2016 IL App (5th) 140136-U

NO. 5-14-0136

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

MARK MURFIN,	)	Appeal from the
	)	Circuit Court of
Plaintiff-Appellant and Cross-Appellee,	)	Marion County.
	)	
v.	)	No. 12-MR-106
	)	
ST. MARY'S HOSPITAL, CENTRALIA, IL,	)	
an Illinois Not-for-Profit Corporation,	)	Honorable
	)	Daniel E. Hartigan,
Defendant-Appellee and Cross-Appellant.	)	Judge, presiding.

JUSTICE CATES delivered the judgment of the court.
Justices Welch and Goldenhersh concurred in the judgment.

ORDER

¶ 1 *Held*: Where the undisputed facts in the record show that the defendant's decision to revoke the plaintiff's privileges was made in compliance with section 10.4 of the Illinois Hospital Licensing Act and the applicable provisions in Bylaws and Credentials Manual, and that there is nothing in the record to demonstrate that the defendant or its agents engaged in willful and wanton conduct in making or reviewing that decision, the defendant was entitled to judgment as a matter of law on the plaintiff's claims for injunctive relief and damages, and the circuit court erred in entering a partial summary judgment for the plaintiff on his claim for injunctive relief.

¶ 2 The plaintiff, Mark Murfin, filed a complaint against the defendant, St. Mary's Hospital, Centralia, Illinois, an Illinois not-for-profit corporation, seeking to permanently enjoin the defendant from enforcing its board of directors' decision to revoke his medical

staff membership and clinical privileges. After considering the parties' cross-motions for summary judgment, the trial court found as a matter of law that the plaintiff's staff membership and clinical privileges had been revoked, without notice and prior to a hearing, and without a finding of imminent danger, in violation of section 10.4 of the Illinois Hospital Licensing Act (Licensing Act) (210 ILCS 85/10.4 (West 2010)) and the defendant's Bylaws and Credentials Manual. The court entered a partial summary judgment for the plaintiff, declaring that the action of the defendant was void *ab initio*, and permanently enjoining the defendant from enforcing the revocation. The court also found that the defendant had immunity from civil damages under section 10.2 of the Licensing Act (210 ILCS 85/10.2 (West 2010)) and the Health Care Quality Immunity Act of 1986 (HCQIA) (42 U.S.C. § 11101 *et seq.* (2012)), and entered a partial summary judgment for the defendant on the plaintiff's claim for damages.

¶ 3 On appeal, the plaintiff claims that the trial court erred in finding as a matter of law that the defendant had immunity from civil damages. On cross-appeal, the defendant claims that the trial court erred in finding that the plaintiff was entitled to a prerevocation hearing under either section 10.4 of the Licensing Act, or the applicable provisions in the Bylaws and Credentials Manual. For the reasons that follow, we reverse the partial summary judgment entered for the plaintiff and vacate the orders granting declaratory and injunctive relief; we affirm the entry of a summary judgment for the defendant on the plaintiff's claim for damages; and we enter a summary judgment for the defendant on count II of the complaint in its entirety.

¶ 4 I. BACKGROUND AND PROCEDURAL HISTORY

¶ 5 The plaintiff is a physician and surgeon, licensed to practice medicine in Illinois. The defendant is a private, not-for-profit corporation that operates St. Mary's Hospital in Centralia, Illinois. The plaintiff had staff privileges at St. Mary's Hospital from 1991 until 2013. The plaintiff's staff membership and clinical privileges were permanently revoked in June 2013, following two incidents in August 2012, in which the plaintiff engaged in altercations with surgical nurses at St. Mary's Hospital.

¶ 6 The plaintiff appealed the revocation decision pursuant to the peer review procedures contained in the defendant's Bylaws and Credentials Manual, and he sought injunctive relief in the circuit court. It is important to note here that Illinois courts apply the "rule of non-review" in cases involving staff membership and privileges decisions by private hospitals, and that our review is limited to whether the defendant's revocation decision was made in substantial compliance with its bylaws, and not whether the imposed discipline was appropriate. *Adkins v. Sarah Bush Lincoln Health Center*, 129 Ill. 2d 497, 506-07, 544 N.E.2d 733, 737-38 (1989). Accordingly, we will provide an overview of the incidents that led to the decision to revoke the plaintiff's privileges in order to provide background and context to the proceedings, followed by an outline of the pertinent provisions in the defendant's Bylaws and Credentials Manual, and more detailed accounts of the peer review process and proceedings in the circuit court.

¶ 7 *A. The Incidents*

¶ 8 On August 16, 2012, the plaintiff had altercations with two members of the surgical nursing staff at St. Mary's Hospital. The initial dispute arose after the scheduling

nurse, Sandy Wright, left several phone messages for the plaintiff about an upcoming surgery while the plaintiff was performing surgery at another hospital. When the plaintiff returned the call, he seemed aggravated and harshly chewed out Ms. Wright for calling too many times. Aggravation morphed into anger, when the plaintiff arrived at St. Mary's Hospital later that day and learned that Ms. Wright and another surgical nurse, Terri Rueter, were completing an occurrence report regarding the earlier phone call. The plaintiff started to yell at Ms. Rueter. He called her a "narc," and repeatedly poked her in the chest with his finger. Kelly Alcorn, a supervisor in the surgery department, immediately stepped between the plaintiff and Ms. Rueter and attempted to calm the situation. Undeterred by Ms. Alcorn's efforts, the plaintiff continued to yell and poke at Ms. Rueter. Ms. Alcorn then directed a staff member to call 9-1-1. At that point, the plaintiff walked away.

¶ 9 Shaken by the experience, Ms. Rueter filed an occurrence report and a police report. A short time later, Ms. Wright, Ms. Rueter, and Ms. Alcorn personally reported the incidents to the hospital president. The president submitted a "Request for Imposition of Formal Investigation and/or Corrective Action" to the St. Mary's Hospital Credentials Committee. The Credentials Committee met the following Monday, August 20, 2012. After reviewing the president's request, the Credentials Committee forwarded Ms. Rueter's occurrence report to the Medical Executive Committee (MEC) for consideration. A special meeting of the MEC was scheduled for August 22, 2012, and the plaintiff, Ms. Rueter, and Ms. Alcorn were invited to attend in order to answer questions and share their respective views about the incident.

¶ 10 On August 21, 2012, the plaintiff notified the MEC that he would not attend the meeting, and he provided the following reasons for his decision: (1) the meeting time conflicted with previously scheduled procedures, (2) he had an appointment with a captain in the police department, and (3) his attorney advised him not to discuss the August 16, 2012, incident with anyone at this time.

¶ 11 Then, on that same date, which was one day prior to the special meeting of the MEC, the plaintiff was involved in another altercation. The incident unfolded in the operating room. A recently-hired circulation nurse had called for help in preparing one of the plaintiff's patients for surgery, and Ms. Alcorn responded. When the plaintiff entered the operating room, he saw Ms. Alcorn and demanded to know why she was there. Without pausing for a reply, he directed Ms. Alcorn to leave, and he left the room. The plaintiff returned to the operating room a few minutes later and saw that Ms. Alcorn was still there. He angrily ordered her to get out of his operating room. Ms. Alcorn later completed an occurrence report to document the incident, and the report was forwarded to the MEC for consideration.

¶ 12 *B. The Bylaws*

¶ 13 At the time of these incidents, the defendant had Medical Staff Bylaws (Bylaws) and a "Credentials and Hearing and Appellate Review Policy and Procedure Manual" (Credentials Manual). The procedures governing formal corrective actions on medical staff, including the termination of staff membership and clinical privileges, are set forth in article 7 and article 9 of the Credentials Manual. (See article 9, sections 9.5.7 and 9.5.10 of the Bylaws, and article 1, section 1.1 of the Credentials Manual.)

¶ 14 Section 7.1 of article 7 of the Credentials Manual states that a formal investigation may be requested when a practitioner engages in, makes, or exhibits acts, statements, demeanor, or professional conduct within or outside the hospital, which is or is reasonably likely to be detrimental to the quality of patient care or disruptive to the hospital's operations. Section 7.3 sets forth the process to be followed when a request for formal investigation or corrective action is made. Section 7.3 provides that as soon as practical after receipt of a request for formal investigation or corrective action, the MEC shall reject the request, initiate a formal investigation, or otherwise act upon the request. If the MEC initiates formal investigation, it is allowed to consult with the practitioner and other persons with knowledge of the incident, but such consultation does not constitute a hearing. Following the investigation, the MEC may initiate corrective action subject to ratification by the St. Mary's Hospital Board of Directors (Board), or it may make a recommendation for corrective action to the Board.

¶ 15 A list of corrective actions is set forth in section 7.3.2. Not every corrective action is considered an "adverse action." This is significant because the imposition of an "adverse action" triggers the right to request a hearing and appellate review under article 9 of the Credentials Manual. The revocation of a practitioner's staff membership and clinical privileges is an "adverse action" that triggers a hearing and appellate review under article 9.

¶ 16 Article 9 of the Credentials Manual addresses the procedures for a hearing and the process for appellate review when an adverse action is taken against a practitioner. Under section 9.2, the practitioner is entitled to a special notice of the adverse action.

The special notice must include a statement of the adverse action taken and the general reasons for the action. The notice must advise the practitioner that he or she has the right to request a hearing on the action, and that the failure to make a timely request for a hearing shall constitute a waiver of the right to a hearing and appellate review. The notice must also include a summary of the practitioner's rights during the hearing.

¶ 17 Section 9.2.4 of article 9 explains the procedures following a practitioner's request for a hearing. Upon receiving a timely request for hearing, the medical staff president will schedule a hearing and send written notice to the practitioner. The notice must include the time, date, and place of the hearing, and the names of the individuals who will serve on the hearing committee. The notice must advise the practitioner that he or she has the right to file a written objection to any committee member, that the objections must be filed within 10 days after receipt of the hearing notice, and that the failure to object is deemed an acceptance of the composition of the hearing committee. The practitioner must be provided with a list of the Board's witnesses and copies of any documentary evidence that the Board may present.

¶ 18 Section 9.2.6 addresses the composition of the *ad hoc* hearing committees. The make-up of the committee depends on whether the adverse action is initiated by the MEC or the Board. If a hearing is related to an adverse action of the MEC, it shall be conducted by an *ad hoc* hearing committee consisting of five physicians appointed by the medical staff president and approved by the hospital president. If a hearing is related to an adverse action of the Board, it shall be conducted by an *ad hoc* hearing committee consisting of five persons appointed by the Board or administration, as applicable, with

the concurrence of the MEC. Section 9.3 outlines the hearing process, including the procedures, the rights of the parties, and the burden of proof. Article 9.4 discusses the appeals process.

¶ 19 Precautionary suspensions are addressed in section 7.7 of article 7 of the Credentials Manual. Section 7.7.1 provides that a precautionary suspension "shall be initiated whenever a practitioner's conduct would lead a reasonable person to believe that immediate action is necessary to prevent potential immediate danger to life or substantial likelihood of injury to patients, employees or other persons present in the Hospital." Sections 7.7.1 through 7.7.4 set forth the procedures for the initiation and review of a precautionary suspension. Section 7.7.3 specifically states that a precautionary suspension is deemed an interim suspension and does not imply any final finding of responsibility for the situation which prompted the suspension.

¶ 20 *C. The Peer Review Process*

¶ 21 On August 22, 2012, the MEC met to consider the incidents of August 16, 2012, and August 21, 2012. The MEC reviewed the occurrence reports and interviewed Ms. Rueter and Ms. Alcorn. The MEC also noted that the plaintiff had been reprimanded within the past 12 months for prior unprofessional conduct toward hospital staff and a failure to follow hospital policy regarding paperwork. In considering what corrective action to recommend to the Board, the MEC discussed, but ultimately rejected a precautionary, 30-day suspension of the plaintiff's clinical privileges. The MEC formally recommended that the plaintiff participate in anger-management counseling with a psychologist approved by the committee, and that the plaintiff make a formal apology to

the individuals involved in the incident. Two of the committee members met with the plaintiff to personally inform him of the MEC's recommendation for corrective action. They also urged the plaintiff to consider a voluntary cessation of his practice while he participated in anger-management counseling.

¶ 22 The next day, August 23, 2012, the Board met to review the occurrence reports, and the report and recommendation of the MEC. The Board considered the serious nature of the plaintiff's behavior toward hospital staff; the potential harm that the plaintiff's conduct posed to the health and safety of the patients and the employees of the hospital; and the plaintiff's prior history of disruptive behavior towards staff and noncompliance with policies and procedures. The Board also considered the hospital's zero-tolerance policy for any physical contact with staff members and its duty to protect employees and patients of the hospital. The Board determined that the MEC's recommended actions did not adequately address the plaintiff's conduct. The Board decided to revoke the plaintiff's staff membership and clinical privileges due to ongoing behavioral issues and the serious nature of the incident with Ms. Rueter.

¶ 23 On August 24, 2012, the plaintiff was notified of the Board's decision and its reasons. The plaintiff was also notified that he had a right to request a hearing and appellate review under the defendant's Bylaws and Credentials Manual. In addition, he was advised that the defendant would submit an initial adverse action report to the National Practitioner Data Bank as required by federal law.

¶ 24 On September 11, 2012, the plaintiff made a written demand for a hearing and appellate review with respect to the adverse action taken by the MEC. In a letter dated

September 19, 2012, Dr. Naeem Khan, the medical staff president, acknowledged the plaintiff's request for a hearing, and he provided information regarding the scope of the hearing, the basic hearing procedure, and the rights of the parties participating in the hearing. In the letter, Dr. Khan specifically noted that the plaintiff's request for hearing arose as a consequence of adverse action taken by the Board, not the MEC, and that in accordance with section 9.2.6(b) of the Credentials Manual, the hearing would be conducted by an *ad hoc* hearing committee (Hearing Committee) consisting of five persons appointed by the Board. The names of the persons who had been appointed to the Hearing Committee were included in the letter, and the plaintiff was advised that he had a right to file objections to any of the committee members within 10 days. There is no indication that the plaintiff filed any objections to the make-up of the Hearing Committee or to the individuals appointed to serve on that committee. The plaintiff was provided with the names of the Board's potential witnesses, and he was asked to provide a list of his witnesses within 10 days. Finally, the plaintiff was asked to provide potential dates for the hearing.

¶ 25 In a letter dated September 24, 2012, the plaintiff provided the defendant with potential hearing dates and the names of potential witnesses. The plaintiff also notified the defendant that he intended to file an action for injunctive relief within a few days. Shortly thereafter, the parties agreed to a hearing date of November 5, 2012.

¶ 26 During the hearing, the Board called several witnesses, including Ms. Rueter and Ms. Alcorn, and presented documentary evidence. The plaintiff had the opportunity to question each witness and challenge the evidence. The plaintiff also offered evidence,

presented character witnesses, and testified on his behalf. At the close of the evidence, the parties were given an opportunity to submit posthearing memoranda. On November 20, 2012, the Hearing Committee reconvened to consider the evidence and the submissions of the parties. After deliberating, the Hearing Committee determined that the Board's findings and conclusions were supported by a preponderance of the evidence, and that the plaintiff was subject to corrective action under section 7.1 of the Credentials Manual. The Hearing Committee recommended that the Board's decision be affirmed.

¶ 27 The Board met on December 6, 2012. After considering the report and recommendation of the Hearing Committee, the Board affirmed its decision. On December 7, 2012, the plaintiff was notified of the findings and recommendations of the Hearing Committee and the Board's decision to affirm its decision. The plaintiff was also notified about his right to request appellate review.

¶ 28 On December 17, 2012, the plaintiff sent a written notice of his intent to seek appellate review of the Board's decision. The plaintiff claimed that the Board failed to substantially comply with the procedures outlined in the Bylaws and the Credentials Manual in that it: (1) failed to notify him of the adverse action of the MEC in its meeting of August 22, 2012; (2) failed to provide him with a hearing before the *ad hoc* physicians committee as to the adverse action of the MEC; (3) summarily revoked his hospital privileges at a Board meeting on August 23, 2012, without a prior hearing and without a finding of immediate or imminent danger; and (4) failed to provide a prompt postrevocation hearing in violation of the Bylaws, the Credentials Manual and the law.

¶ 29 An appellate review hearing commenced on January 30, 2013. The plaintiff and representatives of the Board attended the hearing, responded to questions, and presented arguments in support of their respective positions. The Appellate Review Committee met at a later date, deliberated, and recommended that the Board reaffirm its decision. On March 26, 2013, the plaintiff was notified of the Appellate Review Committee's recommendation and the Board's decision to reaffirm the revocation of his clinical privileges. Because the Board's corrective action was contrary to and harsher than the MEC's recommendation, the case was referred to the Medical Staff/Board Liaison Committee (Liaison Committee) for further review. The Liaison Committee reviewed the matter and recommended that the Board reaffirm its decision. The Board reaffirmed its decision on June 13, 2013, and the plaintiff was notified of the Board's final decision on June 18, 2013.

¶ 30 *D. The Civil Action*

¶ 31 During the pendency of the peer review process, the plaintiff sought relief in the circuit court. On September 25, 2012, the plaintiff filed a two-count complaint seeking preliminary and permanent injunctive relief and civil damages. Count I was voluntarily dismissed without prejudice prior to this appeal and is not at issue here. In count II, the plaintiff alleged that the Board summarily revoked his medical staff membership and clinical privileges, without notice and prior to a hearing, and without a finding of imminent danger, in violation of the Bylaws and Credentials Manual, and section 10.4 of the Licensing Act. The plaintiff sought to enjoin the defendant from enforcing the Board's decision to revoke his staff membership and clinical privileges and from

reporting the revocation to the National Practitioner Data Bank. The plaintiff also sought an award of civil damages for the personal and professional harm to his ability to practice medicine in the community.

¶ 32 Following a period for discovery, the parties filed cross-motions for summary judgment. After considering the submissions of the parties, the trial court found that the revocation of the plaintiff's clinical privileges summarily, without notice and prior to a hearing, and in the absence of a finding of imminent harm, violated the Bylaws and Credentials Manual, and section 10.4 of the Licensing Act. The court entered a partial summary judgment for the plaintiff, declaring that the defendant's action was void *ab initio*, and permanently enjoining the defendant from enforcing the revocation. The court also entered a partial summary judgment for the defendant on the plaintiff's claim for damages, finding that the defendant had immunity from civil damages under section 10.2 of the Licensing Act, and section 11111(a)(1) of the HCQIA (42 U.S.C. § 11111(a)(1) (2012)).

¶ 33 II. ANALYSIS

¶ 34 Summary judgment is appropriate where the pleadings, depositions, admissions, and affidavits on file, when viewed in a light most favorable to the nonmoving party, show that there is no genuine issue of material fact and that the movant is entitled to judgment as a matter of law. 735 ILCS 5/2-1005 (West 2010). Appeals from summary judgment rulings are reviewed *de novo*. *Outboard Marine Corp. v. Liberty Mutual Insurance Co.*, 154 Ill. 2d 90, 102, 607 N.E.2d 1204, 1209 (1992).

¶ 35 As noted earlier, the internal staffing decisions of a private hospital are not generally subject to judicial review. *Adkins*, 129 Ill. 2d at 506, 544 N.E.2d at 737-38. As a policy matter, the judiciary's reluctance to review internal staffing decisions reflects the unwillingness of our courts to substitute their judgment for the professional judgment of hospital officials with superior qualifications to consider and decide such issues. *Adkins*, 129 Ill. 2d at 506-07, 544 N.E.2d at 738. An exception exists when a staffing decision involves the revocation, suspension, or reduction of existing staff privileges. *Adkins*, 129 Ill. 2d at 506, 544 N.E.2d at 738. In that case, a court may reverse the decision of a private hospital if the decision is not in accordance with the bylaws; or, if the bylaws were followed, but actual unfairness on the part of the hospital, its committees, or individual committee members is demonstrated in the record. *Adkins*, 129 Ill. 2d at 514, 544 N.E.2d at 741.

¶ 36 Mindful of our limited review, we first consider whether the defendant's decision to revoke the plaintiff's privileges was made in accordance with section 10.4 of the Licensing Act, and the applicable provisions in the defendant's Credentials Manual. In its order, the trial court found that the defendant violated the procedures outlined in the Licensing Act and the Credentials Manual when it summarily revoked the plaintiff's privileges, without notice and prior to a hearing, and in the absence of a finding that the continuation of the plaintiff's practice posed a threat of harm to the patients and staff of the hospital.

¶ 37 Section 10.4 of the Licensing Act provides that all private hospitals, licensed under the Act, "shall comply with, and the medical staff bylaws of these hospitals shall

include rules consistent with, the provisions of this Section in granting, limiting, renewing, or denying medical staff membership and clinical staff privileges." 210 ILCS 85/10.4(b) (West 2010). Section 10.4(b)(2) sets forth minimum procedures with respect to privileges determinations concerning current members of the medical staff. This section requires a hospital to provide a practitioner with a written notice of an adverse decision and the reasons therefor, and a statement of the medical staff member's rights, including the right to request a fair hearing on the adverse decision; the right to present witnesses and evidence, the right to counsel; and the right to a written notice of the decision resulting from the hearing. 210 ILCS 85/10.4(b)(2) (West 2010). An "adverse decision" is defined as a decision reducing, restricting, suspending, revoking, denying, or not renewing medical staff membership or clinical privileges. 210 ILCS 85/10.4(b)(4) (West 2010).

¶ 38 Section 9.1 of the Credentials Manual states that a practitioner is entitled to a hearing and appellate review whenever he or she is affected by an adverse action resulting from a Board decision that is contrary to a more favorable recommendation of the MEC. Thus, under these provisions of the Credentials Manual and the Licensing Act, a practitioner is entitled to proper notice and a hearing once an adverse decision regarding a medical staff's membership or privileges is made, and not before.

¶ 39 In this case, the MEC recommended two corrective actions, counseling and letters of apology. The MEC's corrective actions did not constitute "adverse actions" under article 7 of the Credentials Manual, or "adverse decisions" under section 10.4(b)(4) of the Licensing Act. After considering the matter, the Board made the decision to permanently

revoke the plaintiff's privileges. The Board's decision was an adverse action that triggered the plaintiff's right to notice and peer review under section 10.4(b)(4) of the Licensing Act and section 9.2 of the Credentials Manual. The undisputed evidence in the record shows that the plaintiff was accorded those rights. The trial court's finding that the plaintiff was entitled to notice and a prerevocation hearing under the Credentials Manual and the Licensing Act is not supported in the record.

¶ 40 The trial court also found that the Board's decision to revoke the plaintiff's privileges was akin to a summary suspension of privileges and required a finding that a continuation of privileges posed imminent harm to the patients or the hospital staff. Summary suspensions are addressed in the defendant's Credentials Manual and the Licensing Act. Section 7.7.1 of the Credentials Manual authorizes a precautionary suspension when a practitioner's conduct would lead a reasonable person to believe that immediate action is necessary to prevent potential danger. Section 10.4(b)(2)(C)(i) of the Licensing Act provides that a hospital may summarily suspend a practitioner's staff membership or clinical privileges if the continuation of practice constitutes an immediate danger to the public, including patients, visitors, and staff. See 210 ILCS 85/10.4(b)(2)(C)(i) (West 2010). In this case, the Board found that the plaintiff had repeatedly engaged in unprofessional conduct toward hospital staff, and it made the decision to permanently revoke the plaintiff's clinical privileges. This was not a precautionary action imposed on an interim basis in order to avert an immediate danger.

¶ 41 After reviewing the undisputed facts in the record, we find that the defendant's decision to revoke the plaintiff's staff membership and clinical privileges was made in

compliance with section 10.4 of the Licensing Act and the applicable provisions in the Bylaws and Credentials Manual. The record shows that the plaintiff received proper notice of the Board's adverse action and his right to a hearing and appellate review. The record also shows that the plaintiff appeared with his attorney and fully participated in the hearing and the appellate review process. The Board's decision was reviewed by the Hearing Committee, the Appellate Review Committee, and the Medical Staff/Board Liaison Committee, and each committee recommended that the Board's decision be affirmed. There is nothing in the record to demonstrate that the process was unfair or that the defendant or its agents engaged in willful and wanton conduct in revoking the plaintiff's clinical privileges. Therefore, we find that the defendant was entitled to a summary judgment on count II of the plaintiff's complaint, and that the trial court erred in entering a partial summary judgment and injunctive relief for the plaintiff.

¶ 42 We briefly address the plaintiff's contention that the trial court erred in finding that the defendant had immunity from civil damages under section 10.2 of the Licensing Act and section 11111(a)(1) of the HCQIA (42 U.S.C. § 11111(a)(1) (2012)).

¶ 43 Section 10.2 of the Licensing Act states that no hospital shall be liable for civil damages as a result of acts, omissions, decisions, and other conduct during peer review, except conduct involving willful and wanton misconduct. 210 ILCS 85/10.2 (West 2010). The HCQIA states that a professional review body shall not be liable in damages for professional review actions if the body has made a reasonable effort to obtain the facts, provided adequate notice and a fair hearing, and has a reasonable belief that the action was warranted by the facts. See 42 U.S.C. §§ 11111(a)(1), 11112 (2012). The

provisions are designed in part to encourage peer review for purposes of improving health care and patient safety. As noted above, the defendant's decision to revoke the plaintiff's privileges was made in compliance with section 10.4 of the Licensing Act and the applicable provisions in the Bylaws and Credentials Manual, and there is nothing in the record to demonstrate that the defendant or its agents engaged in willful and wanton conduct in revoking the plaintiff's clinical privileges. As such, the trial court properly granted a summary judgment for the defendant on the plaintiff's claim for damages.

¶ 44 III. CONCLUSION

¶ 45 After reviewing the undisputed facts in the record, we find that the defendant's decision to revoke the plaintiff's staff membership and clinical privileges was made in compliance with section 10.4 of the Licensing Act and the applicable provisions in the Bylaws and Credentials Manual, and that there is nothing in the record to demonstrate that the defendant or its agents engaged in willful and wanton conduct in making or reviewing that decision. Thus, the defendant was entitled to a summary judgment on count II in its entirety, and the circuit court erred in granting a partial summary judgment, including declaratory and injunctive relief, for the plaintiff.

¶ 46 Accordingly, we reverse the circuit court's order granting a summary judgment in favor of the plaintiff on his claim for injunctive relief, and we vacate the orders for declaratory and injunctive relief. We affirm the court's order granting a partial summary judgment for the defendant on the plaintiff's claim for damages, and pursuant to our authority under Illinois Supreme Court Rule 366(a)(5) (eff. Feb. 1, 1994), we enter a summary judgment for the defendant on count II of the plaintiff's complaint.

¶ 47 Affirmed in part and reversed in part; judgment entered.