BYLAWS OF THE MEDICAL STAFF OF OAKWOOD SOUTHSHORE MEDICAL CENTER

Beaumont

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OAKWOOD SOUTHSHORE MEDICAL CENTER
MEDICAL STAFF BYLAWS

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PREAMBLE AND PURPOSE

The Practitioners authorized to practice at Oakwood Southshore Medical Center have organized themselves into a medical staff and hereby adopt the following bylaws for these purposes: (1) to strive to provide continuing quality medical care to Hospital patients, consistent with applicable standards of care; (2) to provide at the Hospital an appropriate educational setting for residents and students in medicine and allied health sciences; (3) to provide the Medical Staff with an appropriate continuing education program, based in part on needs demonstrated through quality improvement activities; (4) to provide a framework for Medical Staff self-government; (5) to provide fair procedures for making recommendations to the Board regarding all requests for Medical Staff appointment and reappointment and Privileges; and (6) to provide a means whereby cooperation and communication may be maintained among Medical Staff Members and among the Medical Staff, the Board and the Administration, recognizing the authority of the Board.

DEFINITIONS

"Administration" means the Division President and the executives who report to him.

"Advance Practice Professional" or "APP" means a licensed health care professional (other than a Practitioner) who is eligible to apply for Clinical Privileges at the Hospital. APPs are eligible for the Limited Staff but are not eligible for Medical Staff membership. APPs consist of physician's assistants, nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, pathology assistants, Member-employed/contracted registered nurses, psychologists, and any other category of professional that may be approved in the future by the Board in consultation with the MEC. APPs include both individuals who are employed by the Hospital and those who are not.

"Board" means the Board of Trustees of Oakwood Southshore Medical Center.

"Clinical Privileges" or "Privileges" means the authorization granted to a member of the Medical Staff or of the Limited Staff, pursuant to the Bylaws, to render specific diagnostic or therapeutic services.

"Dentist" means an individual licensed to practice dentistry in Michigan.

"Division President" means the division president responsible for management of the Hospital.

"Ex-Officio" means service on a body by virtue of an office or position held and, unless otherwise expressly stated, means without voting rights.

"Fair Hearing Plan" means the Medical Staff Policy described in Article VI of these Bylaws.

"Focused Professional Practice Evaluation" means the time-limited evaluation of competence in performing a specific Privilege.

"Hospital" means Oakwood Southshore Medical Center, which is operated by Oakwood Southshore Medical Center, a division of Oakwood Healthcare, Inc.

"Medical Executive Committee" or "MEC" means the executive committee of the Medical Staff.

"Medical Staff" means all Practitioners who are granted Medical Staff membership by the Board in accordance with these Bylaws.

"Medical Staff Policy" means a policy adopted by the MEC and approved by the Board.

"Member" means a Practitioner granted membership in the Medical Staff in accordance with the Bylaws.

"New Professional Practice Evaluation" means Focused Professional Practice Evaluation of newly-granted Privilege(s).

"Ongoing Professional Practice Evaluation" means ongoing assessment of the clinical competence and professional behavior of individuals who hold Clinical Privileges at the Hospital.

"Oral Surgeon" means an individual who is licensed to practice dentistry in the Michigan and who holds a specialty certification in oral and maxillofacial surgery issued by the state of Michigan.

"Physician" means an individual who is licensed to practice allopathic or osteopathic medicine in Michigan.

"Podiatrist" means an individual who is licensed to practice podiatric medicine and surgery in Michigan.

"Practitioner" means a Physician, Dentist, Oral/Maxillofacial Surgeons, or Podiatrist.

"Professional Practice Group" means a single legal entity through which one or more Members engage in professional practice and are compensated for their professional services.

"Rules" mean the Rules and Regulations of the Medical Staff, adopted by the MEC and approved by the Board.

"Special Notice" means written notice that is (a) delivered personally, (b) sent by certified mail, return receipt requested, or (c) sent electronically, to the person to whom the notice is directed.

The "staff year" is April 1 through March 31.

Terms used in these Bylaws shall be read as the singular or plural, as the context requires. Where the masculine gender is used, the term represents either the masculine or feminine gender. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws. References to the Chief of Staff, Department Chief and Division President include their respective designee when the named individual is not available.

ARTICLE I - NAME

Section 1 - Name of the Organization

The name of this organization shall be "The Medical Staff of Oakwood Southshore Medical Center".

ARTICLE II - MEDICAL STAFF MEMBERSHIP

Section 1 - Nature of Membership

Membership on the Medical Staff of Oakwood Southshore Medical Center is a privilege which shall be extended only to professionally competent allopathic and osteopathic physicians, dentists, oral/maxillofacial surgeons, podiatrists and other professionals who continuously meet the qualifications, standards and requirements set forth in these Bylaws and in the Rules and Regulations and Medical Staff Policy Manual.

Section 2 - Qualifications for Membership

A. Basic Qualifications. Only Practitioners who can document their character, health, experience, training, demonstrated current professional competence, judgment, adherence to the ethics of their profession, and ability to work cooperatively with others, such that the Medical Staff and the Board are assured that they will furnish quality care in a manner that promotes a safe, cooperative and professional health care environment, shall be eligible for Medical Staff membership. No Practitioner shall be entitled to Medical Staff membership or to particular Clinical Privileges merely by virtue of being licensed to practice in this or any other state, or being a member of any professional organization, or holding or having held such privileges at another hospital.

B. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he will abide by the principles of medical ethics of the American Medical Association, by the Code of Ethics of the American Dental Association, by the Code of Ethics of the American Osteopathic Association or by codes applicable to other professionals as the same are amended from time to time. An Osteopathic physician subscribes to and utilizes the distinctive osteopathic approach in the provision of care. Each member shall also agree to strive to

maintain the applicable standards and to meet the applicable requirements of the Michigan Department of Public Health and the Joint Commission so that the Hospital may warrant full licensure and accreditation at all times. Each member shall pledge to provide for continuous care for his/her patients.

C. An applicant for membership on the Medical Staff must have met all requirements for and be licensed to practice in the state of Michigan. New members applying to the Southshore Medical Staff must be board eligible if they are a recent resident graduate, or Board Certified.

   EXCEPTION: General Practice/Family Practice practitioners who completed their training/residency prior to 1987.

   All recent graduates must have completed all of the residency or specialized training required for admission to the examination of such a certifying board and must achieve board certification within five years from the date of initial eligibility as defined by the specialty board. Failure to obtain board certification within the prescribed time will result in an automatic voluntary resignation from the medical staff.

   All board certified allopathic, osteopathic, podiatric, and oral/maxillofacial physicians appointed to the Medical Staff after 4/10/2000 must maintain board certification. Those with time-limited certification must achieve re-certification in their primary specialty and/or sub-specialty within two years of the expiration date of their current certification certificate except under extenuating circumstances.

D. All applicants, regardless of race, color, sex, national origin, or creed, shall be equally considered for membership on the Medical Staff.

E. Any physician appointed or employed by the Hospital or the Governing Board for any purpose must apply for Medical Staff membership and be accepted before such appointment or employment is binding, such appointee shall agree to abide by the Bylaws and the Rules of the Medical Staff.

   Upon termination of the agreement or upon termination of the association or employment, the Medical Staff membership and clinical privileges of such physicians shall terminate. The physician shall have the right to appeal the loss of privileges as provided in these Bylaws unless otherwise stated by contract with the physician or the individual or corporation having such contract.

F. Residents or fellows in training in the hospital, functioning under the auspices of their medical education training program, shall not hold membership on the Medical Staff and shall not be granted specific clinical privileges. Rather, they shall be permitted to function clinically in accordance with the written training policies developed by the

Medical Education Committee in conjunction with the residency-training program. The policies must delineate the roles, responsibilities and patient care activities of residents and fellows, including but not limited to writing patient orders, under what circumstances they may do so, and what entries a supervising physician must complete and countersign. The policies must also describe the mechanisms through which residency program directors make decisions about a resident's progressive advancement and independence in delivering patient care.

Section 3 - Application for Appointment

A. Application Form. All applications for appointment to the Medical Staff shall set forth the applicant's professional qualifications, provide professional references (including peer references), designate the Clinical Privileges desired, provide the applicant's certification regarding his health status, and provide information regarding malpractice experience. The application shall provide information as to whether the applicant has ever been charged, convicted of, or pled no contest or guilty to, a misdemeanor related to professional practice or a felony and information as to whether any of the following has ever been or is in the process of being denied, revoked, suspended, limited, reduced, not renewed or voluntarily relinquished: (i) membership or clinical privileges at any other hospital or health care facility; (ii) specialty board certification or eligibility; (iii) license to practice any profession in any jurisdiction; (iv) Drug Enforcement Administration controlled substance registration; (v) license to prescribe controlled substances in any jurisdiction; or (vi) participation in Medicare or Medicaid. The application shall also contain an acknowledgement that the applicant has received these Bylaws and agrees to be bound by them whether or not he is granted Medical Staff membership or Privileges. If required by Medical Staff Policy, the applicant shall submit a clinical practice plan that addresses the criteria defined in Medical Staff Policy.

B. All staff members and applicants shall be required to agree that the submission of an application (whether an original application or an application for reappointment) constitutes the following:

1. The applicant or staff member's agreement to abide by these Bylaws and the Rules and Regulations;

2. The applicant or staff member's agreement that the decision of the Governing Board on this or any other application or proceeding concerning his appointment or privileges shall be final and binding;

3. The applicant or staff member's authorization for any member of the Administration, the Credentials Committee, the Executive Committee or the Governing Board to consult with any member of the staffs or administration of any other hospital with which the applicant or staff member has been associated concerning his professional ethical

qualifications and competence, or to consult with any other person or entity which may have information bearing thereon, to receive and utilize any report or information received in response thereto, and to inspect and copy any and all records made at any such hospital or other entity which may be material to his qualifications and competence; and the applicant or staff member's further agreement to release any such other hospital entity or person, its employees and agents, from any and all liability for the transmittal in good faith and without malice of any information bearing on the applicant or staff member's qualifications and competence, in connection with any such request;

4. The applicant or staff member's agreement to appear upon request before the Credentials Committee, the Executive Committee or the Department Chief concerning this application, or any subsequent application for renewal or extension of appointment and privileges, in connection with any proceedings to rescind the applicant or staff member's appointment or to restrict or terminate any privileges which may be granted;

5. The applicant or staff member's agreement to release the Hospital, its agents and employees, and all members of the Governing Board, Administration and Medical Staff from all liability for any statements made or any action taken in good faith and without malice by any person in connection with the consideration of this or any other application, in connection with any proceedings for reappointment, advancement, denial or rescission of appointment, reduction, suspension or termination of privileges, or transfer to any other division of the Medical Staff, pursuant to this or any other application for appointment or reappointment, and in connection with any other form of review of the professional practices of Medical Staff members in the hospital.

6. The applicant or staff member's agreement to release the Hospital, its agents and employees and all members of the Governing Board, Administration and Medical Staff from all liability for forwarding to any other hospital to which the applicant or staff member has applied for privileges any information concerning his appointment, reappointment, advancement denial or rescission of appointment, his privileges, the extension, reduction, suspension or termination of his privileges, any other form of disciplinary action or his transfer to any other division of the staff;

7. The applicant or staff member's agreement that, in any proceeding in which his physical or mental health is at issue, a request for a hearing shall constitute a waiver in favor of the Hospital, its agents and employees, and all members of its Governing Board, Administration

and Medical Staff of any medical or physician-patient privilege relating to such physical or mental condition, whether such privilege is granted by the statutes or case law of the State of Michigan or any other jurisdiction, and a release of any physician hospital or other person or entity from any and all liability for the release of information which, except for such waiver, would be privileged and confidential.

8. The applicant acknowledges that the provisions of this Article are express conditions to an application for Medical Staff membership, the continuation of such membership, and to the exercise of clinical privileges at the Hospital.

9. The applicant's agreement to comply with the requirement that a physical examination and medical history be completed and documented for each patient, no more than thirty (30) days before or twenty-four (24) hours after an admission or registration but before surgery or a procedure requiring anesthesia, by an individual who holds Privileges to perform histories and physicals. If the history and physical were performed before admission or registration, an updated examination of the patient must be completed and documented within twenty-four (24) hours after admission or registration but before surgery or a procedure requiring anesthesia, by an individual who holds Privileges to perform histories and physicals. Additional requirements regarding histories and physicals are contained in the Rules.

Section 4 - Procedure for Appointment

A. Application for Appointment to the Medical Staff shall be submitted electronically to the Corporate Credential Services (CCS) on a form prescribed by the Governing Board, and, after the applicant's credentials shall be referred to the Credentials Committee and to the Chief of the department in which the applicant is seeking privileges.

B. The applicant shall be interviewed by the Chief or Vice Chief of the applicable department, who shall submit a written appraisal to the Credentials Committee containing his recommendation concerning the possible appointment and privileges, if any, to be granted.

C. The Credentials Committee shall investigate the character, health, experience, training, qualifications, academic standing, office location, current professional competence and judgment, and ethical standing of the applicant and shall submit a report if its findings along with a copy of the appraisal of the Chief of the department to the Executive Committee, recommending that the application be accepted, deferred, or rejected. The Credentials Committee may also interview all applicants.

D. If the Credentials Committee recommends the appointment of the applicant, it shall include a recommendation of specific privileges to be granted to the applicant.

E. Upon receipt of the report of the Credentials Committee, the Executive Committee shall review the report, shall make its own additional investigation, if necessary, and shall thereafter recommend to the Governing Board, through the Chief of Staff or the Chief Executive officer of the Hospital, that the recommendations of the Credentials Committee concerning appointment and privileges be adopted, unless the Executive Committee disagrees with the report of the Credentials Committee, in which case it shall make its own recommendation to the Governing Board and deliver at the same time a copy of the report of the Credentials Committee and a copy of the written appraisal of the Chief of the department. In addition to all other factors considered by the Executive Committee, it may also consider the available bed space in the hospitals and the need for additional staff members with the skills and training of the applicant.

F. In all cases, the appraisal of the Chief of the department and the recommendations of the Credentials and Executive Committees shall set forth the specific reasons for the rejection or acceptance of the applicant.

G. Final authority for all appointments and for the granting of privileges shall be in the Governing Board. The Governing Board either shall adopt the recommendation of the Executive Committee or shall refer it back for further consideration. In the latter event, the Governing Board shall instruct its Secretary to state to the Executive Committee the reasons for such action. The Executive Committee may again make a recommendation to the Governing Board, which shall thereupon adopt or reject the recommendation for good cause.

H. When final action has been taken by the Governing Board, the Chief Executive Officer of the Hospital shall transmit the decision to the applicant and if the applicant has been accepted, shall secure his signature to these Bylaws and to the Rules and Regulations promulgated hereunder. Such signature shall constitute his agreement to be governed thereby.

I. In the event the applicant has not been accepted at the Board level, the applicant may request a hearing and appellate review pursuant to Article VI and the Fair Hearing Plan.

Section 5 - Assignment of Clinical Privileges

Appointment to the Staff shall also establish specifically the clinical privileges granted each new member. Such privileges will be determined in accordance with the standards set forth in Article IV hereof.

Section 6 - Terms of Appointment

All initial appointments and reappointments to the Medical Staff shall be for a period of up to three years.

Section 7 - Procedure for Reappointment

A. Reappointment Application. Each Member who desires reappointment to the Medical Staff shall submit a timely and complete reappointment application to the Corporate Credential Services (CCS) and following the verification of process submit to the Medical Staff Office in accordance with Medical Staff Policy. If a timely and complete reappointment application is not submitted, the Member's Medical Staff Membership and Privileges will expire at the end of the current term of appointment. The reappointment application will require submission of information that will allow a determination of whether the Member meets the ongoing qualifications for Medical Staff membership and for requested Clinical Privileges, including providing reasonable evidence of current ability to perform requested Privileges and information concerning any changes in the Member's qualifications since his last (re)appointment. A Member who does not comply with the board certification requirements stated in Article II, Section 2, if applicable, is not eligible for reappointment.

B. Reappointment Criteria. The reappointment process will include evaluation of:

1. The Member's professional performance and judgment.

2. The Member's current clinical and technical skills and competence to perform the Privileges requested, as measured in part by the results of the Hospital's performance improvement activities (including the results of Ongoing Professional Practice Evaluation), and as assessed by the applicable Department Chief.

3. Professional ethics and conduct, including compliance with the Bylaws, Rules, Medical Staff Policies (including those relating to medical record documentation) and applicable Hospital policies, and ability to work cooperatively with others at the Hospital.

4. All information supplied in the Member's reappointment application.

C. Processing Reappointment Applications. Applications for reappointment shall be processed in the same manner as initial applications, using the procedures described in relevant portions of Article II, Section 4 of these Bylaws, except interviews of the applicant are not routinely required. The consequences of failure to complete or follow Bylaw requirements during the reapplication process shall be identical to the consequences of failure to complete or follow requirements during initial application for

membership and Clinical Privileges. Reappointment shall be for a period of up to three years.

D. MEC Input Required. In no case shall the Board take action on an application for reappointment without first seeking the recommendation of the MEC with respect to the application.

E. Board Action. The Board shall take final action on applications for reappointment and renewal of Privileges, except that no final action may be taken with respect to any Member as to whom an adverse recommendation or decision has been made who has not either waived or completed the hearing and appellate review process provided for in Article VI, if applicable. The Member shall be bound by the terms of Article II, Section 3, Paragraph B in connection with all requests for reappointment.

ARTICLE III - DIVISIONS OF THE MEDICAL STAFF

Section 1 - The Medical Staff

The Medical Staff shall be identified by the following categories: Active, Affiliate, Ambulatory, Consulting, Emeritus, Honorary and Limited

Section 2 - The Active Medical Staff

Qualifications: The Active Medical Staff shall consist of those physicians, dentist, oral surgeons and podiatrist professionally based in the community, each of whom meet the basic qualifications as set forth in Article II, regularly admits patients to or is otherwise regularly involved in the care of patients in the community served by the hospital.

Prerogatives: Members of the Active Staff may:
1. Admit and exercise clinical privileges as granted under Article IV.
2. Vote on all matters presented at general and special meeting(s) of the medical staff, the department, section and committees of which one is a member.
3. Hold office in the staff and in the department, section and committees of which one is a member.

Responsibilities: Each member of the Active Staff shall:
1. Meet the basic responsibilities as outlined in these bylaws and retain responsibility within their area of professional competence for the care and supervision of each patient in the hospital or appropriate clinical setting.
2. Said individuals will provide these services or arrange a suitable alternative for such care and supervision.
3. Actively participate in quality management activities required of the staff, in supervising provisional appointees of their department, and in discharging such other staff functions as may from time to time be required.

4. Accept appointment to and serve on committees to which one has been appointed.
5. Pay dues and assessments as determined by the Medical Executive Committee
6. Be required to attend 50% of General Staff and department meetings.

Section 3 - The Emeritus Medical Staff

Qualifications: The Emeritus Staff shall consist of those members who have reached the age of 65, who have served a minimum of 10 consecutive years as a member of the Active, Affiliate or Consulting Staff, and who request transfer to Emeritus status.

Prerogatives: Members of the Emeritus Staff may:
1. Admit and exercise clinical privileges as granted under Article IV.
2. Not vote or hold elective office in the Staff or a department but may attend meetings of the staff and the department.

Responsibilities: Each member of the Emeritus Staff shall:
1. Meet the basic responsibilities as outlined in these Bylaws and retain responsibility within one's area of professional competence for the care and supervision of each patient in the hospital for whom one is providing services or arrange a suitable alternative for such care and supervision.
2. Participate in quality management activities required of the staff and discharge such other staff functions as may from time to time be required.
3. Not be required to attend departmental meetings but is expected to attend meetings of those committee(s) of which they are a member.
4. Not pay dues or assessments.

Section 4 - The Consulting Medical Staff

Qualification: The Consulting Staff shall consist of those physicians, dentists, oral surgeons, and podiatrists who are held in high regard in the medical community and are recognized as experts in their respective field, who meet the basic qualifications as set forth in Article II. The Credentials Committee may propose the granting of this special category of membership only upon recommendation of the respective Department Chief.

Prerogatives: Members of the Consulting staff may:
1. On the request of a patient's attending staff member, see patients, write orders and provide consultative care as requested and indicated by the patient's condition.
2. Not admit patients, but if consulted by an Attending physician may exercise clinical privileges as granted under Article IV.
3. May attend meetings of the staff and the department.
4. Not vote on matters presented at general and special meetings(s) of the medical staff or the department, however, may be appointed to committees and may vote at such committee meetings.

Responsibilities: Each member of the Consulting Staff shall:

1. Meet the basic responsibilities as outlined in these Bylaws and retain responsibility within their area of professional competence for the care and supervision of each patient in the hospital for whom they are providing services or arrange a suitable alternate for such care and supervision.
2. Participate in quality management activities required of the staff and discharge such other staff functions as may from time to time be required.
3. Accept appointment to and serve on committees to which the member has been appointed.
4. Not be required to attend departmental meetings but is expected to attend meetings of those committee(s) of which they are a member.
5. Pay dues and assessments as determined by the medical staff.

Section 5 - <u>The Affiliate Medical Staff</u>

Qualifications: The Affiliate Staff shall consist of those physicians, dentists, oral surgeons and podiatrists each of whom meets the basic qualifications as set forth in Article II, who wishes to attend occasional patients in the Hospital, but who do not otherwise participate actively in the work of the Hospital. Affiliate members will be professionally based in the community served by the hospital.

Prerogatives: Members of the Affiliate Staff may:

1. Admit and exercise inpatient clinical privileges as granted under Article IV. Affiliate members with no clinical activity will be ineligible to apply for reappointment to this category.
2. Not vote on matters presented at general and special meeting(s) of the medical staff or the department. However, may be appointed to committees and may vote at such committee meetings.

Responsibilities: Each member of the Affiliate staff shall:

1. Meet the basic responsibilities as outlined in these bylaws and retain responsibility within one's area of professional competence for the care and supervision of each patient in the hospital for whom one is providing services or arrange a suitable alternative for such care and supervision.
2. Participate in quality management activities required of the staff and discharge such other staff functions as may from time to time be required.
3. Accept appointment to and serve on committees to which the member has been appointed.
4. Not be required to attend departmental meetings but is expected to attend meetings of those committee(s) of which he is a member.
5. Pay dues and assessments as determined by the medical staff.

Section 6 - <u>The Honorary Medical Staff</u>

Qualifications: The Honorary Staff shall consist of those physician members who have served, at one point, as a member of the medical staff, and contributed to the growth and

mission of the hospital and who wish to retain their Medical Staff membership but who do not wish to admit and treat patients in the hospital.

Prerogatives: Members of the Honorary staff may:

1. Attend meetings of the staff.
2. Not vote on matters presented at general and special meeting(s) of the medical staff.
3. Attend CME programs.
4. Not hold office in the staff, the department or committees of which they are a member.
5. Not admit or treat patients in the hospital.
6. Not pay dues or assessments.

Section 7 – <u>The Limited Medical Staff</u>

Qualifications: The Limited Staff shall consist of those physicians who meet the basic qualification for membership as outlined in Article II, Section 2A, and are employed by the hospital as physicians providing moonlighting services. In addition, the Limited staff shall include physician assistants, nurse practitioners, Certified Registered Nurse Anesthetists (CRNA), nurse midwife, physician employed/contracted registered nurse and psychologists as detailed in the Medical Staff Policy. Limited staff membership is for a limited tenure. Staff membership automatically ceases when employment ends. They shall perform duties as defined in the delineation of privileges and approved by the appropriate medical staff department chief.

Prerogatives: Members of the Limited Staff may:

1. Not admit patients or be the Attending physician of record.
2. Be subject to any and all disciplinary actions provided by the Limited Staff Policy.
3. Only have those hearing rights as set forth in the Limited Staff Policy.
4. Not attend general, department, committee and special meetings of the medical staff.

Responsibilities: Each member of the Limited Staff shall:

1. Abide by departmental and staff rules and regulations.
2. Pay dues and assessments as determined by the Medical Executive Committee.
3. Complete a formal application process to join the medical staff in any other category of membership and cannot hold membership and/or privileges in more than one staff category at the same time.

Section 8 – <u>The Ambulatory Medical Staff</u>

Qualifications: The Ambulatory Staff shall consist of those physicians, dentists, oral surgeons and podiatrists each of whom meets the basic qualifications as set forth in Article II, who chooses not to personally admit or care for patients in the hospital. Ambulatory members will be professionally based in the community served by the hospital and shall be employed by Beaumont Health or in private practice.

Prerogatives: Members of the Ambulatory Staff may:

1. Not admit or exercise inpatient clinical privileges at this Hospital.
2. May vote on matters presented at general and special meeting(s) of the medical staff or the department provided that they have attended 50% of general staff and department meetings.
3. May be appointed to committees and may vote at committee meetings.
4. May hold office on the staff, one of its departments, sections or committees provided that they have attended 50% of the general staff and department meetings.

Responsibilities: Each member of the Ambulatory Staff shall:

1. Meet the basic responsibilities as outlined in these bylaws and retain responsibility within one's area of professional competence for the ambulatory care and supervision of each patient for whom they are providing services.
2. Participate in quality management activities required of the staff and discharge such other staff functions as may from time to time be required.
3. Accept appointment to serve on committees to which the member has been appointed.
4. Attend staff and department meetings but not required to.
5. Pay dues and assessments as determined by the medical staff.
6. Complete a formal application to join the Medical Staff in any other category of membership and cannot hold membership and/or privileges in more than one staff category at the same time.

ARTICLE IV - CLINICAL PRIVILEGES

Section 1 - Criteria for Determining Clinical Privileges

A. Privileges Are Required. Each Member shall exercise only those Clinical Privileges granted to him by the Board upon recommendation of the Credentials Committee and MEC, except as otherwise permitted by Article IV, Section 2.

B. Criteria. Requests for Privileges shall be evaluated on the basis of the factors and categories of information listed in Article II. Requests for Clinical Privileges shall also be evaluated in light of observed clinical performance and judgment, current competence to exercise such Privileges, and the results of quality review evaluation and monitoring activities, including relevant Practitioner-specific data as compared to aggregate data and morbidity and mortality data, when available. Privilege determinations shall also take into account pertinent information concerning clinical performance obtained from other sources, especially from other institutions and health care settings where the Practitioner has exercised clinical privileges. The Practitioner has the burden of establishing his qualifications and competency in the Clinical Privileges he requests, in accordance with Medical Staff Policy.

C. Privilege Modification. A Member may request an increase in Privileges during the term of his appointment by submitting a written request in accordance with Medical Staff

Policy. Any such request will be processed using substantially the same procedures as for a request for reappointment.

D. <u>New Professional Practice Evaluation</u>. Privileges granted to initial applicants and additional Privileges granted to a Member in connection with reappointment or a mid-appointment request for additional Privileges shall be subject to New Professional Practice Evaluation as provided in Medical Staff Policy.

E. <u>Dentists and Podiatrists</u>

1) Privileges granted to dentists shall be based on their character, health, training, experience, academic standing and demonstrated current professional competence and judgment, and ethical standing. The scope and extent of surgical privileges to be granted to each (oral-maxillofacial surgeons, other dental specialties and dentists) shall be specifically delineated and granted in the same manner as all other surgical privileges. Patients of oral-maxillofacial surgeons shall be directly admitted to the hospital under the name of that particular oral maxillofacial surgeon. All oral maxillofacial and dental patients shall receive the same medical appraisal and clearance as patients admitted to other services, either prior to admission or at the time of admission before any surgical procedure. A physician Member of the Medical Staff shall be responsible for the care of any medical problem that may arise during the hospitalization and/or procedure and his name shall be entered on the medical record at the time of admission by the dentist. Consultation with a physician Member of the Medical Staff shall be required whenever medical complications are present.

2) Privileges granted to podiatrists shall be based on their character, health, training, experience, academic standing and demonstrated current professional competence and judgment and ethical standing. Podiatrists shall be assigned to the Section of Podiatry in the Department of Surgery. Podiatrists shall be limited to the diagnosis, surgical and adjunctive treatment of diseases, injuries, defects and preventative care of the foot and ankle as specified for each individual in his delineation of privileges. Either prior to admission, or at the time of admission before any surgical procedure, the podiatrist shall ensure that a physician Member of the Medical Staff conducts an adequate medical evaluation of the patient. A physician Member of the Medical Staff shall be responsible for the care of any medical problem that may arise during the hospitalization and/or procedure and his name shall be entered on the medical record at the time of admission by the podiatrist. Consultation with a physician Member of the Medical Staff shall be required whenever medical complications are present.

F. Privileges granted to other health professionals shall be based on their character, health, training, experience, licensure or certification, academic standing and demonstrated current professional competence and judgment, and ethical standing. The scope and extent of privileges to be granted to each

health professional shall be specifically delineated in the same manner as all other privileges. No patient shall be admitted to the Hospital solely under the care of such other health professional, but each patient shall be admitted by a physician member of the Medical Staff who shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization. All patients so admitted shall receive the same basic medical appraisal as all other patients.

Section 2 – Temporary, Emergency, and Disaster Privileges

A. In case of emergency, any Medical Staff member attending the patient, to the degree permitted by his license and regardless of service or staff status, shall be expected to do and to be assisted by Hospital personnel in doing everything possible to save the life of the patient, including the calling of such consultation as may be necessary and available. For the purpose of this section, an "emergency" is defined as a condition in which serious permanent harm may result to the patient or as a condition in which the life of the patient is in immediate danger and any undue delay in administering treatment might add to that danger.

   When the emergency situation no longer exists, such Medical Staff member must either request the privileges necessary to continue treatment or arrange for the patient to be assigned to an appropriate member of the staff. If such privileges are either denied or not requested, the patient shall be assigned to an appropriate member of the staff.

B. Temporary Privileges: A licensed physician may be granted temporary privileges (specified in writing and signed by the licensee and the Chief of the Department) upon the concurrence of the Administration of the Hospital, the Chief of the Department and/or Chief of Staff (or in the latter's absence or unavailability any two members of the Executive Committee and/or Credentials Committee). Such privileges shall be granted for no more than one hundred twenty (120) days duration. Temporary privileges shall be granted only when the information available reasonably supports a favorable determination regarding the requesting practitioner's qualification, ability and judgment to exercise the privileges requested, and only after the practitioner has provided evidence of professional liability insurance in an amount consistent with Medical Staff policy. Such persons shall be subject to supervision of the Chief of the Department or his designate. Such privileges may be summarily revoked, without prior notice and without the right to a hearing, by the Administration of the Hospital, the Chief of the Department, or the Chief of Staff. Temporary privileges may be granted in the following circumstances:

   1. Pendency of Application. After an application for staff appointment has been approved by the Credentials Committee, a request for specific temporary privileges has been received from the applicant, and in accordance with the

conditions specified in Article II of the Bylaws, an appropriately licensed applicant may be granted temporary privileges during the pendency of the application. In exercising such privileges, the applicant shall act under the supervision of the Department Chief or his designee to which the applicant is assigned.

2. Temporary Consulting Privileges. These privileges may be granted to a licensed physician, dentist, oral/maxillofacial surgeon, or podiatrist who is not a member of the Medical Staff who may be called upon to offer a medical opinion or provide care for one or more specific patients at the request of the patient's attending medical staff member. Temporary consulting staff privileges shall be granted on a case-by-case basis by the Chief of Staff on the recommendation of the Chair of the Credentials Committee and the appropriate departmental chief. Temporary consulting privileges automatically terminate at the end of the consultation or care provided to the specific patient.
3. Locum Tenens. Upon receipt of a written request from an active member of the medical staff, and completion of the required application, an appropriately licensed practitioner who is serving as locum tenens for a member of the medical staff, or to fulfill a patient care need, may without applying for membership on staff, be granted temporary privileges for no more than one hundred twenty (120) days duration.

C. Disaster Privileges. In the event of a disaster requiring activation of the emergency management plan and exceeding the ability of the professional resources of the Hospital to meet immediate patient needs, the hospital Incident Commander, or designee, will first consider utilizing physician and allied health medical staff members with privileges at any OHS facility, since primary source verification will have already been completed for these practitioners. The hospital Incident Commander, or designee may then implement a modified credentialing and privileging process for eligible licensed volunteer practitioners present and able to assist in the care of patients. Any grant of temporary disaster privileges shall be consistent with the Medical Staff Policy for "Credentialing Practitioners in a Disaster" ("Policy"). "Disaster" for purposes of this section means an emergency situation created by natural causes (e.g., tornado, earthquake, thunderstorm or snow storm) or other causes (e.g., bomb, explosion, fire, mass shooting, biologic or chemical event) resulting in a significant number of injured or ill patients being received by the Hospital and an evident risk that persons may not receive timely professional treatment.

ARTICLE V - RESCISSION OF APPOINTMENT AND REDUCTION, RESTRICTION OR SUSPENSION OF PRIVILEGES

The following procedure is only applicable to Active, Consulting, Affiliate, and Emeritus medical staff members. Medical Staff membership and prerogatives for Honorary medical staff members shall be subject to the discretion of the MEC and the Governing Board without hearing or appeal.

Section 1 - Procedure

A. In any case in which any staff member is suspected of violating the ByLaws, Rules and Regulations of the Medical Staff or of the Hospital or rendering deficient patient care, a request to initiate proceedings to rescind the staff member's appointment or to reduce, restrict or suspend his privileges may be initiated in writing to the Executive Committee of the facility or division of the Medical Staff at which the violation or deficient patient care is suspected to have occurred. Such request must contain specific allegations giving rise to the request. Such a request may be initiated by any committee described in Article IX of these Bylaws, chairmen of clinical departments, the Chief of Staff or the Governing Board.

B. Such a request will be referred to the Chief of Staff, Chief Medical Officer and the Departmental Chief, who will jointly appoint an Ad Hoc Departmental Committee. If there is not unanimous agreement, the Medical Executive Committee will appoint the ad hoc committee. In the cases of summary suspension the staff member may request that the matter proceed directly to a hearing.

C. Within (30) thirty days of receipt of such request, the Ad Hoc committee will report its findings through the departmental Chief or the Executive Committee. Prior to making the official report, the involved staff member will be notified of such pending action and the general nature of the matter under investigation, and will be granted the opportunity to meet with the Ad Hoc Committee to discuss the matter. This will be a meeting for information only and will not constitute a hearing. The record of the proceedings of such meeting will be kept and forwarded to the Executive Committee with the Committee's official report.

D. Within thirty days of receipt of the Ad Hoc Committee's report, the Executive Committee shall make a preliminary determination. If the determination could result in the reduction, restriction or suspension of clinical privileges or in rescission of the staff member's appointment, the affected member will be notified in writing and granted an appearance before the Executive Committee at it s next regular session to discuss, explain or refute the charges, but this appearance will in no way constitute a hearing. If the staff member appears, such appearance will be completed before final action is taken. A record of the proceedings of such appearance will be kept.

E. The Executive Committee may reject or modify the recommendation of the Ad Hoc Committee, issue a letter of warning, admonition or reprimand, impose terms of probation, consultation requirements or other conditions on the staff member's appointment, recommend reduction, restriction or suspension of clinical privileges or recommend rescission of Medical Staff

membership.

F. Any recommendation by the Executive Committee for reduction, restriction or suspension of clinical privileges or for rescission of Medical Staff membership shall entitle the staff member to request a hearing and appellate review, as provided in these Bylaws.

Section 2 - <u>Summary Suspension</u>

In any case in which immediate action must be taken to protect the life of any patient or patients or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient or patients within the Hospital, the Executive Committee, Chief of Staff, or Chief of Department, acting jointly or independently, may summarily suspend or restrict the privileges of or impose supervision upon a staff member, have all rights to a hearing and appellate review afforded under these Bylaws before any such summary action becomes permanent and final. It shall be the responsibility of the Chief of Staff, the Chief of the Department and the Administration of the Hospital to make adequate provision for the care of any patient formerly under the care of such a staff member. A summary suspension shall continue until completion of the hearing and appeal procedure unless lifted or modified by the Executive Committee at the request of the staff member.

Section 3 - <u>Automatic Suspension</u>

A. <u>License</u>. All Privileges of a Member shall be automatically suspended if his professional license is suspended or revoked by the State of Michigan. The Chief of Staff shall enforce such automatic suspension.

B. <u>Delinquent Medical Records</u>. In accordance with the Rules, Privileges are automatically suspended for failure to complete medical records within the periods prescribed by the Rules.

C. <u>Loss of Malpractice Insurance</u>. In accordance with Medical Staff Policy, Privileges are automatically suspended if a Member has an interruption in malpractice insurance coverage that is longer than the period permitted by Medical Staff Policy.

D. <u>Federal Program Exclusions.</u> Exclusion of a Practitioner from a federal or state health care program shall cause an automatic suspension of the Practitioner's Medical Staff membership and clinical privileges. If a Practitioner remains excluded from a federal or state health care program for more than ninety (90) days, the individual's Medical Staff membership and clinical privileges at the Hospital shall terminate automatically.

E. <u>Notice</u>. If a Member's Privileges are automatically suspended, the Medical Staff Office shall notify the Member of the suspension in writing, after notifying the Chief of Staff.

Section 4 - Leave of Absence

A. Leave Status. A Member in good standing may request a leave of absence from the Medical Staff for up to 36 months by submitting a written request to the Chief of Staff, stating the proposed duration and reason(s) for the leave. The MEC will recommend to the Board that the request be granted or denied, and the Board will take final action on the request. Conditions and/or limitations may be imposed on a leave of absence. All records for which the Member is responsible shall be timely completed. Members on leave of absence may not exercise Privileges, vote, hold office, or serve on committees, and will not be required to attend meetings or pay dues.

B. Reinstatement. At least 90 days prior to expiration of the leave of absence, or at any earlier time, the Member may request reinstatement of Privileges by submitting a written notice to that effect to the Chief of Staff. The Member shall also submit a written summary of the Member's relevant activities during the leave. If the leave of absence is related to illness, the Member shall submit a letter from the Member's attending Physician stating that the Member is physically and mentally able safely to resume full professional practice. A request for reinstatement shall be submitted and processed in the manner specified for reappointment to the Medical Staff. Failure to make a timely request for reinstatement or to provide a requested summary of activities or other requested information shall result in automatic non-disciplinary termination of Medical Staff membership; the Practitioner may later apply for Medical Staff membership and will be treated as a new applicant. A Member whose request for reinstatement from a leave of absence is denied by the Board shall be entitled to the hearing and appeal rights provided by Article VI.

C. Expiration of Appointment. If a Member's term of appointment will expire during a leave of absence, the Member may apply for reappointment during the leave in accordance with Article II, Section 6. The Board may condition reappointment on the Member submitting, at the time of requested reinstatement, acceptable evidence of the Member's ability to perform the Privileges granted or satisfying other specified requirements. Reappointment of a Member while on leave of absence does not guarantee that the Member’s request for reinstatement from leave of absence will be granted. If a Member on leave of absence does not submit a timely application for reappointment, Medical Staff membership will expire; the Practitioner may later apply for Medical Staff membership and will be treated as a new applicant.

ARTICLE VI - HEARING AND APPELLATE REVIEW PROCEDURE

Active, Consulting, Affiliate and Emeritus Staff Members as well as applicants for appointment to the Medical Staff, who are subject to an Adverse Recommendation or Action (as defined in the Medical Staff Fair Hearing Plan (“Plan”)) shall be entitled to the hearing and appellate process set forth in this Article. Capitalized terms used in this Article

are defined either in these Bylaws or in the Plan. As further explained in the Plan, the hearing and appellate process includes the following:

A. Notice of Adverse Recommendation or Action. A Practitioner against whom an Adverse Recommendation or Action has been taken shall promptly be given notice of such Adverse Recommendation or Action, his or her right to request a hearing in the manner described in the Plan, and a summary of his or her rights at the hearing.

B. Request for Hearing. A Practitioner shall have thirty (30) days following his or her receipt of a notice pursuant to Article VI, Paragraph A to request a hearing in the manner described in the Plan.

C. Scheduling and Notice of Hearing. Upon receipt of a timely request for hearing and appointment of the Hearing Panel in the manner provided for in Article VI, Paragraph B and scheduling of the hearing, the Division President shall send the Practitioner a Notice of Hearing, the contents of which are specified in the Plan.

D. Hearing Procedure. The hearing shall be held before the Hearing Panel appointed in accordance with Article VI, Paragraph E. During a hearing, the Practitioner shall have the right to: (1) representation by an attorney or other person of the Practitioner's choice; (2) call, examine, and cross-examine witnesses; and (3) present evidence determined by the presiding officer to be relevant. Upon completion of the hearing, the Practitioner shall have the right to: (1) receive the written recommendation of the Hearing Panel; and (2) timely notice of all subsequent MEC and Board actions with respect to the Adverse Recommendation or Action that prompted the hearing.

E. Composition of Hearing Panel. The hearing shall be conducted by a Hearing Panel appointed jointly by the Chief of Staff and the Division President. The Hearing Panel shall be composed of three (3) members, at least two (2) of whom shall be Members of the Medical Staff and satisfy the additional criteria stated in the Plan.

F. Notice of Action by Board. Upon receipt of the Hearing Panel's report, a Notice of Board Review shall be sent to the Practitioner and, if applicable, to the MEC. The Notice of Board Review shall inform the parties of their rights to provide written statements and request oral argument, as described in the Plan.

G. Board Review Body. The Board as a whole may conduct the Board Review, or it may delegate this function to a standing or special committee of the Board.

H. Final Action of the Board. After the Board's receipt of the Hearing Panel's report, the Board shall consider the matter (including findings of the Board Review Body, if any) and affirm, modify, or reverse the original Adverse Recommendation or Action. The decision of the Board will be deemed final, subject to no further appeal. The action of

the Board and the basis therefore will be promptly communicated to the Practitioner and to the MEC.

I. Ambulatory and Honorary Staff. Ambulatory and Honorary Staff shall have no hearing and appellate right in the event of loss of membership or prerogatives, but may request an informal audience with the MEC, the granting of which is within the MEC's discretion.

J. Plan Consistency with Bylaws, Laws, and Regulations. Reference in the Bylaws to this Article shall be also be deemed to refer to the Plan. In case of any conflict between this Article and the Plan, this Article shall control. The Plan, which is a Medical Staff Policy, shall be consistent with the Health Care Quality Improvement Act and any other applicable laws and regulations affecting medical staff fair hearings.

ARTICLE VII - CLINICAL DEPARTMENTS

Section 1 - Departments

There shall be departments of the Medical Staff, with such divisions of each as the Executive Committee may establish.

Section 2 - Organization of Departments

A. The officers of each department shall be a Chief and Vice Chief. Their terms of office shall be three (3) years. Officers of each department shall not be elected for more than two consecutive three-year terms, after which an interval of at least three years must expire before he/she shall again be eligible for that office. Each officer serves until his successor is selected. This limitation shall not apply to officers in the hospital-based departments of Radiology, Pathology, Emergency and Anesthesia.

   To be eligible for nomination, the candidate must have no formal disciplinary actions taken or been subject to an investigation within the past five (5) years, must remain in good standing during their term of office and must have attended at least 50% of the Department meetings within the past two years.

   The Chief of the Department shall be certified in an appropriate specialty board that certifies a physician in a specialty relevant to the services provided in the department or is an active medical staff member in good standing with clinical privileges prior to April 10, 2000 and exempt from the board certification requirement. Oakwood Southshore Medical Center recognizes the member boards of the American Board of Medical Specialists or the American Osteopathic Association.

B. Department Chief's Duties. The Department Chief shall be responsible to the Chief of Staff and the MEC for the functioning of the department. The members of the

department shall be responsible to the Chief, and through him to the Chief of Staff. The Department Chief shall be responsible for the following activities within the department:

- Serve as a member of the MEC, if so designated in these Bylaws.
- Preside at meetings of the department.
- Report to the MEC and the Chief of Staff regarding all department professional and administrative activities.
- Oversee clinically related activities of the department.
- Oversee administratively related activities of the department, unless otherwise provided by the Hospital.
- Conduct continuing surveillance of the professional performance of all individuals in the department who have Clinical Privileges.
- Recommend to the MEC the criteria for Clinical Privileges that are relevant to the care provided in the department.
- Recommend Clinical Privileges for each Member of the Department and each Limited Staff member assigned to the department.
- Take appropriate action when important problems in patient care or clinical performance or opportunities to improve care are identified.
- Appoint such committees as are necessary or appropriate to conduct department functions and their chairs.
- Formulate recommendations for departmental rules and regulations for the proper operation of the department, subject to required approvals.
- Assess and recommend to the relevant Hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the Hospital.
- Integrate the department into the primary functions of the Hospital.
- Coordinate and integrate interdepartmental and intradepartmental services.
- Develop and implement policies and procedures that guide and support the provision of care, treatment, and services.
- Recommend a sufficient number of qualified and competent persons to provide care, treatment, and service.

- Determine the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services.

- Conduct continuous assessment and improvement of the quality of care, treatment, and services.

- Maintain quality improvement programs, as appropriate.

- Provide for the orientation and continuing education of all persons in the department.

- Recommend space and other resources needed by the department.

- Implement Medical Staff Bylaws and Rules, and actions taken by the MEC and pursuant to the Medical Staff Article of the Hospital Bylaws.

C. The Vice Chief of each department shall perform such duties as are delegated to him by the Chief of the Department. He shall act with full authority and responsibility in the absence of the Chief. The Vice Chief shall immediately succeed to the office of Chief if for any reason the Chief should resign or be removed.

D. Removal of the Chief of a department during his term of office may be initiated, with or without cause, by a two-thirds majority vote of all Active Staff members of the department, but no such removal shall be effective unless and until it has been ratified by the Executive Committee and by the Governing Board.

Section 3 - Functions of the Departments

A. Each department shall establish a Quality Assurance Committee responsible for conducting a review of records of patients and other pertinent departmental sources of medical information, relating to patient care and for selecting cases for presentation at the bi-monthly departmental meetings that contribute to the continuing education of every practitioner and to the process of developing criteria to provide quality patient care. Such review shall include a consideration of selected deaths, unimproved patients and patients with infections and complications. This committee shall also serve as the Departmental Audit Committee in conformity with applicable law to review, in a manner approved by the Executive Committee, patient care rendered by the department members. The Chairman of this department committee is a member of the Quality Assurance Committee of the Medical Staff.

B. Each department shall meet separately at least bi-monthly, to review and

analyze on a peer group basis the clinical work of the department, and shall report thereon to the Executive Committee.

C. Each department shall develop criteria for the granting of specific clinical privileges in that department and shall, through its Chief, make recommendations for the privileges to be granted to each Medical Staff member or applicant seeking privileges in the department. The Department of Family Practice shall establish its criteria in conjunction with the other clinical departments.

Section 4 - <u>Election of Officers in Departments</u>

A. The Chiefs of Anesthesia, Pathology, Radiology and Emergency Services shall be appointed by the Governing Board after consultation with the Executive Committee.

B. The other departments, as established by the Executive Committees, shall elect officers in alternate years. Elections shall be conducted in March following the same guidelines as in Article VIII, Section 2 – Election of Officers, B.

1. Two or more members of the department should be nominated as qualified to act as department officers by the members of the department at least one departmental meeting before the Annual Meeting. In the event that two (2) nominees cannot be identified, the office may be unopposed Elections shall be conducted by mail as with election of officers. In the event that an office is unopposed, ballots need not be mailed.

2. No more than one member of the same professional practice group may be nominated for the same office.

3. The candidate who receives a majority of the votes cast for Department Chief and Vice Chief shall be elected into office.

4. The above appointed and elected officers shall take office at the Annual Meeting or on May 1, whichever occurs first.

5. The names of the elected officers shall be forwarded to the Executive Committee for their information.

6. The Executive Committee may call a special election to fill the vacancy of Chief and/or Vice Chief. Such special election shall follow the procedure outlined above in headings 1, 2 and 3.

C. All departmental officers shall hold office until a successor is elected.

ARTICLE VIII - OFFICERS

Section 1 - Officers

The officers of the Medical Staff shall be the Chief of Staff, the Vice Chief of Staff, the Secretary/Treasurer, the Junior Member at Large and the Senior Member at Large. The terms of office for Chief of Staff, Vice Chief, Secretary/Treasurer, and Members at Large shall be for three years. The newly elected Member at Large is designated the Junior Member at Large. Officers shall not be elected for more than two consecutive three-year terms, for any one position. Each officer serves until his successor is selected.

Section 2 - Election of Officers

A. Election of Staff officers shall be from persons nominated as delineated in Article IX, Section 9.

B. Officers shall be installed into office by the membership of the Active Medical Staff at the Annual Meeting. The election of Chief of Staff, Vice Chief of Staff, Secretary/Treasurer and Junior Member at Large shall be accomplished by an in-person or electronic balloting process. In an election year, ballots will be available in the Medical Staff Office for a three (3) week period, emailed ballots shall be sent to the Medical Staff Members corporate email address on file, immediately following the March MEC meeting. These ballots shall be secured in the Medical Staff Office unopened until counted and tabulated by at least three (3) members of the Nominating Committee and the Medical Staff Secretary. After counting, the ballots will be secured in the Medical Staff Office for at least 30 days since they are the property of the Medical Staff. The results of the ballot count and tabulation shall be immediately known to the Chief of Staff who will inform the Executive Committee and the winning and losing candidates of the results. The election results shall be valid and binding based on the ballots received by the established due date. The candidate who receives a majority of the votes cast for Chief of Staff, Vice Chief of Staff, Secretary/Treasurer and Junior Member at Large shall be elected into office. If no candidate receives a majority of votes cast for an office, a second ballot shall be distributed to choose between the two candidates who received the highest number of votes. If a second election is required, written notice of the second election shall be posted at least 72 hours prior to having ballots available either paper or electronically in the Medical Staff Office in a manner similar to that described above.

   All Officers shall be elected for three (3) years and hold office for the time until a successor is elected.

Section 3 - Qualifications of Officers

Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their term of office. To be eligible for

nomination, the candidate must (1) be an active member of the Medical Staff for at least three years; (2) be board certified in their field of practice (and remain board certified during entire term of office); (3) have participated in Medical Staff affairs, as evidenced by active committee membership; and (4) not participate concurrently as an elected medical staff leader in any other health care institution or Corewell Health facility. In addition, candidates should have demonstrated good leadership and communication skills and have a willingness to participate in physician leadership continuing education programs.

Section 4 - Duties of Officers

A. The Chief of Staff shall serve as Chief Administrative Officer of the Staff and maintain liaison among the Medical Staff, the Administration and the Governing Board.

   1. He shall call and preside at all General Staff meetings.

   2. He shall call and preside at all Executive Committee meetings and vote in case of a tie.

   3. He may be invited as a guest to all Medical Staff committees at the request of the committee chairman, except the Nominating Committee, of which he shall not be invited.

   4. He may attend all the Regular Meetings of the Governing Board and shall report to the Board on matters of concern to the Medical Staff.

   5. He shall be responsible for the functioning of the clinical organization of the Hospital and shall supervise the review of the clinical work in all departments and committees.

   6. Except where otherwise provided elsewhere in these Bylaws, he shall appoint the Medical Staff members of all committees - Standing, Ad Hoc or Special.

   7. He shall be responsible for the enforcement of all Bylaws and Rules and Regulations and he must implement all disciplinary action against all Staff members, according to the procedures set forth in these Bylaws.

   8. He shall require that all procedural safeguards accorded to each staff member be followed in all cases of proceedings to rescind a Medical Staff appointment or to reduce, restrict or suspend clinical privileges.

   9. He shall be responsible for the educational activities of the staff, working in conjunction with the Director of Medical Education.

10. He shall be responsible in conjunction with the Executive Committee for the implementation of policies of the Medical Staff and the Governing Board.

11. He shall act in coordination with the Administration and Governing Board in all matters of mutual concern within the Hospital.

12. He shall be spokesman for the Medical Staff in its external professional and public relations.

B. The Vice Chief

1. He shall perform duties delegated to him by the Chief of Staff.

2. He shall attend all meetings of the Executive Committee.

3. He shall preside and function with the full authority and responsibility of the Chief of Staff in the Chief's absence and shall be succeeded immediately for the balance of his term in office by the Vice-Chief.

4. If the Chief of Staff is removed or shall resign, he shall be succeeded immediately for the balance of his term in office by the Vice Chief.

5. When the office of the Vice Chief of Staff is vacated for any reason, the Executive Committee shall call a special election to fill such vacancy. Such special election shall be held one week after publication of the list of two or more nominees. The nominations for Vice Chief of Staff shall be made by those members of the Medical Staff. Such elected Vice Chief, subject to the approval of the Governing Board, shall take office immediately and serve the remainder of the term.

6. He shall call meetings on the order of the Chief of Staff.

7. He may be invited as a guest to all Medical Staff committees at the request of the committee chairman, except the Nominating Committee, of which he shall not be invited.

8. Chairman of the Quality Council Committee.

C. The Secretary/Treasurer

1. He shall function as the Secretary/Treasurer of the Medical Staff.

2. He shall keep minutes of all General Staff meetings.

3. He shall attend to all correspondence and shall perform such other duties as ordinarily pertain to his office.

Section 5 - Removal of Officers

A. Any elected Medical Staff Officer may be removed from office (I) by a two-thirds majority vote of the members of the Active Staff eligible to vote; or (II) initiated by the Governing Board. Removal of any staff officer by a two-thirds majority vote of the members of the Active Staff shall not be effective until approved by the Governing Board. Medical Staff Officers may be removed for (1) failure to perform the duties of the position in a timely and appropriate manner; (2) failure to continuously satisfy the qualifications for the position; (3) physical or mental disability that renders the officer incapable of performing the essential functions of the position with reasonable accommodation; or (4) conduct damaging to the best interest of the Medical Staff or Hospital.

B. If the process of removal of a Medical Staff Officer is initiated by the Governing Board, the Officer must be given written notice of the specific deficiencies forming the basis for removal from office and a reasonable opportunity to correct the same. If the deficiencies are not corrected, removal of the Officer shall not be effective until the officer has been provided with a hearing before a joint committee of the Governing Board and Medical Staff. The conclusion of the hearing shall be binding.

ARTICLE IX - COMMITTEES

To further implement policies and procedures governing the Staff and the monitoring of its activities, the following committees are created and established to, among other duties, review the professional practices of the Staff members for the purpose of reducing morbidity and mortality and for the improvement of the care of patients in the Hospital.

Section 1 – Medical Executive Committee

The Executive Committee shall be composed of the Chief of Staff (who shall be Chairman), Vice Chief of Staff, Secretary/Treasurer of the Staff, the Department Chief, and two members at large. The Administrator shall be an ex-officio member of this committee but shall not vote. The immediate past Chief of Staff may be invited as a guest to the Executive Committee meeting, upon agreement of a majority of Committee members. The Committee should meet at least ten (10) times a year. The duties and authority of the Executive Committee are to:

A. Act on all matters of the Medical Staff business, except those that are otherwise delegated by provisions of the Medical Staff Bylaws;

B. Receive, coordinate and act upon, as necessary, the written reports and

recommendations of the departments and the standing and special committees directly responsible to it and hear oral reports from time to time as required or requested;

C. Receive and act on reports and recommendations from Medical Staff Committees and assigned activity groups;

D. Coordinate or oversee the activities of and policies adopted by the staff, departments and other clinical units and committees;

E. Implement the approved policies of the Medical Staff and monitor that such policies are implemented by the departments and other clinical units and committees;

F. Inform the Medical Staff on accreditation programs and the accreditation status of the Hospital;

G. Recommend to the Board, as required in these Bylaws, the appointments and reappointments, category and department assignments, clinical privileges and disciplinary action for members of the Medical Staff;

H. Take reasonable steps to insure professionally ethical conduct and competent clinical performance on the part of staff members, including investigations and initiating and pursuing disciplinary actions, when warranted;

I. Account to the Board for the quality and efficiency of medical care provided to patients in the Hospital;

J. Designate representative of the Medical Staff to serve on the Hospital committees, as required;

K. Review reports from the Hospital Quality Assurance Committee and the Utilization Committee.

L. To act on behalf of the Medial Staff in the interval between general Medical Staff meetings. This provision shall not grant the Medical Executive Committee the authority to take any action specifically reserved in the bylaws to be approved by the Medical Staff as a whole (e.g. Bylaw revisions).

M. Modification of Duties and Powers – The dues and powers delegated to the Executive Committee pursuant to these Bylaws may be modified by amending these Bylaws in accordance with Article XIV.

N. See Article VII, Section 2, Paragraph E and Article VIII, Section 5 for removal of Medical Executive Committee members.

Section 2 - Credentials Committee

The Chairman of the Credentials Committee shall be the Senior member at large. The Vice Chairman shall be Junior member at Large. The Credentials Committee shall consist of members of the Active Staff selected on a basis that will insure representation of the clinical specialties, and the Medical Staff at large. The Department Chiefs from each medical staff category shall be ex-officio members of the committee. The Committee shall be responsible for:

A. Reviewing the credentials of all applicants for original, renewed or privileges;

B. Obtaining and reviewing all peer recommendations, including department recommendations;

C. To the extent possible, considering additional information from other sources including the American Medical Association Physician Masterfile and the Federation of State Medical Boards Physician Disciplinary Data Bank. The Committee, at the direction of the Chairman, should meet at least ten (10) times a year or more often if the numbers of applications for initial appointment or reappointment require more meetings.

Section 3 - Medical Relations Committee

A. The Medical Relations Committee is a committee that can be called on an AdHoc basis to address specific issues related to Oakwood Southshore Medical Center. The Medical Relations Committee shall be composed of equal representation from the Governing Board and the Medical Staff. The Chief of Staff, the Vice Chief of Staff and two members of the Medical Staff Executive Committee selected by the Chief of Staff and approved by the Medical Executive Committee shall be members of the Medical Relations Committee. Other Medical Staff members may be invited to attend certain meetings because of matters under discussion wherein they may have special interest or information. This committee shall also convene to address matters of conflict and seek resolution.

Section 4 - Medical Staff Quality Assessment Committee

The Medical Staff Quality Assessment Committee shall consist of the Vice-Chief of Staff as Chairman, Jr. Member at Large as Vice Chairman and Vice Chief of each of the departments. The hospital quality management director shall serve in a supporting role to the committee. The scope of the Committee's activities is to address peer review issues. The Committee should meet at least quarterly and report its findings and recommendations to the Executive Committee of the Medical Staff.

Section 5 - Department Quality Assessment Committee

Each Medical Staff department shall have a department Quality Assessment Committee. The Committee shall consist of not less than three (3) members which will include the Vice Chief of each department and two members appointed by the Chief of each Department. Vice Chief of the department will serve as the Chairman of each Department Quality Assessment Committee and will be a sitting member of the Quality Council and the Medical Staff Quality Assessment Committee.

The scope of the Committee's activities is to address quality issues including drug utilization, documentation and completion of medical records, infection control, pharmacy and therapeutics, surgical case review, utilization, peer review and patient safety. The committee shall review quality assessment issues based upon pre-determined standards and shall report its findings and recommendations to the respective departments at the next department meeting.

The Department shall submit its reports to both the Quality Council and the Medical Staff Quality Assessment Committee as appropriate. Each department shall have the authority to institute preliminary investigative activity, i.e., requesting additional written information in an attempt to clarify any quality assurance issue. If resolutions cannot be accomplished at the departmental level, then issues should be referred to the Quality Council and/or the Medical Staff Quality Assessment Committee for further review and investigation as appropriate. The Medical Staff Quality Assessment Committee and Quality Council, after review and investigation, should make its recommendations to the Executive Committee of the Medical Staff for final action and disposition. Any recommendations for corrective actions and/or disciplinary actions should be referred by the clinical departments to the Medical Staff Quality Assessment Committee for their review and investigation and their recommendations are then forwarded to the Executive Committee of the Medical Staff for action and disposition.

Section 6 - Utilization Review Committee

The Utilization Review Committee shall consist of sufficient designated members appointed by the Chief of Staff to study the entire range of patients care services in order to determine those factors which insure proper, necessary and efficient use of the hospital services and facilities. It shall implement and operate the Utilization Review Program and review the appropriateness of/or clinical indications for services. With the assistance of the Quality Assurance Director, or his designee, it will analyze pattern data related to utilization on inpatient, ambulatory and clinical support services. In addition, it will further review quality of care questions and issues or cases which may be raised by peer review organizations or other reviewing agencies.

The Committee shall meet eight times minimally per calendar year and report to the Executive Committee of the Medical Staff.

Section 7 - Emergency Department Process Improvement and Patient Safety Committee

A. Shall consist of a physician who provides direct patient care in the emergency room on a regular basis, and a physician from each clinical department who is appointed by the Chief of Staff. The Administrator or his designee shall be an ex-officio member of the Committee.

B. Shall monitor, review and analyze the medical care being rendered in the hospital's emergency room. The Emergency Services Committee shall be responsible for the formulation, evaluation and improvement of all emergency room patient care and administrative procedures as approved by the Executive Committee.

C. Shall meet regularly and it shall maintain a record of its proceeding and activities.

Section 8 - Confidentiality

Confidentiality is essential to the effective professional review function of each of the above committees. Accordingly, all records, data and knowledge collected for or by the committees or individuals operating under the direction of such committees shall be confidential to the fullest extent as provided by law. All such records, data and knowledge shall be used only for the purposes for which the respective committees have been formed and shall not be public record.

Section 9 - Nominating Committee

The Chief of Staff shall appoint a Nominating Committee consisting of a representative of each department and two members at large at least forty-five (45) days before the Annual Staff Meeting at which an election of staff officers will be held.
They shall meet at least thirty (30) days before the Annual Staff Meeting and after obtaining the nominees' consent, propose for nomination at least two (2) of its staff members for each office or committee membership to be filled by election.

The Secretary of such Committee shall, at least fifteen (15) days before its Annual Staff Meeting, file a list of nominations as proposed with the Secretary/Treasurer of its staff.

This information shall be open to any member of such staff and, in the event any Staff member desires to place the name of any other staff member in nomination, he may do so by filing a nominating petition containing the name and office for which the nomination is made and signed by at least five (5) staff members, with the staff Secretary/Treasurer not less than four (4) weeks before the Annual Medical Staff Meeting.

Section 10 - Special Committees

The Chief of Staff may appoint such Special Committees as may be determined necessary or advisable and set forth the purpose and duty of any such Committee. Special Committees shall not usurp the power and duties of other committees and shall confine their activities to the duties assigned to them.

Section 11 - Bylaws Committee

This committee shall be appointed by the Chief of Staff. The committee shall review, at least every two (2) years, these Bylaws and submit recommended changes to the Executive Committees. The Bylaws Committee may propose Bylaws changes and shall review changes submitted.

Section 12 – Medical Education Committee

A. The Medical Education Committee shall be composed of the Directors of each graduate medical education program. A resident physician from each program nominated by his peers will also serve. The Director of Medical Education shall serve as Chairman and may designate additional members from those services that interface with the graduate and undergraduate educational programs such as, the medical library, OHS Foundation, other clinical department and legal affairs.

A. The Medical Education Committee is responsible for all undergraduate, graduate and postgraduate educational programs sponsored or affiliated with the Oakwood Healthcare System. It establishes and implements policies that affect all training programs regarding the quality of education and the work environment for students and residents in each program. The committee also shall establish and maintain appropriate oversight and liaison with program directors and with other institutions participating in affiliated programs.

C. The Medical Education Committee shall conduct regular reviews of all educational programs to assure their compliance with American Osteopathic Association requirements and will conduct similar reviews of continuing educational programs to assure compliance with Michigan Medical Osteopathic Association requirements. Results of all formal internal and external reviews of educational programs will be submitted to the Medical Executive Committee, as well as the Administration.

D. The Medical Education Committee is accountable to and must communicate periodically with the Medical Executive Committee and the Governing Board about the performance of its residents, patient safety issues, and quality of patient care and must work with the Medical Executive Committee to ensure that all supervising physicians possess clinical privileges commensurate with their supervising activities.

ARTICLE X - PROFESSIONAL PRACTICE REVIEW FUNCTIONS

Section 1 - Governing Board Authority and Functions

All professional practice review functions are carried out under the direction and authority of the Governing Board which is assigned and carries out professional practice review functions in receiving and acting on the reports and recommendations of all other committees and individuals assigned such functions. The Medical Staff Bylaw, Rules and Regulations and Policies shall not conflict with the Governing Body Bylaws.

Section 2 - Confidentiality of Information

A. In all professional practice review and quality assurance activities of the hospital, the records, data and knowledge collected for or by individuals or committees assigned a review function are to be used exclusively to enable an effective review of the professional practices in the hospital for the purposes of reducing morbidity and mortality and improving the care provided in the hospitals for patients. These records, data and knowledge are confidential and shall be used only for the purposes provided in Article 17 of the Michigan Public Health Code, shall not be public records and shall not be available for court subpoena.

B. As part of the professional practice review and quality assurance activities of the hospital, a copy of that portion of any written action, complaint, professional opinion or committee report generated in the course of such activities which analyzes the professional practices of a member of the Medical Staff shall promptly be forwarded to that member for review and response. Provided: Nothing in this paragraph shall be construed to require the forwarding of routine reports and correspondence generated in the ordinary course as a part of the hospital's ongoing professional practice review and quality assurance activities. Further, nothing in this paragraph shall be construed to require information about one physician to be provided to another.

ARTICLE XI - MEETINGS

Section 1 - Regular Meetings of the Medical Staff

A. Regular Meetings of the Medical Staff shall be held at least twice Annually, during the second quarter and fourth quarter of the calendar year. The meeting held during the second quarter shall be designated the Annual Meeting.

At the Annual Meeting, the Medical Staff shall hear the Annual Reports of all retiring officers and committees and in an election year, officers shall be installed for their ensuing terms. Business sessions of the staff shall be conducted by members of the Active Staff. Notice of the time, date and place of such meetings shall be posted on the bulletin board in the Physician's Lounge at least fourteen (14) days prior to the meeting.

B. The rules contained in Robert's Rules of Order, as revised from time to time, shall govern the proceedings of all meetings, established herein except where they are inconsistent with these Bylaws.

C. One third (1/3) of Active Staff membership shall constitute a quorum for the conduct of business at the regular Medical Staff meetings.

D. Members of the Active Medical Staff must attend at least fifty percent (50%) of General Medical Staff meetings. Excused absences such as sickness or absence from the community must be submitted to the Medical Staff Office. If one does not fulfill meeting requirement, they may be automatically transferred to a more appropriate staff category as defined by the Credentials Committee at time of reappointment in accordance with Article III.

Section 2 - <u>Special Meetings of the Medical Staff</u>

Special Meetings of the Medical Staff may be called at any time by the President of the Governing Board or the Chief of Staff. They shall be called at the request of the Governing Board, the Executive Committee, or upon written request of any five (5) members of the Active Medical Staff. At any Special Meeting no business shall be transacted except that stated in the notice calling the meeting. Notice of the Special Meeting shall be mailed to their primary office address to all Active.

A. The Agenda of a Special Meeting shall be:

    1. Reading of the notice calling the meeting

    2. Transaction of the business for which the meeting was called

    3. Adjournment

B. One third (1/3) of Active membership shall constitute a quorum for the conduct of business at a Special Meeting of the Medical Staff.

Section 3 - <u>Departmental Meetings</u>

Each department shall meet as often as necessary. The Chief of the Department shall call a meeting when he/she determines a need to address issues important to the Department and shall report thereon to the Medical Executive Committee. Records of these meetings shall be kept and become part of the records of the Medical Staff and be available for inspection. Notice of the time, date and place of each such meeting shall be posted.

A. The rules contained in Robert's Rules of Order, as revised from time to time, shall govern the proceedings of all meetings, established herein except where they

are inconsistent with these Bylaws.

B. Each Active staff member shall attend at least 50% of one's departmental meetings unless excused by the Department Chief for exceptional conditions such as sickness or absence from the community. Excuses must be submitted to the Medical Staff Office.

C. Quorum constitutes those present.

Section 4 - Committee Meetings

A. Committees shall meet as specified in the Bylaws and otherwise at the discretion of the Chairman, the Chief of Staff, the Governing Board, or on request of three or more members of the committee. Each committee member shall be notified at least fourteen (14) days before a meeting. For exceptional reasons, a meeting may be called on 48-hour notice to all members.

   1. Attendance at committee meetings shall be recorded.

   2. Records of attendance shall be forwarded to the Credentials Committee

   3. Unexcused absences without the permission of the Chairman totaling more than 50% of regular meetings may be grounds for rescission of appointment, or restriction or suspension of privileges by the Executive Committee.

B. One third (1/3) of a committee's membership shall constitute a quorum for the transaction of business.

C. Ex-officio members have all the rights and privileges as all other members but shall not be allowed to vote or be counted toward determining a quorum.

D. Minutes of committee meetings shall be kept and permanently filed. When possible, such minutes should be submitted to the Medical Staff Office not less than seven (7) days prior to the next scheduled Executive Committee meeting.

E. Within any committee of which physicians (and/or oral surgeons) are members and the business of the committee directly involves the practice of medicine (and/or oral surgery), non-physician members (and non-oral surgeon members) of the committee shall be present as consultants only. Consultants do not vote. The decision as to whether any business of a committee directly involves the practice of medicine (and/or oral surgery) is to be made by the physicians (and dental surgeons) of the committee.

F. It is the prerogative of the Chairman of any Medical Staff committee to excuse any non-physician members from the committee during consideration of sensitive

matters relative to individual physician-patient care.

ARTICLE XII

Section 1 - Confidentiality of Information

A. General

Records and proceedings of all Medical Staff committees having the responsibility of evaluation and improvement of quality of care rendered in the Hospital, including but not limited to, meetings of the Medical Staff meeting as a committee the whole, meetings of departments and divisions, meetings of committees established under Article IX and meetings of special or Ad Hoc committees created by the Medical Executive Committee (pursuant to Article IX) or by the Chief of the Medical Staff, Medical Executive Committee, or by departments (pursuant to Article VII) and including information regarding any member of applicant to this Medical Staff shall, to the fullest extent be permitted by law, be confidential.

B. Breach of Confidentiality

In as much as effective peer review and consideration of the qualifications of Medical Staff members and applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussion or deliberations of Medical Staff departments, divisions, or committees, except in conjunction with other hospitals, professional societies, or licensing authorities, is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operations of the Hospital. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

ARTICLE XIII - AMENDMENTS

Proposals to amend these Bylaws in any respect may be initiated by the Governing Board, the Chief Executive Officer of the Hospital or any member of the Active Medical Staff. Neither the Medical Staff nor the Governing Board may unilaterally amend these Bylaws.

Section 1 - Proposals by the Medical Staff

If any such proposal is made by a member of the Active Medical Staff, the procedure thereon shall be as follows:

A. He shall submit same in writing, signed by himself and at least five (5) other members of the Active Medical Staff, to the Secretary/Treasurer of the Medical Staff at least thirty (30) days prior to a Regular Meeting of the Medical

Staff or a Special Meeting called for that purpose. The proposed amendment shall then be published to the Medical Staff by the posting of same in the Physician's Lounge of the Hospital, and each Secretary/Treasurer shall mail a copy of same to each member of the Active Medical Staff.

B. Prior to the meeting of the Active Medical Staff, the Executive Committee shall consider the proposed amendment and shall prepare a written report of its recommendation in connection therewith for presentation at the meeting of the Active Medical Staff. At this meeting, the proposed amendment will be presented and the report of the Executive Committee pertaining thereto will be given. Amendment to the proposed amendment may be made upon recommendation of the Executive Committee. After discussion, the proposed amendment shall thereupon be submitted to vote by secret ballot, and the affirmative vote of a single majority of the Active Staff members present and voting shall be required to approve the proposed amendment.

C. Upon affirmative action by the members of the Active Medical Staff in the aforesaid manner, the proposed amendment, together with the report of the Executive Committee, will be submitted to the Chief Executive Officer of the Hospital for transmittal to and consideration by the Governing Board of the Hospital.

Section 2 - <u>Proposals by Governing Board or Chief Executive Officer</u>

If any such proposal is made by the Governing Board of the Hospital or by the Chief Executive Officer of the Hospital, the same shall be submitted to the Active Medical Staff for consideration and recommendation before its final adoption, by delivering the same to the Secretary/Treasurer of the Medical Staff at least thirty (30) days prior to the Annual or any Special Meeting of the Active Medical Staff. The subsequent procedure with respect thereto after its receipt by the Secretary/Treasurer shall be as provided in Section 1 above. An amendment proposed by the board and rejected by the Medical Staff shall not be adopted.

Section 3 - <u>Adoption</u>

After completion of the foregoing procedure, a proposed change in these ByLaws may be finally adopted or rejected by the Governing Board of the Hospital at its next or any subsequent meetings by the majority vote of the members of that Board who are present at a meeting at which a quorum thereof is present. Bylaw changes adopted by the Medical Staff shall become effective following approval by the Governing Board. If no action is taken by the Governing Board within ninety (90) days, the Bylaw changes will become effective automatically. Adopted by the Oakwood United Hospitals, Inc. Board of Trustees at Dearborn, Michigan on May 24, 1994.

<u>ARTICLE XIV – RULES AND REGULATIONS</u>

The MEC shall have the power to adopt, change and repeal such Rules and Medical Staff Policies not inconsistent with these Bylaws, as it may from time to time deem advisable for the proper conduct of the work of the Medical Staff and various committees thereof, effective upon Board approval. Neither the MEC nor the Board may unilaterally amend the Rules or Medical Staff Policies. This Article shall not prevent the Medical Staff from adopting, changing, or repealing Rules and Medical Staff Policies that are consistent with these Bylaws, effective upon Board approval. The procedures for giving notice of proposed Rules and Medical Staff Policies and amendments thereto shall be addressed in a Medical Staff Policy.

Amended/Reviewed
August 29, 2023