Medical Staff
Fair Hearing Policy

University Hospitals East Market Unified Medical Staff

ARTICLE 1
DEFINITIONS, DESIGNEES & APPLICABILITY

1.1 DEFINITIONS & DESIGNEES

1.1.1 The definitions set forth in the Medical Staff Bylaws shall apply to this Medical Staff Fair Hearing Policy (Policy) unless otherwise provided herein.

1.1.2 Whenever an individual is authorized in the Medical Staff governing documents to perform a duty by virtue of his/her position, then reference to the individual shall also include the individual's authorized designee.

1.2 APPLICABILITY

1.2.1 The purpose of this Policy is to provide a mechanism for resolution of matters Adverse to Medical Staff Members who have been granted Medical Staff appointment and/or Privileges at the Hospital or Practitioner applicants who have requested Medical Staff appointment and/or Privileges at the Hospital.

1.2.2 This Policy is <u>not</u> applicable to Advanced Practice Clinicians. Procedural due process rights for Advanced Practice Clinicians are set forth in the Advanced Practice Clinician Policy, as such policy may be amended from time to time.

ARTICLE 2
MEDICAL STAFF HEARINGS

2.1 EFFECT OF ADVERSE RECOMMENDATION OR ACTION

2.1.1 By the MEC. Unless otherwise provided in the Medical Staff Bylaws or Policies, when a Practitioner receives Special Notice of an Adverse recommendation of the MEC the Practitioner shall be entitled to a hearing and appellate review, if applicable, in accordance with the procedures set forth in this Policy.

2.1.2 By the Board. Unless otherwise provided in the Medical Staff Bylaws or Policies, when a Practitioner receives Special Notice of an Adverse recommendation or action of the Board, and such decision is not based upon a prior Adverse recommendation of the MEC with respect to which the Practitioner was entitled to a hearing, the Practitioner shall be entitled to a hearing and appellate review, if applicable, in accordance with the procedures set forth in this Policy.

2.2 RIGHT TO A HEARING

2.2.1 Adverse Recommendation or Action. Unless otherwise provided in the Medical Staff Bylaws or Policies, the following recommendations or actions, if deemed Adverse (as such term is defined in the Medical Staff Bylaws), shall entitle the Practitioner affected thereby to a hearing:

(a) Denial of initial Medical Staff appointment, reappointment, and/or Privileges.

(b) Imposition of a summary suspension in excess of fourteen (14) days.

(c) Suspension, restriction, or reduction of a Practitioner's Medical Staff appointment and/or Privileges in excess of thirty (30) days as part of a corrective action process.

(d) Imposition of a focused professional practice evaluation resulting in a limitation on previously exercised Privileges in excess of thirty (30) days as part of a corrective action process.

(e) Termination of Medical Staff appointment and/or Privileges as part of a corrective action process.

(f) Other recommendations or actions as so designated by the MEC or the Board.

2.2.2 Right to Hearing; When Deemed Adverse

(a) A recommendation or action listed in Section 2.2.1 shall be deemed Adverse, as such term is defined in the Medical Staff Bylaws, only when it has been:

(i) Recommended by the MEC; or,

(ii) Taken by the Board under circumstances where no prior right to request a hearing existed.

(b) Recommendations or actions pertaining to a Practitioner's Medical Staff appointment and/or Privileges that are based on a matter that does not relate to the clinical competence or professional conduct of a Practitioner shall not give rise to hearing or appellate review rights unless otherwise specified in the Medical Staff Bylaws or Policies.

2.3 ACTIONS THAT DO NOT GIVE RIGHT TO A HEARING

2.3.1 The following actions are <u>not</u> deemed to be Adverse and shall not constitute grounds for, or entitle the Practitioner to request, a hearing:

(a) An oral or written warning or reprimand.

(b) Professional practice/performance evaluation as part of the routine peer review process.

(c) The denial, termination, modification or suspension of temporary Privileges, disaster Privileges, telemedicine Privileges, or moonlighting resident Privileges.

(d) Automatic suspension or automatic termination of Medical Staff appointment and/or Privileges pursuant to the grounds set forth in the Medical Staff Bylaws.

(e) Any action recommended/taken by the MEC or the Board against a Practitioner where the action was recommended/taken solely for administrative or technical failings of the Practitioner (*e.g.*, determination of ineligibility for Medical Staff appointment and/or Privileges based on a failure to meet threshold qualifications; failure to provide requested information, *etc.*).

(f) Ineligibility for Medical Staff appointment, reappointment, and/or the Privileges requested because a Medical Staff Department or Division is closed or the Hospital is presently a party to an exclusive contract for such services.

(g) Ineligibility for Medical Staff appointment and/or requested Privileges because of the Hospital's lack of facilities, equipment, or support services;

because the Hospital has elected not to perform or does not provide the service or the procedure for which Privileges are sought; or inconsistency with the Hospital's strategic plan.

(h) Termination of the Practitioner's employment or other contract for services unless the employment/services contract or the Medical Staff Bylaws provide(s) otherwise.

(i) Any other recommendation or action made/taken by the MEC or Board that does not relate to the clinical competence or professional conduct of a Practitioner unless the Medical Staff Bylaws or Policies specifically state such action to be Adverse.

2.4 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

2.4.1 In all cases in which an Adverse recommendation or action has been initiated that gives rise to the right to a hearing pursuant to the Medical Staff Bylaws and this Policy, the Chief of Staff (or Hospital President if the Adverse action was initiated by the Board) shall promptly notify the Practitioner of the Adverse recommendation or action and of the Practitioner's right to request a hearing. Such notice shall be in writing and shall be delivered by Special Notice. Such notice shall set forth the following:

(a) A description of the Adverse recommendation or action.

(b) The reasons for the Adverse recommendation or action including a concise statement of the basis for the recommended denial of Medical Staff appointment and/or Privileges; or, in the case of a corrective action, the Practitioner's acts or omissions (including a list of specific or representative patient medical records, where applicable) and any other information forming the basis for the Adverse recommendation or action.

(c) A statement that the Practitioner has a period of thirty (30) days after the date of receipt of the *Notice of Adverse Recommendation or Action* within which to request a hearing and the manner in which to do so.

(d) A summary of the Practitioner's hearing rights as hereinafter set forth.

(e) 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 of Adverse Recommendation or Action*.

2.5 REQUEST FOR HEARING; WAIVER

2.5.1 A Practitioner's request for a hearing shall be made in writing, by Special Notice, to the Chief of Staff (or Hospital President if the Adverse action was initiated by the Board) and must be received within thirty (30) days following the Practitioner's receipt of the *Notice of Adverse Recommendation or Action.*

2.5.2 If the Practitioner does not request a hearing within the time period and in the manner described, such action shall constitute a waiver of any right to a hearing or appellate review to which he/she might otherwise have been entitled. The Adverse recommendation or action shall thereafter be presented to the Board for final decision. The Practitioner shall be informed of the Board's final decision by Special Notice.

2.6 NOTICE OF DATE, TIME, AND PLACE FOR HEARING

2.6.1 Upon receipt of a timely and proper request for a hearing from the affected Practitioner, the Chief of Staff (or Hospital President if the Adverse action was initiated by the Board) shall promptly schedule and arrange for a hearing. Not less than thirty (30) days prior to the hearing, the Chief of Staff (or Hospital President, as appropriate) shall give written notice to the affected Practitioner of the:

(a) Date, time, and place of the hearing.

(b) A list of witnesses, if any, expected to testify at the hearing in support of the Adverse recommendation or action on behalf of the MEC or Board, as applicable.

(c) A time frame within which the Practitioner must provide the MEC or Board, as applicable, with his/her list of witnesses.

(d) A schedule for exchange of documents upon which each party expects to rely at the hearing.

2.6.2 The *Notice of Hearing* shall be delivered to the Practitioner by Special Notice. The hearing shall not be held sooner than thirty (30) days after the date of the *Notice of Hearing* unless an earlier hearing date has been specifically agreed to in writing by the parties. When the request is received from a Medical Staff Member who is under summary suspension, every effort shall be made to hold the hearing as soon as possible provided the Medical Staff Member agrees to waive the time requirements set forth in this section.

2.6.3 Each party remains under a continuing obligation to provide to the other party the names of any witnesses or any documents identified after the initial exchange which such party intends to introduce at the hearing. 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.

2.7 HEARING OFFICER OR HEARING PANEL; PRESIDING OFFICER

2.7.1 The hearing shall be conducted by either a hearing officer or a hearing panel as determined by whichever body (*i.e.,* the MEC or the Board) made the Adverse recommendation or took the Adverse action that is the basis for the hearing.

(a) Appointment of a Hearing Officer. A hearing officer may be a Practitioner, an attorney, or other individual qualified to conduct the hearing as determined by the MEC or Board, as applicable. The hearing officer is not required to be a Medical Staff Member. A hearing officer shall also act as the presiding officer pursuant to Section 2.7.4.

(b) Appointment of a Hearing Panel. A hearing panel shall consist of not less than three (3) persons chosen by the MEC or the Board, as applicable.

(i) The hearing 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.

(ii) At least two (2) members of the hearing panel should be Practitioners.

(iii) The chair of the hearing panel shall preside over the proceeding. The appointing body shall designate one (1) member of the hearing panel as the panel chair. If the MEC or Board, as applicable, 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. The presiding officer, if a member of the hearing panel, may participate in the panel's deliberations and shall be entitled to vote. In the alternative, the MEC or Board, as applicable, may appoint an active or retired attorney to act as presiding officer; provided, however, that such individual shall not be entitled to vote on the hearing panel's recommendation.

2.7.2 Disqualification

(a) Any person shall be disqualified from serving as a hearing officer, on a hearing panel, or as a presiding officer if the individual directly participated in initiating the Adverse recommendation or action or in investigating the underlying matter at issue; if the individual has taken an active part in the matter contested; if the individual is professionally associated with or related to the Practitioner requesting the hearing; or, if

the individual is a direct economic competitor or otherwise has a conflict of interest with the involved Practitioner.

(b) In the event that an attorney serves as the hearing officer, on the hearing panel, or as a presiding officer, he/she must not represent clients in direct economic competition with the Practitioner who is the subject of the hearing.

2.7.3 Objections. A Practitioner shall have ten (10) days following notice of the appointment of a hearing officer or hearing panel to advise the Chief of Staff (or Hospital President if the Adverse action was initiated by the Board), in writing, of any objections that the Practitioner has with respect to any such appointment(s). The Chief of Staff (or Hospital President, as appropriate) shall advise the appointing body of the objections. The appointing body, in its sole discretion, shall decide whether a substitution should be made. Failure of a Practitioner to make such objection shall be deemed a waiver of any objection to the appointment(s).

2.7.4 Presiding Officer. The hearing officer, the hearing panel chair, or other designated individual, as applicable, shall serve as the presiding officer. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing process have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall make all rulings on matters of law, procedure, and the admissibility of evidence. If the presiding officer determines that either side is not proceeding in an efficient and expeditious manner, the presiding officer may take such action as is warranted by the circumstances.

2.8 HEARING PROCEDURE

2.8.1 Failure to Appear and/or Proceed. The personal presence of the Practitioner who requested the hearing shall be required. A Practitioner who fails, without good cause, to appear and/or proceed at the hearing shall be deemed to have waived his or her right to such hearing and to any appellate review to which he/she might otherwise have been entitled.

2.8.2 Postponements and Extensions. Prior to the beginning of the hearing, the Chief of Staff (or Hospital President, as appropriate), in discussion with the hearing officer or hearing panel, shall determine whether a request for postponement of a hearing should be granted. The presumption shall be that the hearing will go forward on its scheduled date in the absence of a showing of good cause. Once the hearing has begun, the hearing officer or hearing panel shall be responsible for determining whether any continuances should be granted based upon the same standard.

2.8.3 Representation

(a) The Practitioner may be represented by legal counsel or another person of the Practitioner's choosing provided that such other person agrees to maintain the confidentiality of the peer review proceedings.

(b) The Chief of Staff (on behalf of the MEC) or the Hospital President (on behalf of the Board) may appoint an attorney or one of its members to represent the MEC or Board 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 or 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.

(c) If either party will be accompanied by legal counsel, notice must be given to the other party at such time as counsel is obtained.

2.8.4 No Right to Discovery. There is no right to discovery in connection with the hearing; provided, however, that the Practitioner requesting the hearing shall be entitled to documentation relied upon by the MEC or the Board in making the Adverse recommendation or taking the Adverse action subject to written attestation by the Practitioner and his/her legal counsel stating that all documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing.

2.8.5 Prehearing Procedure. The affected Practitioner and the body whose Adverse recommendation or action prompted the hearing should notify the presiding officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as necessary to permit advance decisions concerning such matters. Objection to any pre-hearing decisions or procedures may be put on the record at the time of the hearing.

2.8.6 Record of the Hearing. A record of the hearing shall be kept of sufficient accuracy 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 officer or panel shall arrange for a court reporter to transcribe the hearing. Upon request, the Practitioner shall be entitled to obtain a copy of the record at his/her own expense.

2.8.7 Rights of the Parties. At the hearing, the parties shall have the following hearing rights:

(a) To be represented by an attorney or other person of the party's choice.

(b) To be provided with a list of witnesses and copies of documents that will be relied upon by the other party at the hearing subject to Section 2.6.3.

(c) To have a 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.

(d) To call, examine, and cross-examine witnesses.

(e) To introduce relevant exhibits and documents.

(f) To present and/or rebut any evidence determined relevant by the hearing officer or hearing panel regardless of the admissibility of the evidence in a court of law.

(g) To impeach (challenge the credibility of) witnesses.

(h) To submit a written statement at the close of the hearing.

(i) 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) and to receive a copy of the written decision of the Board (including a statement of the basis for the Board's decision).

2.8.8 Practitioner Testimony. If the Practitioner who requested the hearing does not testify on his/her own behalf, he/she may be called to testify and examined as if under cross-examination.

2.8.9 Hospital Employees. Neither the Practitioner, nor his/her attorney, nor any other person on behalf of the Practitioner shall contact Hospital employees during an employee's working hours at the Hospital. The Practitioner or his/her attorney or other agent may contact the Hospital President or legal counsel to the MEC or Board, as applicable (if representation has been obtained), to request assistance in talking with Hospital employees. At his/her request, a Hospital employee may be accompanied by legal counsel (who may be the counsel who represents the MEC or Board, as applicable) when meeting with the Practitioner or his/her attorney or other agent. Although Hospital employees will be encouraged to participate in the hearing process, all such participation shall be voluntary and the Hospital shall not have the authority to require participation unless such participation is part of the employee's job description.

2.8.10 Observers. The hearing shall be restricted to those individuals involved in the proceeding. Appropriate administrative personnel may be present as requested by the Hospital President and the Chief of Staff and approved by the hearing officer or panel. All aspects of the proceedings shall be considered privileged, confidential, and protected by Ohio law, and shall not be open to the public.

2.8.11 Burden of Proof

(a) At the hearing, the MEC or the Board, as applicable, and the Practitioner may make opening statements.

(b) Following the opening statements, the body whose Adverse recommendation or action gave rise to the hearing shall have the initial obligation to present evidence establishing the basis for its Adverse recommendation or action. The MEC or Board, as applicable, shall also have the right to rebuttal following the presentation of the Practitioner's case.

(c) The Practitioner shall have the burden of proving, by clear and convincing evidence, that the Adverse recommendation or action lacks any factual basis or that such basis, or the conclusions drawn therefrom, are arbitrary, capricious, or not supported by substantial credible evidence.

(d) The parties may make closing statements following the introduction of all of the evidence and submit post-hearing written statements.

2.8.12 Evidentiary Matters

(a) Judicial rules of evidence and procedure relating to the examination of witnesses and presentation of evidence need not be strictly enforced, 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. The hearing officer or hearing panel may consider any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs regardless of whether such evidence would be admissible in a court of law. The parties may, at the discretion of the presiding officer, submit memoranda concerning any issue of procedure or fact and such memoranda shall become a part of the hearing record.

(b) In reaching a decision, the hearing officer or panel may take official note 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. Either party shall be given the opportunity to request that a principle or fact be officially noticed 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.

(c) The hearing officer or panel may ask questions of the parties and their witnesses.

2.8.13 Recesses and Adjournment

(a) The hearing officer or panel 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.

(b) When presentation of oral and written evidence is complete, the hearing shall be closed.

(c) The hearing shall be adjourned upon receipt of the transcript of the proceedings and any closing written statements, whichever occurs later.

(d) The hearing officer or panel shall thereafter deliberate outside the presence of the parties at such time and in such location as is convenient.

2.9 REPORT & RECOMMENDATION OF HEARING OFFICER OR PANEL

2.9.1 Within thirty (30) days after adjournment of the hearing, the hearing officer or panel shall report, in writing, its findings and recommendation (including a statement of the basis for such recommendation with specific references to the hearing record). The hearing report/recommendation shall be based exclusively upon the written and oral evidence presented at the hearing and any memoranda submitted by the parties.

2.9.2 The hearing officer or panel shall deliver its written report and recommendation to the Hospital President. The Hospital President shall provide a copy of the hearing officer's or panel's written report/recommendation to:

(a) the Practitioner who requested the hearing and

(b) the body (*i.e.*, the MEC or the Board) whose Adverse recommendation or action gave rise to the hearing.

2.9.3 If the body whose Adverse recommendation or action gave rise to the hearing prevails at the hearing, the Practitioner shall be entitled, upon timely and proper request, to an appellate review before a final decision is rendered by the Board. The Hospital President shall inform the Practitioner, by Special Notice, of his/her right to request such appellate review.

2.9.4 If the Medical Executive Committee's Adverse recommendation/action gave rise to the hearing and the Practitioner prevails at the hearing, the Medical Executive Committee shall be entitled, upon timely and proper request, to an appellate review before a final decision is rendered by the Board.

2.9.5 If the Board's Adverse recommendation/action gave rise to the hearing and the Practitioner prevails at the hearing, the Board shall make a final decision.

ARTICLE 3
APPELLATE REVIEW

3.1 GROUNDS FOR APPELLATE REVIEW

3.1.1 The grounds for appeal shall be limited to the following:

(a) An allegation by the Practitioner or the Medical Executive Committee that there was substantial failure by the hearing officer or panel to comply with the process set forth in this Policy, so as to deny a fair hearing; and/or

(b) An allegation by the Practitioner or Medical Executive Committee that the recommendation of the hearing officer or panel (regarding the Medical Executive Committee's Adverse recommendation or action against the Practitioner) was made arbitrarily, capriciously, or not supported by substantial, credible evidence introduced at the hearing.

3.2 REQUEST FOR OR WAIVER OF APPELLATE REVIEW

3.2.1 The Practitioner or Medical Executive Committee shall have ten (10) days after receiving the report/recommendation of the hearing officer or panel and notice of the right to appeal to request appellate review. A request for appellate review shall be in writing and must:

(a) include a statement of the reason(s) for appeal and the specific facts or circumstances that justify further review.

(b) indicate whether the Practitioner or Medical Executive Committee wishes to present oral statements to the appellate review panel.

(c) Indicate whether the Practitioner or Medical Executive Committee will be represented by an attorney (or other person of the party's choice) at any appellate review appearance.

3.2.2 A request for appellate review shall be delivered to the Hospital President by Special Notice.

3.2.3 If an appeal is not requested in accordance with the requirements set forth in Sections 3.2.1 and 3.2.2, the opportunity to appeal shall be deemed waived. In such event, the Adverse recommendation/action of the Medical Executive Committee and the report/recommendation of the hearing officer or panel shall be immediately forwarded to the Board for its final decision.

3.3 NOTICE OF DATE, TIME, AND PLACE FOR APPELLATE REVIEW

3.3.1 Upon receipt of a timely written request for appellate review, the Hospital President shall deliver such request to the Board.

3.3.2 The Board shall promptly schedule and arrange for appellate review which shall be not less than fifteen (15) days nor more than thirty (30) days from the date of receipt of the appellate review request unless the parties agree, in writing, to waive this time frame. The time for appellate review may be extended by the appellate review panel for good cause.

3.3.3 The Hospital President shall send Special Notice of the date, time, and place of the appellate review to the parties.

3.4 APPELLATE REVIEW PANEL & PRESIDING OFFICER

3.4.1 Appellate review shall be conducted by an appellate review panel composed of at least three (3) members of the Board appointed by the Board chair. One of the panel members shall be designated as chair.

3.4.2 To the extent possible, the appellate review panel shall include a Board member who is a Practitioner appointed to the active Medical Staff category with Privileges at the Hospital.

3.4.3 All members of the appellate review panel shall be required to consider the appeal with good faith and objectivity.

3.4.4 The Board chair shall determine whether the chair of the appellate review panel or an attorney shall be the presiding officer. The presiding officer shall determine the order of procedure, make all required rulings, and maintain decorum during the appellate review.

3.5 APPELLATE REVIEW PROCEDURE

3.5.1 Nature of Appeal

(a) The proceedings of the appellate review panel shall be based upon the record of the hearing before the hearing officer or panel and the hearing officer's or panel's report/recommendation.

(b) The appellate review panel shall also consider any written statements submitted pursuant to Section 3.5.2 or oral arguments permitted pursuant to Section 3.5.3.

3.5.2 Written Statements

(a) Each party shall have the right to present a written statement in support of its position on appeal.

3.5.3 Oral Statements

(a) The appellate review panel, at its sole discretion, may allow the parties or their representatives to appear personally and make oral statements (subject to reasonable time limits determined by the presiding officer) regarding their positions.

(b) Any party or representative so appearing shall be required to answer questions put to him/her by any member of the appellate review panel.

3.5.4 New Evidence

(a) If a party wishes to introduce new evidence not raised or presented during the original hearing, the party may introduce such information at the appellate review only if expressly permitted by the appellate review panel in its sole discretion and only upon a clear showing by the party requesting consideration of the information that it is new, relevant evidence not previously available at the time of the hearing or that a request to admit relevant evidence was previously and erroneously denied.

(b) In the exceptional circumstance where the appellate review panel determines to hear such evidence, the appellate review panel shall further have the ability to recess appellate review and remand the matter back to the hearing officer or panel. In such event, the hearing shall be re-opened as to this evidence only and the evidence shall be subject to submission and cross-examination (and/or counter-evidence).

(c) The hearing officer or panel shall then prepare a supplemental report and submit it to the appellate review panel with a copy to the Practitioner and the Chief of Staff on behalf of the Medical Executive Committee. The appellate review process shall, thereafter, recommence.

3.5.5 Recesses, Deliberation, and Adjournment

(a) The appellate review panel may recess the appeal proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new evidence or consultation.

(b) Upon the receipt of written statements and conclusion of oral statements, if allowed, the appellate review shall be closed. The appellate review panel shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties and shall render a report and recommendation, including a concise statement of the reason(s) for the recommendation, to the Board. Upon the conclusion of these deliberations the appellate review shall be declared finally adjourned.

3.6 FINAL DECISION OF THE BOARD

3.6.1 Within thirty (30) days after receipt of the appellate review panel's report and recommendation, the Board shall render its final decision in the matter. Such decision shall be immediately effective and shall not be subject to further hearing or appellate review.

3.6.2 The Hospital President shall send written notice of the Board's final decision, including a statement of the basis for the decision, to the Practitioner by Special Notice and to the Chief of Staff on behalf of the Medical Executive Committee.

ARTICLE 4
GENERAL PROVISIONS

4.1 RIGHT TO A HEARING

No Practitioner shall be entitled to more than one (1) hearing and one (1) appeal on any matter that may be the subject of a hearing/appeal. Adverse recommendations or actions on more than one (1) matter may be consolidated and considered together or separately as the Board shall designate in its sole discretion.

4.2 WAIVER

If at any time after receipt of notice of an Adverse recommendation or action the affected Practitioner fails to satisfy a request, make a required appearance, or otherwise fails to comply with the Medical Staff governing documents, he/she shall be deemed to have voluntarily waived all rights to which he/she might otherwise have been entitled with respect to the matter involved.

4.3 EXHAUSTION OF REMEDIES

A Practitioner must exhaust the remedies afforded by the Medical Staff governing documents before resorting to any form of legal action.

4.4 RELEASE

By requesting a hearing and/or appellate review, a Practitioner agrees to be bound by the applicable provisions set forth in the Medical Staff Bylaws relating to confidentiality, immunity, and release of liability.

4.5 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 legal counsel and the requirement that such notices be sent by Special Notice is hereby waived. Such notices may, thereafter, be sent by regular first-class U.S. mail, electronically, by facsimile, or such other form as is mutually agreed to by the parties.

4.6 REPORTING

The Hospital President shall report any final action taken by the Board pursuant to the Medical Staff governing documents to the appropriate authorities as required by law and in accordance with applicable Hospital procedures regarding the same.

4.7 ADOPTION/AMENDMENT & APPROVAL OF MEDICAL STAFF POLICY

This Medical Staff Fair Hearing Policy may be adopted/amended and approved in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the UH Ahuja Medical Executive Committee

January 21, 2026

Adopted by the UH Conneaut Medical Executive Committee

January 9, 2026

Adopted by the UH Geauga Medical Executive Committee

January 14, 2026

Adopted by the UH Geneva Medical Executive Committee

January 9, 2026

Approved by the Board

January 23, 2026