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**REGIONS HOSPITAL MEDICAL STAFF
INVESTIGATIONS AND CORRECTIVE ACTION POLICY
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REGIONS HOSPITAL MEDICAL STAFF
INVESTIGATIONS AND CORRECTIVE ACTION POLICY

(Effective September 14, 2015)

Section 1. **Definition of “Investigation”.** An Investigation means a systematic inquiry by the Medical Staff into an allegation of misconduct by a Practitioner that is initiated by the Medical Executive Committee (“MEC”). Ongoing Professional Practice Evaluation (“OPPE”), Focused Professional Practice Evaluation (“FPPE”), collegial intervention, or inquiry made pursuant to an application for appointment or privileges do not constitute an “Investigation” for purposes of this policy, though any of these activities may lead to an Investigation being conducted.

Section 2. **Purpose.** The purpose of an Investigation is to determine the facts relevant to an allegation of misconduct and, based upon those facts, what action should be taken, if any.

Section 3. **Grounds for an Investigation.** An Investigation may be conducted if the MEC determines that it has reasonable grounds to believe that a Practitioner may have exhibited any of the following:

- 3.1. General clinical incompetence;
- 3.2. Substandard care or treatment of one or more specific patients, even if the substandard care or treatment did not harm the patient;
- 3.3. Violation of any standard of conduct established by the Medical Staff, the Hospital, the Practitioner’s professional society, or unit of government;
 - 3.3.1. Examples of such standards of conduct include the Medical Staff Governing Documents and Operational Documents; Hospital policies; ethical standards of the member’s profession; federal, state, or local statutes, rules, and regulations.
- 3.4. Behavior or conduct that adversely affects or could be reasonably anticipated to adversely affect the safety or welfare of one or more persons associated with the Hospital, including patients, staff, and visitors; and
- 3.5. Conduct that adversely affects or could be reasonably anticipated to adversely affect the safe and orderly operation of the Hospital or its reputation.

Section 4. How an Investigation is initiated.

- 4.1. **Only MEC may initiate.** Only the MEC may initiate an Investigation.

- 4.2. **Any person may request investigation.** Any person may ask the MEC to conduct an Investigation by directing the request to the Hospital’s Chief Executive Officer (“CEO”), Vice President for Medical Affairs (“VPMA”), Chief of Staff (“COS”), or any Division Head. A person asking for the Investigation should include in the request as many facts as possible regarding the nature of the suspected misconduct in order to help the person receiving the request and the MEC determine whether an Investigation is warranted. A request may be made orally or in writing and may be anonymous.
- 4.3. **CEO-VPMA-COS consultation.** A person authorized to receive a request for an Investigation must forward it as soon as possible – and in any event within two weeks of receiving the request – to the CEO, VPMA, and COS who must determine whether the misconduct alleged in the request warrants an Investigation, or whether FPPE, collegial intervention, or other process is more appropriate.
- 4.4. **Recusal.** The VPMA or COS must not participate in the decision described in section 4.3 if the request is to investigate the VPMA or COS. In such a case, the CEO may designate the COS-Elect or any Division Head as the third decision-maker.
- 4.5. **Presentation of request for investigation.** If any one of the CEO, VPMA, or the COS agrees that an Investigation is warranted, he or she must present the allegations, any relevant information, and a recommendation to a meeting of the MEC. A special meeting of the MEC may be called to consider the request. A majority of MEC voting members present at a meeting may initiate an Investigation. The decision to initiate or not initiate an Investigation must be recorded in the minutes of the meeting.
- 4.5.1. The MEC may limit attendance at a meeting at which a request for an Investigation is made to voting members.
- 4.5.2. No one who is the subject of a request for an Investigation may participate in the MEC meeting at which the request is presented.
- 4.5.3. A member of the MEC who has personal knowledge of the alleged conduct is not disqualified from participating or voting in the MEC meeting at which the request for an Investigation is presented, but an MEC member who asked that the Investigation be conducted initially must not participate in the meeting or vote on the decision to initiate an Investigation, other than to provide additional information to the MEC upon the MEC’s request.

Section 5. **Conduct of the Investigation.** If the MEC initiates an Investigation, the VPMA, in consultation with the COS, must promptly appoint an impartial investigating committee to conduct the Investigation. (All references to the VPMA in this section 5 include the VPMA’s designee, if any.)

- 5.1. **Composition of the committee.** The investigating committee must consist of at least three persons, one of whom the VPMA must designate as the chair of the committee. The chair may vote on every matter voted upon by the committee.
 - 5.1.1. A majority of the investigating committee must be members of the Active Medical Staff.
 - 5.1.2. If feasible and appropriate, at least one member of the committee must practice in a specialty similar to that of the subject of the Investigation.
 - 5.1.3. The VPMA must not appoint to the committee a member who is in direct economic competition with the subject of the Investigation. Each committee member must confidentially disclose to the VPMA prior to accepting appointment to the committee any conflict of interest (whether economic or otherwise) that may prevent the member from investigating impartially and the VPMA must consider any such conflicts or potential conflicts before appointing the member to the committee. The VPMA, after consulting with the COS, may remove or replace a member of an investigating committee at any time if the VPMA determines the committee member is not acting impartially.
- 5.2. **Notice to the subject.** As soon as possible after the Investigation has been initiated, the VPMA must notify the subject of the Investigation in writing that the MEC has initiated the Investigation. This notice may be delayed temporarily if, in the opinion of the VPMA, immediate notice would impede the committee's ability to expeditiously conduct the Investigation. The notice must include the following:
 - 5.2.1. A description of the general nature of the alleged conduct being investigated;
 - 5.2.2. Notice that if the Practitioner voluntarily resigns from the Medical Staff or relinquishes any privileges after the Investigation has begun but before it has been concluded, the Hospital will report the resignation or relinquishment to any agency or organization to which a report is required by law, including the National Practitioner Data Bank (NPDB) as required by the Health Care Quality Improvement Act and its implementing regulations; and
 - 5.2.3. A copy of this policy.
- 5.3. **Duty to cooperate.** The subject of an Investigation must cooperate with the investigating committee. Failure to cooperate with the Investigation constitutes independent grounds for disciplinary action that the committee may report and recommend to the MEC. Cooperation includes:
 - 5.3.1. meeting personally with the committee upon request;
 - 5.3.2. promptly providing written information and records requested by the committee;

- 5.3.3. consenting to a mental or physical examination (at the expense of the Hospital) if requested by the committee; and
- 5.3.4. executing documents the committee may require in order to obtain information from other parties.
- 5.4. **Use of outside experts.** With the approval of the CEO or VPMA, the investigating committee may consult with outside experts to assist it in conducting the Investigation. The committee may also consult with legal, medical, ethics, and other experts at the committee's discretion. The subject of the Investigation may not compel the committee to consult with outside experts or to pay for consultations obtained by the subject of the Investigation
- 5.5. **Meeting with the committee.** The committee may require the subject of an Investigation to meet with the committee by providing the subject a written request for a meeting at least 48 hours prior to the meeting. The subject of the Investigation may waive this notice period.
 - 5.5.1. The committee must schedule the meeting at a time that is agreeable to both the committee and the subject of the Investigation when doing so will not unreasonably delay completion of the Investigation.
 - 5.5.2. The request for a meeting must be accompanied with a notice reminding the Practitioner that he or she must cooperate with the Investigation, including meeting with the committee, and that failure to cooperate with the Investigation is itself independent grounds for disciplinary action.
 - 5.5.3. If the committee does not require the subject of the Investigation to meet with it, the committee must offer the Practitioner an opportunity to meet personally with the committee before reporting its conclusions.
 - 5.5.4. A meeting with the committee, whether at the request of the committee or the subject of the Investigation, is not a hearing under the Fair Hearing Policy. Neither the committee nor the subject of the Investigation is entitled to be represented by an attorney at the meeting.
- 5.6. **Scope of the Investigation.** The investigating committee may include in the scope of its Investigation incidents or concerns that it discovers during the course of the Investigation.
- 5.7. **Report and decision.** When the investigating committee has completed its Investigation, it must report its findings and recommendation to the MEC. The MEC must receive and review the report and decide what, if any, action is appropriate. If the MEC determines that additional fact-finding is necessary, it may direct the investigating committee to gather additional facts before making a decision.
- 5.8. **Costs of the Investigation.** All costs of the Investigation are borne by the Hospital.

Section 6. **Investigatory suspension or restriction.** The CEO, VPMA, or COS may suspend a Physician's membership on the Medical Staff or restrict some or all of a Practitioner's clinical privileges at any time to the extent necessary to prevent an imminent danger to the health of any individual. This standard is met if the suspension or restriction of privileges is necessary to

- a) Protect the life or well-being of an identifiable patient or patients generally; or
- b) Reduce a substantial and imminent likelihood of significant impairment of the life, health, and safety of any person; or
- c) Investigate an unproven allegation of conduct which, if proven, has the potential to adversely affect the safe and orderly operation of the Hospital.

6.1. **Effective immediately.** An investigatory suspension or restriction is effective immediately unless the person imposing it states otherwise. An investigatory suspension or restriction may be for a determinate or indeterminate period of time.

6.2. **Notice.** The person imposing the investigatory suspension or restriction must notify the Practitioner in writing as soon as possible of the suspension or restriction. This notice must notify the Practitioner

6.2.1. Of the general reason for the investigatory suspension or restriction;

6.2.2. Of the scope and expected duration of the suspension or restriction;

6.2.3. That the suspension or restriction will be referred to the MEC and will be considered within 14 calendar days for review and further action;

6.2.4. That an investigatory suspension or restriction in itself is not a completed professional review action and does not entitle the Practitioner to a hearing unless it lasts more than 14 days; and

6.2.5. That an investigatory suspension or restriction does not imply any final finding regarding the circumstances that caused the suspension or restriction.

6.3. **Assignment of patients.** Unless otherwise indicated by the terms of the investigatory suspension or restriction, the COS (or designee) must assign the suspended Practitioner's patients to another Practitioner and must consider, where feasible, the wishes of the affected Practitioner and the patient when choosing a substitute practitioner.

6.4. **MEC meeting to review.** A meeting of the MEC must be called as soon as possible after the initiation of the suspension, and in any event, within 14 days, to consider and decide whether the suspension or restriction should be continued or modified pending completion of an Investigation into the alleged conduct, or discontinued, with or without further Investigation. The COS must notify the Practitioner of the MEC's decision in writing as soon as possible after the decision is made.

6.5. **MEC action.** If the MEC decides to continue the suspension or restriction during an Investigation, it must use due diligence to complete the Investigation and report to the MEC within 30 days of when the suspension was imposed. Failure to complete the Investigation and report within this time does not preclude the committee from reporting its findings and recommendation and does not preclude the MEC from acting on the committee's report. If the suspension or restriction continues for more than 30 days, the Hospital must report the suspension to the NPDB to the extent required by law. If the suspension is later terminated and no professional review action is taken against the member, the Hospital must amend its report to reflect that fact.

6.6. **Professional Review Action.** An investigatory suspension or restriction that lasts more than 14 days constitutes a Professional Review Action and the suspended or restricted member may request a hearing under the Grievance and Fair Hearing Policy.

Section 7. **Relationship with other documents.** This policy is a Governing Document of the Medical Staff under Article 7 of the Medical Staff Bylaws and must be interpreted under the Governing Provisions of Article 8 of the Bylaws.

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