendation of the MEC and/or action of the Board is or continues to be Adverse to the affected Practitioner after exhaustion of his/her hearing rights, the Practitioner shall be entitled, upon timely and proper request, to an appellate review before a final decision is rendered on the matter by the Board.
3. **Notice of Hearing Result.** Such recommendation or action of the MEC or Board shall be transmitted, together with the hearing record, the report of the hearing panel or hearing officer, and all other documentation considered to the Director of Medical Staff Services. The Director of Medical Staff Services shall promptly send a copy of the hearing panel's or hearing officer's report, together with a copy of the decision of the body whose Adverse recommendation or action triggered the hearing, to the affected Practitioner by Special Notice. In the event of an Adverse result, the notice shall inform the Practitioner of his/her right to request an appellate review by the Board before a final decision regarding the matter is rendered.

V. APPEAL PROCEDURE

A. **Request for Appellate Review/Time for Appeal**

Within ten (10) days after receiving notice of his/her right to request an appellate review, the affected Practitioner may request such review. The request shall be in writing, delivered to the CEO by Special Notice, and include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If the Practitioner wishes an attorney to represent him/her at any appellate review appearance permitted, his/her request for appellate review shall so state. The request shall also state whether the Practitioner wishes to present oral arguments to the appellate review body. If an appeal is not requested in the time and

manner specified, the Practitioner's right to such appeal is deemed to be waived, and the Board may take final action.

B. Grounds for Appeal

The grounds for appeal shall be limited to the following:

1. There was substantial failure to comply with this Policy and/or the Medical Staff Bylaws during the hearing, so as to deny a fair hearing; and/or
2. The Adverse recommendation or action was made arbitrarily or capriciously and/or is not supported by credible evidence.

C. Time, Place, and Notice

Upon receipt of a timely and proper request for appellate review, the CEO shall deliver such request to the Board. As soon as practicable, the Board chair shall schedule and arrange for an appellate review. At least ten (10) days prior to the date of the appellate review, the Practitioner shall be given Special Notice of the time, place, and date of the appeal, and whether oral arguments will be permitted. The appeal shall be held as soon as arrangements can reasonably be made, taking into account the schedules of the parties involved. An appellate review for a Practitioner who is under a suspension then in effect shall be scheduled as soon as arrangements for it may reasonably be made; provided, the Practitioner agrees to waive the notice requirement. The appellate review body may extend the time for appellate review for good cause if such request is made as soon as is reasonably practicable.

D. Appellate Review Body

The Board may conduct the review as a whole or may appoint a subcommittee, composed of three (3) or more members of the Board appointed by the Board chair, to conduct the appeal. If a subcommittee is appointed, one (1) of its members shall be designated as chair by the Board chair. To the extent possible, the appellate review body shall include a Practitioner Board member. If a subcommittee is appointed, it shall prepare a written report and recommendation for the full Board's consideration.

E. Nature of Appellate Review:

1. The appellate review body shall consider the record of the hearing before the hearing panel/hearing officer, the hearing panel's/hearing officer's report and all subsequent results and actions therefrom. The appellate review body shall also consider any written statements submitted by the parties. The Practitioner

shall have access to the records and reports of the hearing panel/hearing officer and the MEC/Board, as applicable, and all other material, favorable or unfavorable, that was considered in making the Adverse recommendation or taking the Adverse action against the Practitioner.

2. Each party shall have the right to present a written statement in support of its position on appeal. The written statement must be submitted not less than ten (10) days in advance of the date set for appellate review. In its sole discretion, the Board may allow each party or its representative to appear personally and make oral argument not to exceed thirty (30) minutes. The time limits provided in this paragraph may be waived by the appellate review body in its sole discretion.
3. The appellate review body may, at its discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the hearing proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence or that any opportunity to admit it at the hearing was improperly denied, and then only at the discretion of the Board.
4. The appellate review body may recess the review proceeding and reconvene the same without additional notice if it deems such recess necessary for the convenience of the participants, to obtain new or additional evidence, or if consultation is required for resolution of the matter. Upon conclusion of oral statements, if allowed, the appellate review shall be closed. The review body shall then deliberate outside the presence of the parties at such time and in such location as is convenient to the review body. The appellate review shall be adjourned at the conclusion of the review body's deliberation.

F. Final Decision of the Board:

Within thirty (30) days after the appellate review is adjourned, the Board shall render a final decision in writing, including specific reasons, and shall send notice thereof to the Practitioner. A copy shall also be provided to the Medical Executive Committee for its information. If a subcommittee heard the appeal, it shall submit its report to the Board within fifteen (15) days of conclusion of the appellate review, and the Board's thirty (30) day time period shall then begin to run.

G. Further Review:

Except where the matter is referred for further action and recommendation, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. If the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board.

H. **Right to One Hearing and One Appeal Only:**

No Practitioner shall be entitled to more than one (1) hearing and one (1) appellate review on any matter.

I. **Representation by Counsel:**

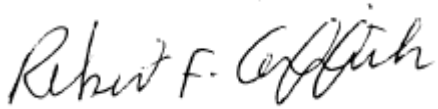
At such time as the Practitioner, MEC, or Board is represented by legal counsel, then all notices required to be sent herein may be served upon the Practitioner or entity's legal counsel, and the requirement that such notices be sent by Special Notice is hereby waived; rather, such notices may be sent by regular U.S. first class mail, telefax, or as otherwise agreed to by the parties.

J. **Reporting:**

The CEO shall be responsible for assuring that any reports required to be filed with the Ohio State Medical Board or the National Practitioner Data Bank are filed accurately and in a timely manner.

VI. CERTIFICATION OF ADOPTION AND APPROVAL

ADOPTED by the Medical Executive Committee on January 24, 2012.



Robert F. Griffith, M.D.
Chair, Medical Executive Committee
Mount Carmel Health (MCE/MCW)

ADOPTED by the Medical Executive Committee on January 25, 2012.



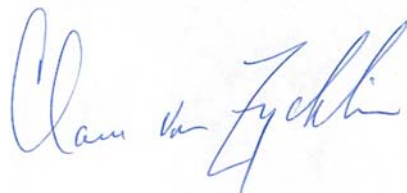
Michael W. Jopling, M.D.
Chair, Medical Executive Committee
Mount Carmel St. Ann's

ADOPTED by the Medical Executive Committee on January 26, 2012.



Michael B. Cannone, D.O.
Chair, Medical Executive Committee
Mount Carmel New Albany

APPROVED by the Board of Trustees on April 30, 2012.



Claus von Zychlin, President & CEO, MCHS
Chair, Board of Trustees (MCSA)
Vice Chair, Board of Trustees (MCNA)



Sister Barbara Hahl, csc
Chair, Board of Trustees (MCE/MCW)