

**MAINE MEDICAL CENTER  
MEDICAL STAFF**

**COMPACT,  
POLICIES &  
PROCEDURES**



## A COMPACT BETWEEN MAINE MEDICAL CENTER AND ITS MEDICAL STAFF

### Introduction

There are many documents, policies, rules, and regulations which guide Maine Medical Center and its Medical Staff in the care of patients. These provide a set of operating standards and expectations for processes of care in a safe environment. The physician and medical center leadership recognize the need for a statement of values and guiding principles for working together toward our common goals in addition to the Maine Medical Center Medical Staff Bylaws, Rules and Regulations and policies governing professional conduct.

A compact has been created to provide the philosophical and conceptual framework for enduring, distinguished and professional relationships between Maine Medical Center and its Medical Staff. This compact is comprised of a preamble and set of pledges. The preamble defines a partnership of shared values. The pledges specify the components of our promises to one another. It helps define the responsibilities in the relationship to allow for the creation of specific departmental and programmatic expectations between the Maine Medical Center and its Medical Staff.

## A Compact between Maine Medical Center and its Medical Staff

Maine Medical Center and its Medical Staff affirm that we share in the common purpose of providing compassionate, high quality, safe and cost effective care for our patients. This is supported by an organizational commitment to medical education and researching better ways to deliver care. We recognize the Medical Center and its Medical Staff are interdependent in a complex and dynamic health care system. We cannot serve our patients or community well without one another. We acknowledge therefore, that we have a partnership founded upon shared mission, vision and values.

The basic elements of this partnership include trust, interdependence, shared values, transparency in decision making, accountability and integrity. We have created a series of pledges, based on these fundamentals, to clarify the shared and individual roles and responsibilities of our collaboration. These commitments are set forth in this Compact between Maine Medical Center and its Medical Staff.

To be successful, this partnership will require superior leadership. Close alignment of leadership from both the Medical Staff and the Medical Center will be critical to a highly functional, effective and sustainable broader health system. All of our leaders will embrace and model the essential qualities of effective leadership:

- Service to our patients, their families, our constituents, and to one another.
- Stewardship of all of our resources, in order to deliver the best value and cost effective care to our patients and community.
- Trust in one another to adhere to our mission and vision through stewardship, service, commitment to excellence, and professionalism.

- Accountability for our responsibilities, actions, behaviors, and the response to change.
- Leadership continuity and tangible, meaningful leadership development.

We share the responsibility for the promotion of high quality care for all of our patients. We recognize that superior clinical quality is inseparable from a commitment to perpetual performance improvement and lifelong learning. While both process and outcomes are essential to continuous quality improvement, MMC and the medical staff commit to improving patient care outcomes as our primary shared quality improvement goal.

We believe it is our responsibility to have the health needs and safety of our patients and our communities as our highest priority. Mutual respect for one another is the cornerstone for the delivery of compassionate high quality care and is integral to a vibrant and healthy work environment. Maine Medical Center and its Medical Staff jointly commit to these priorities and principles, so that our patients' needs will always come first.

## A COMPACT BETWEEN MAINE MEDICAL CENTER AND ITS MEDICAL STAFF

Maine Medical Center and its Medical Staff hereby commit to provide compassionate patient and family centered care, excellent customer service, and superior clinical quality, in partnership with the finest health care professionals.

### Our Mutual Pledges

#### Partnership

We pledge to adhere to a relationship of trust, respect, interdependence, shared values, accountability, integrity and transparency in decision making. We commit to maintain a partnership that puts our patients health needs first, where all relevant perspectives related to compassionate care are respected. We promise to provide the means, motivation and commitment to resolve problems and to grow the partnership. We commit an appropriate proportion of resources including capital, people, knowledge and technology to our alliance. We will share a fair and appropriate amount of risk while working together to create mutual benefit and share in rewards.

#### Leadership

Together, our leadership commit to building trust and respect and to the thoughtful and selfless stewardship of our financial, technologic and human assets. We will adhere to expectations of accountability, transparency and quantifiable evaluation. Our leaders will practice leadership excellence. We will facilitate the training and sustaining of physician and non-physician leaders while effectively planning for leadership succession.

### MMC Pledges to the Medical Staff

Put patients first in all efforts	Put patients first in all efforts
Respect the integrity of the patient-physician relationship	Reflect, by our actions, the core MMC values in treating patients, families and co-workers
Recognize, respect and support cultural diversity	Provide care that values every human being
Create and maintain systems that support a service-centered culture	Involve patients and families in care decisions
Provide resources necessary to support patient and family wellness	Support and encourage patient and family wellness
Provide processes to achieve service excellence	Strive for excellent patient satisfaction
Demonstrate congruence between words and actions	Demonstrate congruence between words and actions
Provide appropriate tools, resources, education, time and the environment to advance quality improvement activities	Incorporate activities designed to advance quality and safety into clinical practice and tie this to ongoing professional performance evaluation
Collaborate with physician leaders of departments to develop appropriate specialty and disease-specific metrics for ongoing professional performance evaluation	Collaborate with the Medical Center to develop general, specialty, and disease-specific metrics, to be tied to department quality activities
Provide quality data in a transparent, meaningful manner and actively manage public data reporting	Use quality data and public reporting to improve individual, practice group, and departmental care outcomes
Facilitate and provide the tools for regulatory requirement adherence	Recognize and adhere to regulatory mandates
Support new technology that improves patient care and respects provider abilities.	Embrace and advocate for new technology that adds value to MMC's core mission
Provide resources and facilities to promote provider personal and professional wellness	Maintain personal and professional wellness
Attract and retain superior physicians and allied health professionals	Demonstrate highest levels of ethical and professional conduct
Provide fair compensation for clinical, educational and administrative activities	Maintain clinical superiority
Support career development opportunities for the medical staff	Support teamwork and agree to appropriate degrees of committee work and administration
Value and support our educational and research missions	Actively support and engage in activities of our educational and research missions

### The Medical Staff Pledges to MMC

Put patients first in all efforts	Put patients first in all efforts
Respect the integrity of the patient-physician relationship	Reflect, by our actions, the core MMC values in treating patients, families and co-workers
Recognize, respect and support cultural diversity	Provide care that values every human being
Create and maintain systems that support a service-centered culture	Involve patients and families in care decisions
Provide resources necessary to support patient and family wellness	Support and encourage patient and family wellness
Provide processes to achieve service excellence	Strive for excellent patient satisfaction
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Provide fair compensation for clinical, educational and administrative activities	Maintain clinical superiority
Support career development opportunities for the medical staff	Support teamwork and agree to appropriate degrees of committee work and administration
Value and support our educational and research missions	Actively support and engage in activities of our educational and research missions

Richard W. Petersen, for Maine Medical Center

Stephen A. Mette, M.D. for MMC Medical Staff

# Professional conduct guidelines

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## Purpose

Maine Medical Center, its employees and the members of its Medical Staff recognize their considerable interdependence in the rapidly changing healthcare environment. They acknowledge that their ability jointly to deliver safe, high quality health care and education depend in large part upon their ability to communicate well, collaborate effectively, and work as a team to optimize and monitor outcomes.

Maine Medical Center, its employees and Medical Staff further acknowledge that there are many participants in the process of effective health care, including patients, their families, nurses and other hospital staff, physicians, and allied health professionals. We believe that working harmoniously is a necessary aspect of modern health care. All parties affirm that recipients and providers of care must be treated in a dignified, respectful manner at all times to accomplish their mutual goal of high quality health care.

Maine Medical Center, its employees and Medical Staff further affirm their mutual responsibility to work together in an ongoing, positive, dynamic process, which requires continual communication and feedback. Both agree to devote the necessary time and resources to achieve these goals and maintain a positive, collaborative relationship among them and with other providers and recipients of care.

## Examples

The following are examples of desirable and undesirable behaviors; this list is not intended to be all-inclusive, rather, it is presented as a guide.

<b>Desirable Behaviors</b>	<b>Undesirable Behaviors</b>
<ul style="list-style-type: none"><li>• Complies with practice standards</li><li>• Personally discusses perceived problems in a constructive and timely manner</li><li>• Completes committee duties when assigned</li><li>• Complies with infection control policies</li><li>• Recognizes and respects unique vantage points of team members</li><li>• Pursues change through proper channels</li><li>• Responds to patient needs in a timely manner</li><li>• Give everyone our focused attention and our full mental and physical capacity</li><li>• Accurately reports care events which present an opportunity for improvement</li></ul>	<ul style="list-style-type: none"><li>• Documents physical examination elements not performed</li><li>• Operates or treats patients when not physically or mentally able (impaired, injured, fatigued, etc.)</li><li>• Belittles or demeans learners</li><li>• Engages in non-clinical conversations during patient care</li><li>• Neglects to effectively communicate patient information to covering physician or consultants</li><li>• Uses threatening or abusive language, action, or gesture, profanity or similarly offensive language</li><li>• Makes negative comments to patients about other physicians or hospital personnel or their treatment in the hospital</li></ul>

## **Policy**

In order to accomplish these goals, Maine Medical Center employees and Medical Staff agree to the following principles and guidelines and to work collaboratively to promote them within the organization and in the community. Failure to meet these standards will result in remedial and disciplinary action as provided by the Medical Staff Bylaws.

### **Physician Well-being**

Maine Medical Center employees and Medical Staff agree that everyone deserves our focused attention and our full mental and physical capacity. Members of our Medical Staff will not, and are not expected to, participate in patient care when impaired. To that end, practitioners who are impaired physically, mentally, or by substance abuse will be supported and directed to appropriate treatment. Members of the health care team have a responsibility to assist in identification of impaired colleagues.

### **Respectful Treatment**

All members of the health care team (nurses and other hospital employees, physicians, vendors, contract personnel, etc.) and all direct and indirect recipients of health care (patients, their families, visitors, etc.) shall be treated in a respectful, dignified manner at all times, acknowledging psychological, social, cultural and spiritual needs. We will respect the knowledge, dignity, and perspective of others. Differences of opinion will be resolved with the best interest of the patient in mind. We respect the autonomy of our patients, and decisions made by them or their lawful proxies. Language, nonverbal behavior, gestures, and attitudes shall reflect this respect and dignity of the individual and affirm his/her value to the process of effective, efficient health care.

### **Communication**

Maine Medical Center employees and Medical Staff agree that all communication (oral, written, electronic, and non-verbal, etc.) shall be timely, professional, respectful, thorough, and with the best interest of all direct and indirect recipients and providers of healthcare considered. We agree to refrain from making entries into the medical record that would be considered accusatory, offensive, or otherwise inappropriate by an impartial body of Medical Staff members. Maine Medical Center employees and Medical Staff agree not to use language that is profane, vulgar, sexually suggestive or explicit, degrading, or intimidating, racially, ethnically, or religiously slurring in professional settings.

### **Behavior**

Maine Medical Center employees and Medical Staff agree to refrain from any behavior that is deemed to be harassing, sexually or otherwise, including but not limited to unwanted touching, sexual touching, sexually-oriented or degrading jokes or comments, requests for sexual favors, obscene gestures or physically aggressive behavior, physical throwing of objects, or making inappropriate comments regarding physicians, nurses and other hospital staff, patients, family members or visitors. We agree

to refrain from behavior that disrupts the function of the care team or the operations of Maine Medical Center.

### **Citizenship**

Maine Medical Center employees and Medical Staff agree that good citizenship is an important facet of professional conduct. Citizenship on our staff includes being a mentor, teacher, and lifelong learner. It means upholding one's mutually agreed-upon responsibilities to the Medical Staff, the Medical Center, one's Department and Division, our patients, our colleagues, and our community. It means making prudent use of the resources available to us, and accepting our stewardship for those resources. It means conducting ourselves with dignity, integrity, and honesty, and accepting responsibility for our actions.

### **Professional Competence and Performance**

Maine Medical Center employees and the Medical staff are dedicated to promotion of professional competence and performance improvement. Medical staff members acknowledge our responsibility to practice within the scope of our education, training and experience and to maintain competence. Maine Medical Center employees and Medical Staff agree to actively participate in process improvement and safety and quality initiatives. We agree to give all parties prompt, direct, constructive feedback when concerns arise regarding behavior or care in clinical, educational or other professional settings. The parties recognize the necessity of describing such behavior in objective, behavioral terms and that such feedback should be given directly to the person(s) involved through appropriate channels, in a confidential, private setting.

### **Confidentiality**

Maine Medical Center employees and Medical Staff agree to maintain complete confidentiality of patient care information at all times, in a manner consistent with generally accepted principles of medical confidentiality. The parties further recognize that hospital employees and physicians have the right to have certain personal and professional issues dealt with in a confidential manner, including such things as performance problems and concerns about competency. Employees and physicians agree to maintain this confidentiality and to seek the proper, professional, objective arenas in which to deal with these issues.

### **Clarification of Roles**

Maine Medical Center employees and Medical Staff agree that the delivery of patient care involves a complex, dynamic set of roles and responsibilities and that clarity and agreement on these roles and responsibilities is necessary. All parties agree to work together to achieve and maintain clarity and agreement on these roles and to support each other in the carrying out of these responsibilities.

### **Access to care**

Maine Medical Center and the Medical Staff will work together to provide access to care for our community. Access to care will not be limited based on race, color, national origin, citizenship, religion, creed, sex, sexual orientation, age or disability. Both will respond to requests for treatment or evaluation in a timely manner.

### **Conflicts of interest**

Maine Medical Center, its employees and Medical Staff will disclose any potential conflicts of interest and will work to resolve them. Conflict of interest may be present when treating family members or those with whom no physician-patient relationship exists. Medical Staff members will refrain from treating first degree relatives and those with whom no physician-patient relationship exists while patient is hospitalized, by prescribing controlled substances, or for mental illness, except under emergency circumstances or if no other qualified physician can render care.

### **Process**

Maine Medical Center employees and Medical Staff strive for a culture of communication, teamwork, respect and professionalism. Our goal is to resolve issues concerning professional conduct between the affected parties in a confidential and collegial manner, with mediation, if this is necessary. When there is a lack of satisfactory resolution, a repetitive pattern of incidents, or a single egregious incident, we will invoke a more formal process, as outlined below. All aspects of this process are protected as peer review, and documentation will be filed in the practitioner's performance profile folder.

**MAINE MEDICAL CENTER**  
**CONFIDENTIAL PEER REVIEW DOCUMENT**  
**Questionable Conduct**

**Instructions:** Maine Medical Center, its employees and the members of its Medical Staff recognize that we all have a mutual responsibility to work together collaboratively and to communicate well in order to provide the best possible care for our patients. We encourage all caregivers to work issues out respectfully among themselves. Sometimes, this may not be possible. If you observe an occurrence of questionable conduct by a Medical Staff member, and are unable to resolve it, please answer the questions below in as much detail as possible. Additional comments may be appended to this form.

1. Date and time of incident: \_\_\_\_\_

2. Name of the individual engaging in improper conduct: \_\_\_\_\_

\_\_\_\_\_

3. Name(s) of other parties involved in the incident (including nursing staff/other MMC employees, patients, family members, non-MMC employed clinicians, etc.):

\_\_\_\_\_

\_\_\_\_\_

4. Identify any other parties who witnessed this incident: \_\_\_\_\_

\_\_\_\_\_

5. Describe the circumstances surrounding the incident and the specific unprofessional behavior observed (attach an additional sheet if necessary): \_\_\_\_\_

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6. Describe any disruption of hospital operations that resulted from this incident: \_\_\_\_\_

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7. Describe any impact of patient care resulting from this incident: \_\_\_\_\_

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8. Identify any interventions taken to address this incident at the time of occurrence or immediately following the event, including comments to the involved parties, reprimands, discussions with patients, other written reports or documentation, conversations with supervisors, etc.:

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Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# Professional Conduct Procedure

Our goal is the resolution of any issues or concerns by those directly involved. Each successive step is taken only if there is lack of resolution at a lower level or if conduct is of a nature that more formal action is required early in the process. All proceedings are confidential and protected under peer review, with documentation maintained in the physician's performance profile folder in the Medical Staff Office. In extraordinary circumstances there may be grounds for precautionary suspension of privileges considered and pursued under Article 7 of the Medical Staff Bylaws. A full description of action related to questions of competence is found in Article 7 of the Medical Bylaws.

## Step 6

The Board of Trustees reviews recommendations from Medical Executive Committee and recommends no action or specific corrective action, subject to appellate review if requested by the physician, in accordance with the Medical Staff Bylaws.

## Step 5

The Medical Executive Committee makes a recommendation about how to resolve the matter and gives notice to the physician. If the recommendation is adverse, the physician may request a fair hearing under the Medical Staff Bylaws. If a fair hearing is conducted, the MEC will again consider its recommendation in light of the fair hearing report.

## Step 4

The matter is referred to the Medical Executive Committee by the VPMA. The Medical Executive Committee decides whether a formal investigation is necessary. If not, their decision is documented. If a formal investigation is pursued, the Medical Executive Committee appoints an ad hoc committee which conducts proceedings in accordance with the Medical Staff Bylaws, reporting its recommendation to the Medical Executive Committee.

## Step 3

The matter is referred to the VPMA. He may direct the conduct of an informal review by himself, by the Chief or by the Physician Peer Review Committee; or he may refer to the Medical Executive Committee for a formal review. If an informal review is conducted the results are delivered to the VPMA who may accept them or may refer the matter to the Medical Executive Committee.

## Step 2

A written report of concern completed by a medical staff member, learner, employee, patient or family member submitted to President of Hospital, President of Medical Staff, Vice President of Medical Staff or Chief. The matter is referred to the Chief. Without referral to the VPMA, the Chief may resolve the matter with the physician on conditions mutually acceptable to them, with documentation.

## Step 1

Personal collegial feedback among those directly involved, facilitated if necessary.



## MEDICAL STAFF POLICY

### 1. Policy on Physician Health Issues

Maine Medical Center and its medical staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a member of the medical staff is physically or mentally impaired. Impairment may result from a physical, psychiatric or emotional condition.

- 1.1 In support of its commitment to providing patients with quality care, the Maine Medical Center Medical Staff hereby creates a Physician Health Committee. <sup>1</sup>
- 1.2 Issues pertaining to an individual physician shall be primarily managed by the chief of his/her department
- 1.3 Consistent with both quality of care concerns and Article 13-2, all involved will reasonably attempt to handle impairment matters in a confidential fashion.

### 2. Physician Health – Process and Procedures

#### 2.1 Reporting and Reviewing Potential Impairment

- 2.1.1 If any individual has a concern that a member of the medical staff may be impaired in any way that may affect his or her practice at the hospital, he or she may provide a signed written report to the Chief Executive Officer, the VP for Medical Affairs/CMO, the President of the Medical Staff, the chief of the relevant department, or any member of the Physician Health Committee. The report shall include a factual description of the incident(s) that led to the concern. The VPMA shall be made aware of all reports.
- 2.1.2 If, after discussing the incident(s) with the individual who filed the report, the Chief Executive Officer, the VP for Medical Affairs/CMO, the President of the Medical Staff, the chief of the relevant department, or any member of the Physician Health Committee believes there is enough information to warrant a review, the matter shall be referred to the chief of the practitioner's Department and to the VP Medical Affairs/CMO for further evaluation.

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<sup>1</sup> See Section 3-8 of the Organization Manual in the Maine Medical Center Medical Staff Bylaws and Manuals

- 2.1.3** The chief of the practitioner's department or the VP Medical Affairs/CMO shall act expeditiously in reviewing concerns of potential impairment that are brought to their attention.
- 2.1.4** As part of its review, the chief of the practitioner's department or the VP Medical Affairs/CMO may meet with the individual(s) who provided the report.
- 2.1.5** If the chief of the practitioner's Department and the VP Medical Affairs/CMO has reason to believe that the physician is or may be impaired, he or she or both shall meet with the physician. At this meeting, the physician shall be told that there is a concern that he or she may be impaired to the extent that it may affect his or her practice. The physician shall not be told who filed the initial report, but shall be advised of the nature of the concern.
- 2.1.6** As part of its review, the chief of the practitioner's Department or the VP Medical Affairs/CMO may request that the physician be evaluated by an outside organization and have the results of the evaluation provided to them.
- 2.1.7** Depending upon the severity of the problem and the nature of the impairment, any of the following options may be recommended:
- A.** Recommend that the physician voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment;
  - B.** Recommend that appropriate conditions or limitations be placed on the physician's practice;
  - C.** Recommend that the physician voluntarily agree to refrain from exercising some or all privileges in the hospital until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the physician is able to practice safely and competently;
  - D.** Recommend that some or all of the physician's privileges be suspended if the physician does not voluntarily agree to refrain from practicing in the hospital.
- 2.1.8** If the chief of the practitioner's Department and the VP Medical Affairs/CMO recommends that the physician participate in a suitable rehabilitation or treatment program, assistance will be offered the physician in locating a suitable program.
- 2.1.9** If the physician agrees to abide by the recommendations of his/her chief and the VP Medical Affairs/CMO, then a confidential report will be made to his/her file and to the

Chief Executive Officer and to the Chairperson of the Credentials committee. In the event there is concern by the Chief Executive Officer and/or the Chairperson of the Credentials committee that the action of the chief of the practitioner's department or the VP Medical Affairs/CMO is not sufficient to protect patients, the matter will be referred back to the chief and the VP Medical Affairs/CMO with specific recommendations on how to revise the action.

## **2.2 Reinstatement**

**2.2.1** Upon sufficient proof that a physician with impairment has successfully completed a rehabilitation or treatment program, the chief of the individual's Department may recommend that any restrictions or requirements regarding the physician's clinical privileges be removed. In making such a recommendation, the chief must consider patient care interests as paramount.

**2.2.2** Prior to recommending that any restrictions or requirements regarding the physician's clinical privileges be removed, the chief must obtain a letter from the physician overseeing the rehabilitation or treatment program. (A copy of a release from the physician authorizing this letter is attached as Appendix B.) The letter must address the following:

- A.** The nature of the physician's condition;
- B.** Whether the physician is participating in a rehabilitation or treatment program and a description of the program;
- C.** Whether the physician is in compliance with all of the terms of the program;
- D.** To what extent the physician's behavior and conduct need to be monitored;
- E.** Whether the physician is rehabilitated;
- F.** Whether an after-care program has been recommended to the physician and, if so, a description of the after-care program; and
- G.** Whether the physician is capable of resuming medical practice and providing continuous, competent care to patients.

**2.2.3** The chief may request a second opinion on the above issues from a physician of his or her choice before making any recommendation.

- 2.2.4** Assuming that all of the information received indicates that the physician is capable of resuming care of patients, the following additional precautions may be taken before the physician's clinical privileges are reinstated:
- A.** The physician must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the physician's inability or unavailability; and
  - B.** The physician shall be required to provide periodic reports to the chief from his or her attending physician, for a period of time specified by the Committee, stating that the physician is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the hospital is not impaired. Additional conditions may also be recommended for the physician's reinstatement.
- 2.2.5** The final decision to reinstate a physician's clinical privileges must be approved by the VPMA/CMO in consultation with the chief of the practitioner's department and the Chairperson of the Credentials Committee.
- 2.2.6** The physician's exercise of clinical privileges in the hospital shall be monitored by the department chief or by a physician appointed by the department chief. The chief in consultation with the VPMA/CMO and the Chairperson of the Credentials Committee shall recommend the nature of that monitoring.
- 2.2.7** If the physician has impairment relating to substance abuse, the physician must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the VPMA/CMO or his or her chief.
- 2.2.8** Any recommendations hereunder deemed adverse under Sections 1-1 and 1-2 of the Medical Staff Hearing Plan shall provide the Medical Staff member with hearing rights and appeals as provided for in such plan.
- 2.2.9** In the event of any apparent or actual conflict between this policy and the bylaws, rules and regulations, or other policies of the hospital or its medical staff, including the investigation, hearing and appeal sections of those bylaws and policies, the provisions of this policy shall control.

Approved MEC 3-1-02

Approved Full Medical Staff 4-1-02

Approved BOT 4-11-02