

**Bylaws of the Medical Staff of  
Oakwood Heritage Hospital**

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**December 20, 2018**

**Oakwood Heritage Hospital  
Medical Staff Bylaws  
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## **PREAMBLE AND PURPOSE**

The Practitioners authorized to practice at Oakwood Heritage Hospital 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. (12.14.10)

## **DEFINITIONS**

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

“Allied Health Professional” or “AHP” means a licensed health care professional (other than a Practitioner) who is eligible to apply for Clinical Privileges at the Hospital. AHPs are eligible for the Affiliate Staff, but are not eligible for Medical Staff membership. AHPs consist of physician’s assistants, nurse practitioners, 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. AHPs include both individuals who are employed by the Hospital and those who are not.

“Board” means the Board of Trustees of Oakwood Healthcare System.

“Clinical Privileges” or “Privileges” means the authorization granted to a member of the Medical Staff or of the Affiliate 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 Heritage Hospital, which is operated by Oakwood Healthcare System, 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, 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 registered mail or certified mail, return receipt requested, or (c) sent by overnight delivery service, 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. (12.14.10)

## **ARTICLE I - NAME**

### **Section 1 - Name of the Organization**

The name of this organization shall be “The Medical Staff of Oakwood Heritage Hospital.”  
(12.14.10)

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 1 - Nature of Membership**

Membership on the Medical Staff of Oakwood Heritage Hospital 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.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP, Resident status**

### **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. (12.14.10)
- B. Acceptance of membership on the Medical Staff 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, or by codes applicable to other professionals as the same are amended from time to time. 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 on the Accreditation of Healthcare Organizations so that the Hospital may warrant full licensure and accreditation at all times.
- C. Osteopathic physicians who meet the qualifications set forth above shall be equally eligible for membership on the Medical Staff.
- D. An applicant for membership on the Medical Staff must have met all requirements for and be licensed to practice in the State of Michigan.
- E. All applicants, regardless of race, color, sex, national origin, or creed, shall be equally considered for membership on the Medical Staff.
- F. 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 and Regulations 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.

- G. All allopathic, osteopathic, podiatric and oral/maxillofacial physician members must be board certified by their Oakwood Heritage Hospital recognized specialty and/or subspecialty board as outlined in the Medical Staff Policy Manual.
- H. 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.
- I. **Graduate Medical Training:** 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 Executive 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 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. (3.10.10)

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 2.1 - Medical Staff**

There shall be an organized medical staff of Heritage Hospital consisting of physicians and dentists.

The name of this organization shall be the Medical Staff of Heritage Hospital.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 2.2 - Voting Rights**

Only Active Staff Members of the Staff have the right to vote or to hold any office on the staff.

### **Section 2.3 - Attendance Requirements**

#### A. General Staff Meeting

At least 50% of all General Staff Meetings should be attended by the members of the Active and Courtesy staff.

A member, who is compelled to be absent from any General Staff Meeting, shall promptly submit an excuse, preferably in writing, the reasons for such absences. Unless excused for cause by the Executive Committee, the failure to meet the foregoing annual



attendance requirements shall be grounds for corrective action, which may include suspension or revocation of medical staff membership.

Reinstatement of staff members, whose membership has been revoked because of absence from staff meetings, shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.

B. Department Meeting

Each member of the active medical staff shall be required to attend not less than thirty percent of all meetings of their department each year.

Any member of the active medical staff who is compelled to be absent from a meeting of a department, of which they are a member, shall submit to the regular chairman thereof, in writing, the reason for such absence. The failure to meet the foregoing annual attendance requirements, unless excused by such chairman for good cause shown, shall be grounds for corrective action, which may lead to removal from such department and to revocation of medical staff membership.

Reinstatement of staff members, whose membership has been revoked because of absence from department meetings, shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.

C. Committee Meeting

Each member of the active medical staff shall be required to attend not less than thirty percent of all meetings of their committee each year.

Any member of the active medical staff who is compelled to be absent from a meeting of a committee, of which they are a member, shall submit to the regular chairman thereof, in writing, the reason for such absence.

D. Attendance By Others

A staff member not required to attend staff, department or committee meetings may attend general or educational meetings of any Staff or Department, and may be invited by the Chairman of any Staff Committee to attend any meetings of such committee.

E. Mandatory Attendance

1. Physician, whose patients' clinical care is scheduled for specific discussion for educational purposes at a regular departmental meeting, shall be timely notified and will be expected to attend such meeting. If such physician is not otherwise required to attend the regular monthly department meeting, the Department Chairman or his designee shall give the physician advance written notice of the time and place of the meeting at which his attendance is expected. Provided, however, whenever apparent or suspected deviation

from standard clinical practice is involved, the notice to the physician shall so state, and shall include a statement that his attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

2. Failure by a physician to attend any meeting with respect to which he was given notice that attendance was mandatory, unless excused by the Executive Committee upon a showing of good cause, shall result in an automatic suspension of all or such portion of the physician's clinical privileges as the Executive Committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action if necessary. In all other cases, if the physician shall make a timely request for postponement supported by an adequate showing that his absence will be unavoidable, such presentation may be postponed by the chairman of his department, or by the Executive Committee if the chairman is the physician involved, until not later than the next regular departmental meeting; otherwise the pertinent clinical information shall be presented and discussed as scheduled.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **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. (12.14.10)
- 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 departmental 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 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 may apply for privileges any information concerning his, 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. **History and Physical:** 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.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 4 - Procedure for Appointment**

- A. Application for Appointment to the Medical Staff shall be presented in writing to Administration on a form prescribed by the Governing Board, and, after the Chief Executive Officer has verified the applicant's credentials and obtained letters of recommendation, shall be referred to the Credentials Committee and to the Chief of the department in which the applicant is seeking privileges. An Application for Appointment is complete when all items specified in the Medical Staff Rules and Regulations have been received. Complete applications shall be acted on by the Executive Committee and the Governing Board, as described below, within 120 days of the date the application becomes complete.
- 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 of its finding 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 Administrator 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 Executive and Credentials 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 later 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 Government 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 hearing and appellate review pursuant to Article VI and the Fair Hearing Plan.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **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.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 6 - Terms of Appointment**

All initial appointments and reappointments to the Medical Staff shall be for a period of up to two years. (12.14.10)

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 7 - Procedure for Reappointment**

- A. Reappointment of each medical staff member shall be conducted not to exceed a two (2) year period. The Chief of each department shall present to the Credentials Committee his recommendations for appointments, promotions or terminations of appointment and for the extension, increase or reduction of privileges to be granted to each staff member in his department for the following year. In order to assist in forming his recommendations, the following material shall be provided each Departmental Chief.
  - 1. The record of attendance at Department, General Staff and Medical Staff committee meetings.
  - 2. The Physician Activity Summary report which includes discharge, consultation and procedure statistics, and malpractice history.

3. Peer evaluations relative to clinical competency.
  4. The record of compliance with medical record documentation standards.
- B. The Credentials Committee shall review the recommendations of the Chief of each department. It shall further review the credentials of the members of the staff for the purpose of determining which members shall be recommended for reappointment, promotion or termination of appointment and for the purpose of determining the privileges to be granted to each member for the following year. In making its review, the Credentials Committee shall utilize the criteria set forth in Section 1 of Article IV.
  - C. The said Executive Committee shall consider the recommendations of the Credentials Committee and of the Chief of the departments and shall submit its recommendations for reappointments, promotions, or terminations of staff appointment and the privileges to be granted to the Governing Board for final action. In the event of any disagreement among the recommendations of the Chief of a department and either the Credentials Committee or the Executive Committee, or between the Credentials Committee and the Executive Committee with respect to any staff member, the reports and recommendations of the Chief of the department or departments and of all committees with respect to such staff members shall be submitted to the Governing Board.
  - D. If the Chief of the department, the Credentials Committee or the Executive Committee does not recommend a person for reappointment or recommends a reduction of privileges, the reasons for such recommendation shall be submitted in writing.
  - E. If either the Credentials Committee or the Executive Committee makes a preliminary determination not to recommend a person for reappointment, to recommend a reduction of privileges or not to recommend a requested increase in privileges, the Secretary/Treasurer of the staff shall advise the staff member by certified mail that such a recommendation is pending, and he shall be all rights afforded hereunder to a hearing and appellate review prior to a final action by the Governing Board.
  - F. If the Governing Board shall make a preliminary determination on its own initiative not to reappoint a person recommended for reappointment by the Credentials Committee and Executive Committee, to reduce or restrict the privileges of a person recommended for reappointment, or to appoint or reappoint a person not recommended, it shall, before taking final action, seek the further recommendation of the Executive Committee. A staff member aggrieved by any such preliminary determination of the Governing Board shall be advised by certified mail that such action is pending, prior to final action, and shall have all rights afforded hereunder to a hearing and appellate review.
  - G. In no case shall the Governing Board take action on an application, refuse to renew an appointment, cancel an appointment previously made or reduce, restrict or increase the privileges of a person recommended for reappointment without seeking the recommendation of the Executive Committee.
  - H. The Governing Board shall take final action on reappointments and privileges, except that no final action may be taken with respect to any staff members as to whom an

adverse recommendation or decision has been made who has not either waived or completed the hearing and appellate review process set forth herein. In connection with all reappointments, each staff member shall complete and submit to the Medical Staff Office a written request for reappointment on a form approved by the Executive Committee and the Board of Trustees. Such form must be completed in full. Each staff member shall be bound by the provisions of sub-paragraphs 1 through 7 of paragraph (b) of Section 3 of this Article.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 8 – Exclusive Contracts**

To improve patient care and promote more efficient Hospital operations, adequacy of coverage, maintenance of standards, more efficient use of facilities, and Quality Improvement, certain hospital facilities may be used on an exclusive basis in accordance with contracts between the Hospital and professionals selected by the Medical Staff, Hospital and Governing Board. Applications for appointment to staff status under Article II and for clinical privileges under Article III relating to those Hospital facilities and services will be accepted for processing, when the professional is or will be employed or engaged by the professionals holding such exclusive rights to perform services under a contract with the Hospital.

- A. The medical staff shall review and make recommendations to the Governing Board regarding quality of care issues related to exclusive arrangements for physician and/or professional services, prior to any decision being made, in the following situations:
  - 1. the decision to execute an exclusive contract in a previously open department or service;
  - 2. the decision to renew or modify an exclusive contract in a particular department or service;
  - 3. the decision to terminate an exclusive contract in a particular department or service.
- B. A medical staff member providing professional services under a contract with the hospital shall not have medical staff privileges terminated for reasons pertaining to the quality of care provided by the medical staff member without the same rights of hearing and appeal as are available to all members of the medical staff.
- C. Except as specified in this section, the termination of privileges following the decision determined to be appropriate by the medical staff to close a department/service pursuant to an exclusive contract or to transfer an exclusive contract shall not be subject to the procedural rights set forth in Article VI.

## **ARTICLE II - MEDICAL STAFF MEMBERSHIP**

### **Section 9 - 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. (12.14.10)
- 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. (12.14.10)
- 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. (12.14.10)

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 1 - The Medical Staff**

Medical Staff shall be divided into the Active, Emeritus, Consulting, Courtesy, Honorary and Affiliate Medical Staffs.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 2 - The Active Medical Staff**

- A. The Active Medical Staff shall consist of those physicians who admit patients to the Hospital, and who are willing to participate in the educational programs of the Hospital, the transaction of staff business and services on staff committees and in staff offices.
- B. All business of the Medical Staff shall be transacted by the Active Medical Staff and/or its Executive Committee.

- C. Only members of the Active Medical Staff shall be eligible to vote and hold office. They shall be required to attend departmental, staff and committee meetings, and they shall pay dues.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 2.1 - MEDICO - Administrative Officers**

A Medico-Administrative Officer, e.g. Medical Director, must be a member of the medical staff, achieving this status by proper appointment procedures, as suggested in these Bylaws. His clinical privileges must be delineated in accordance with these Bylaws. Upon termination of such physician's appointment or employment by the hospital, the physician may elect to remain a member of the medical staff subject to the same rules, regulations, and bylaws as any other member of the medical staff.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 2.2 - Contract Group Physicians**

Physicians performing services for the hospital under contract or physicians employed by individuals or corporations having such contract with the hospital shall be subject to the procedures in Article IV and Article V.

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.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 3 - The Emeritus Medical Staff**

A member of the Medical Staff may, upon reaching the age of 65, request transfer to the Emeritus Staff; upon reaching the age of 70 he shall become a member of Emeritus Staff. A member of the Emeritus Staff shall retain all the rights and privileges of his prior staff appointment except the right to vote and hold elective office, and he shall not be obligated to attend meetings, pay dues and assessments, or accept committee appointments. He must, of course, continue to abide by these Bylaws and the Rules and Regulations; he shall exercise only such clinical privileges as may be granted to him pursuant to these Bylaws.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 4 - The Consulting Medical Staff**

The Consulting Medical Staff shall consist of recognized specialists who have signified their willingness to accept such appointments. These may be Fellows of the American College of Surgeons, or American College of Physicians, or Diplomats of one of the National Board of Medical Specialties, members of national societies representing specialties or others whom the Credentials Committee may consider to be worthy of being appointed members of the

Consulting Medical Staff. Membership on the Consulting Staff does not preclude membership to any other category of the staff.

Insofar as their respective specialties are concerned, members of the Consulting Medical Staff have unrestricted privileges, but in cases not falling within their specialty they shall be such privileges as may be granted pursuant to these Bylaws.

Persons who are members of the Consulting Medical Staff exclusively shall not be eligible to vote or hold office but shall be required to pay dues. They shall have no primary admitting privileges. They may serve on all committees, except the Executive Committee, Nominating Committee and the Credentials Committee. Although not required, they are urged to attend department and Medical Staff meetings.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 5 - The Courtesy Medical Staff**

The Courtesy Medical Staff shall consist of those members of the medical, dental and other health professions, eligible for Medical Staff membership, who wish to attend private patients in the Hospital, but who do not otherwise participate actively in the work of the Hospital. They shall be appointed in the same manner as the other members of the Medical Staff and they shall have such privileges as may be granted hereunder. Courtesy staff members shall be appointed to specific departments but shall not be eligible to vote or hold office. Courtesy staff members will normally admit patients when there are adequate numbers of empty beds to cause the occupancy rate to fall below 85% in the applicable department. Should a Courtesy Staff member admit more than twelve (12) patients during a staff year (April 1 to March 31), he will be required to apply for Active staff membership. Furthermore, should a Courtesy Staff member possess unique qualities to serve on committees, except the Executive and Credentials Committee, he may be so appointed by the Chief of Staff and will have all privileges to deliberate, act and vote within such committees as all other committee members. Courtesy staff members shall pay such dues as designated by the Executive Committee.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 6 - The Honorary Medical Staff**

The Honorary Medical Staff shall consist of those physicians and dentists who have served on the Medical Staff of Heritage Hospital and who wish to retain Medical Staff membership but who do not wish to admit and/or treat patients. The members of this staff shall be permitted but not required to attend staff functions and meetings, serve as consultants (with no vote) on committees, and attend CME programs. They shall not hold elective office, shall not vote but shall be allowed the privilege of the floor at staff meetings, and shall not admit or treat patients. They shall not be required to pay dues nor assessments.

The Credentials Committee may recommend membership on the Honorary Medical Staff for any physician who indicates he/she no longer wishes to admit and/or treat patients at Heritage Hospital. As with other Medical Staff categories, this recommendation shall be sent to the Executive Committee of the Medical Staff for its recommendation. The final approval rests with the Board of Trustees.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

## **Section 7 – The Affiliate Medical Staff**

Qualifications: The Affiliate 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 house physicians. In addition, the affiliate staff shall include physician assistants, nurse practitioners, nurse midwife and psychologists as detailed in the Medical Staff Policy Manual. Affiliate privileges are of a limited tenure. Staff membership automatically ceases when employment ends. They shall perform duties as defined in the delineation of responsibilities and approved by the appropriate medical staff department chief.

Perogatives: Members of the Affiliate Staff:

1. May not admit patients or be the attending physician of record.
2. Must abide by departmental and staff rules and regulations.
3. Will be subject to any and all disciplinary actions provided by the Affiliate Staff Policy.
4. Will only have those hearing rights as set forth in the Affiliate Staff Policy.
5. Optional attendance to general, department, committee and special meetings of the medical staff. **(12.20.18)**
6. Shall pay dues as determined by the Medical Executive committee **(12.20.18)**
7. Must 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.

## **ARTICLE III - DIVISIONS OF THE MEDICAL STAFF**

### **Section 8 – The Ambulatory Medical Staff**

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 choose not to personally admit or care for patients in the hospital but who require credentialing through Oakwood Heritage Hospital.

Prerogatives: Members of the Ambulatory Staff:

1. May not admit and exercise inpatient clinical privileges as granted under Article IV.
2. May not vote on matters presented at general and special meeting of the medical staff or the department, however, may be appointed to committees and may vote at committee meetings.
3. May not hold office in the staff or in the department. May hold office in sections or committees of which he is a member.

Responsibilities: Each member of the Ambulatory Staff will:

1. Meet the basic responsibilities as outlined in these bylaws and retain responsibility within his area of professional competence for the ambulatory care and supervision of each patient for whom he is 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 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 designated by the Executive Committee.

## **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. (12.14.10)
- 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. (12.14.10)
- 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. (12.14.10)
- D. New Professional Practice Evaluation. 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. (12.14.10)
- E. 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 dentist (oral surgeon) shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures shall be performed by oral surgeons only under the overall supervision of the chief of the Department of Surgery. Each dental patient shall be admitted to a joint service with his oral surgeon and a physician member of the Medical Staff 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 dental patients shall receive the same medical appraisal as patients admitted to other services.

- F. Privileges granted to podiatrists shall be based on their character, health, training, experience, academic standing and demonstrated current professional competence and judgment, and ethic standing. Podiatrists shall be assigned to the Department of Surgery. Podiatrists shall be limited to the diagnosis, surgical and adjunctive treatment of diseases, injuries, defects and preventive 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 of the podiatrist. Consultation with a physician Member of the Medical Staff shall be required whenever medical complications are present.
- G. Privileges granted to other health professionals 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 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.

## **ARTICLE IV - CLINICAL PRIVILEGES**

### **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. In exceptional cases, a licensed physician may be granted temporary privileges, upon the concurrence of the Administration of the Hospital and the Chief of the Department and/or Chief of Staff (or in the latter's absence or unavailability any two members of the Executive and/or Credentials Committee). Such privileges shall be granted for not more than 90 days duration and for limited purposes. Prior to the exercise of such privileges, such a person may be required to certify that he has read these Bylaws and the Rules and Regulations and to agree to be bound by the terms thereof. Such persons shall be subject to the supervision of the Chief of the Department or his designate. Such privileges may be summarily revoked, with 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.
- 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 the 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, Ambulatory, Consulting, Courtesy, 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 when 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 IV of these Bylaws, chairmen of clinical departments, the Chief of Staff, or the Governing Board.

- B. Such a request will be referred to the appropriate departmental Chief, who will appoint an Ad Hoc Departmental Committee to study the matter, except that in cases of summary suspension the staff member may request that the matter proceed directly to a hearing.
- C. Within thirty days of receipt of such request, the Ad Hoc Committee will report its findings through the departmental Chief of 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 members appointment, the affected member will be notified in writing and granted an appearance before the Executive Committee at its 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.

## **ARTICLE V – RESCISSION OF APPOINTMENT AND REDUCTION, RESTRICTION OR SUSPENSION OF PRIVILEGES**

### **Section 2 - Summary Suspension**

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, and 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.



## **ARTICLE V – RESCISSION OF APPOINTMENT AND REDUCTION, RESTRICTION OR SUSPENSION OF PRIVILEGES**

### **Section 3 - Automatic Suspension**

- A. License. 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. (12.14.10)
- B. Delinquent Medical Records. In accordance with the Rules, Privileges are automatically suspended for failure to complete medical records within the periods prescribed by the Rules. (12.14.10)
- C. Loss of Malpractice Insurance. 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. (12.14.10)
- D. Notice. 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. (12.14.10)

## ARTICLE VI - HEARING AND APPELLATE REVIEW PROCEDURE

Active, Ambulatory, Consulting, Courtesy 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. Visiting and Honorary Staff. Visiting 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 revised 5.11.11)

## **ARTICLE VII - CLINICAL DEPARTMENTS**

### **Section 1 - Departments**

There shall be departments of the Medical Staff as the Executive Committee may establish.

### **Section 2 - Organization of Departments**

- A. Officers. The officers of each department shall be a Chief, Vice Chief and Secretary/Treasurer.
- B. Term of Office. Department officers shall serve for a three-year term. An individual may not serve as chief of the same department for more than two consecutive three-year terms, except a vice chief who fills a vacancy in the office of chief may be elected as chief for up to two additional consecutive three-year terms. Each officer serves until his successor is selected. These term limitations shall not apply to departments that are staffed by exclusive contracts.
- C. Officer Qualifications. Department officers shall be Active Members of the department for at least five years for department chief, three years for vice chief, at least 2 years for secretary treasurer. An exception may be made for department chief by the MEC or nominating committee if applicable. All department officers must maintain Active Staff membership, and shall be board certified in the specialty(s) they practice or affirmatively establish comparable competence in said specialty(s) through the credentialing process. If the MEC determines that a department officer ceases to satisfy one of these qualifications for office, the office becomes vacant. **(12.20.18)**
- D. Conflicting Positions. An individual may not simultaneously serve in more than one elected medical staff or department office at any Oakwood- affiliated hospital; except an individual may serve simultaneously as (a) a department officer at one Oakwood hospital and a member-at-large of the medical executive committee at another Oakwood hospital or (b) an officer of the same department at two Oakwood hospitals if one or both department has 10 or fewer Active Members. An individual who serves as an elected medical staff or department officer, including a member-at-large of the medical executive committee, at a non-Oakwood hospital may not serve as a medical staff or department officer at this Hospital. **(2.18.16)**

## ARTICLE VII - CLINICAL DEPARTMENTS

### Section 3 - Functions of the Departments

Each department shall establish a Quality Improvement 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 monthly departmental meetings that will 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 Improvement Committee of the Medical Staff.

Each department shall meet as often as necessary, but at least quarterly, to review and analyze on a peer group basis the clinical work of the department, and shall report thereon to the Executive Committee. The frequency of the Department meetings shall be determined by the Department Chief.

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.

General function of each department shall include:

- A. Conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the department.
- B. Recommending to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the department.
- C. Evaluating and making appropriate recommendations regarding the qualifications of applicants seeking appointment or reappointment and clinical privileges within that department
- D. Conducting, participating and making recommendations regarding continuing education programs pertinent to departmental clinical practice.
- E. Reviewing and evaluating departmental adherence to: 1) medical staff policies and procedures, and 2) sound principles of clinical practice.
- F. Coordinating patient care provided by the department's members with nursing and ancillary patient care services.
- G. Submitting written reports to the Medical Staff Executive Committee concerning: 1) the departments review and evaluation activities, actions taken thereon, and the results of such action; and 2) recommendations for maintaining and improving the quality of care provided in the department and the hospital.

- H. Meeting at least monthly for the purpose of considering patient care review findings and the results of the department's other review and evaluation activities, as well as reports on other department and staff functions.
- I. Establishing such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring protocols.
- J. Taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified.
- K. Accounting to the Medical Executive Committee for all professional and medical staff administrative activities within the department.
- L. Appointing such committees as may be necessary or appropriate to conduct department functions.
- M. Formulating recommendations for departmental rules and regulations reasonable necessary for the proper discharge of its responsibilities subject to the approval by the Medical Executive Committee and the Medical Staff.

## **ARTICLE VII - CLINICAL DEPARTMENTS**

### **Section 4 - Election of Officers in Departments**

The Department of Medicine, Family Practice and Emergency Medicine shall elect their officers in the odd number years. The Department of Surgery, Psychiatry, and Physical Medicine and Rehabilitation shall elect their officers in the even numbered years.

Any vacancy of a departmental officer's position, which occurs before the expiration of the term of office, should be filled by an election within the department at its next regular meeting.

## **ARTICLE VII - CLINICAL DEPARTMENTS**

### **Section 5 - Removal from Office**

Any elected department officer may be removed from office for (1) failure to perform the duties of the position in a timely and appropriate manner, (2) physical or mental disability that renders the officer incapable of performing the essential functions of the position with reasonable accommodation; or (3) conduct damaging to the best interest of the Medical Staff or Hospital. Removal of a department officer may be initiated by a petition signed by at least twenty percent (20%) of the Active Staff Members in the department and submitted to the Chief of Staff. The vote of two-thirds of the Active Staff Members in the department (at a meeting or by mail or email ballot) is required to remove an officer, but no such removal shall be effective unless and until it has been ratified by the MEC and by the Board. **(2.18.16)**

## ARTICLE VII - CLINICAL DEPARTMENTS

### Section 6 - Functions of Department Chairman

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: (12.14.10)

- A. Serve as a member of the MEC, if so designated in these Bylaws.
- B. Preside at meetings of the department.
- C. Report to the MEC and the Chief of Staff regarding all department professional and administrative activities.
- D. Oversee clinically related activities of the department.
- E. Oversee administratively related activities of the department, unless otherwise provided by the Hospital.
- F. Conduct continuing surveillance of the professional performance of all individuals in the department who have Clinical Privileges.
- G. Recommend to the MEC the criteria for Clinical Privileges that are relevant to the care provided in the department.
- H. Recommend Clinical Privileges for each Member of the Department and each Affiliate Staff member assigned to the department.
- I. Take appropriate action when important problems in patient care or clinical performance or opportunities to improve care are identified.
- J. Appoint such committees as are necessary or appropriate to conduct department functions and their chairs.
- K. Formulate recommendations for departmental rules and regulations for the proper operation of the department, subject to required approvals.
- L. 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.
- M. Integrate the department into the primary functions of the Hospital.
- N. Coordinate and integrate interdepartmental and intradepartmental services.
- O. Develop and implement policies and procedures that guide and support the provision of care, treatment, and services.
- P. Recommend a sufficient number of qualified and competent persons to provide care, treatment, and service.

- Q. Determine the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services.
- R. Conduct continuous assessment and improvement of the quality of care, treatment, and services.
- S. Maintain quality improvement programs, as appropriate.
- T. Provide for the orientation and continuing education of all persons in the department.
- U. Recommend space and other resources needed by the department.
- V. Implement Medical Staff Bylaws and Rules, and actions taken by the MEC and pursuant to the Medical Staff Article of the Hospital Bylaws. (A-V 12.14.10)

## **Section 7**

### **Functions of Department Vice Chief**

Vice Chief Duties. 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. **(2.18.16)**

## **Section 8**

### **Functions of Department Secretary/Treasurer**

Secretary/Treasurer Duties. The Secretary of each department shall keep accurate minutes of all meetings of the department. **(2.18.16)**

## **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 and two members at large.

**Term of Office-** Medical Staff Officers shall serve for a three- year term. An individual may not serve in the same Medical Staff office for more than two three-year terms (either consecutive or non-consecutive), except that a vice chief of staff who fills a vacancy in the office of chief may be elected as chief of staff for up to two additional three-year terms. Each officer serves until his successor is selected. **(2.18.16)**

## **ARTICLE VIII - OFFICERS**

### **Section 2 - Election of Officers**

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

- B. Ballots shall be mailed or electronically distributed to active members, as determine by the nominating committee. Thirty days shall be provided for votes to be returned either in person, by mail or electronically. **(12.20.18)**
- C. To be a valid election, voting by 25% or more of the Active Staff is required. The candidate who receives a majority of the votes cast for Chief of Staff, Vice Chief, and Secretary/Treasurer and the candidate who receives a majority of the votes cast for member-at-large shall be elected into office. If no candidate receives a majority of the 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, either because 25% of the Active Staff did not vote in the first election or because a single candidate did not receive a majority of the votes cast, written notice of the second election shall be posted on the bulletin board in the Medical Staff Lounge at least 72 hours before the second ballots are mailed or emailed. The second ballots shall be mailed or emailed no later than seven (7) days after the results of the first election have been tabulated, and in the same manner as the first election, with notice that returned ballots must be received no later than 5:00 pm the Friday before the March MEC meeting. The results of the second ballot shall be binding even if less than 25% of Active Staff Members vote. **(12.20.18)**
- D. Elected candidates shall serve in an officer-elect capacity for a transitional period not to exceed 3 months before they are officially installed. During this period they would serve as ex-officio members of the MEC. The winning candidate shall be installed into office at the regularly scheduled Medical Executive Committee meeting following the completed transition period. **(12.20.18)**

## **ARTICLE VIII - OFFICERS**

### Section 3 - Qualifications of Officers

Officer Qualifications- Medical staff officers shall (a) be Active Members of the Medical Staff for at least five years for Chief of Staff and Vice Chief of Staff, two years for all other medical staff officer positions. (b) Maintain Active Staff membership and (c) be board certified in the specialty(s) they practice or affirmatively establish comparable competence in said specialty(s) through the credentialing process. If the MEC determines that a Medical Staff officer ceases to satisfy one of these qualifications for office, the office becomes vacant. All nominees for Medical Staff office must also have participated in Medical Staff affairs, as evidenced by active participation in committees, and shall have demonstrated good leadership and communication skills and be willing to participate in physician leadership continuing education programs. **(12.20.18)**



## **ARTICLE VIII - OFFICERS**

### **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 Governing Body. The Chief of Staff shall perform the following:
1. He shall call and preside at all General Medical Staff meetings.
  2. He shall call and preside at all Medical Executive Committee meetings.
  3. He shall be an ex-officio member of all Medical Staff committees of which he is not otherwise a member, except the Nominating Committee of which he shall not be a member.
  4. He shall be a member of the Board and shall attend the meetings of the Board and Board committees to which he is assigned, 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 Medical Staff committees.
  7. He shall be responsible for the enforcement of all Bylaws and Rules and Regulations and he must implement all disciplinary action against all Medical staff members and Affiliate Staff, 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 terminate a Medical Staff appointment or to reduce, restrict or suspend clinical privileges.
  9. He shall be responsible for the educational activities of the Staff.
  10. He shall be responsible in conjunction with the Medical Executive Committee for the implementation of policies of the Medical Staff and the Board.
  11. He shall act in coordination with the Administration and the 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. **(2.18.16)**

## **ARTICLE VIII - OFFICERS**

- B The Vice Chief of the Medial staff shall perform the following:
1. He shall perform duties delegated to him by the Chief of Staff.

2. He shall attend all meetings of the MEC.
  3. He shall preside and function with the full authority and responsibility of the Chief of Staff in the Chief's absence.
  4. If the Chief of Staff is removed or resigns, the Chief of Staff shall be succeeded immediately for the balance of his term in office by the Vice Chief.
  5. He shall call meetings on the order of the Chief of Staff.
  6. He shall function as an ex-officio member of all committees of the Medical Staff of which he is not otherwise a member, except the Nominating Committee, of which he shall not be a member.
  7. He shall chair the Professional Practice Evaluation Committee (PPEC). **(2.18.16)**
- C. The Secretary/Treasurer of the Medical Staff shall perform the following:
1. He shall keep minutes of all General Staff meetings.
  2. He shall attend at least 2/3 of the meetings of the MEC.
  3. He shall attend to all Staff correspondence and shall perform such other duties as ordinarily pertain to his office.
  4. He shall oversee the Medical Staff's funds and report to the Medical Staff at the Regular Meetings of the Medical Staff regarding the status of the Medical Staff's finances. **(2.18.16)**
- D. The Members at large of the Medical Staff shall perform the following:
1. He shall attend at least 2/3 of the meetings of the MEC and of the committees to which he is assigned.
  2. If appointed by Chief of Staff, he shall serve as a member of the Credentials Committee and/or the Professional Practice Evaluation Committee (PPEC).
  3. He shall perform duties delegated to him by the Chief of Staff. **(2.18.16)**

## **ARTICLE VIII - OFFICERS**

### **Section 5 - Removal of Officers**

- A. Grounds for Removal. Any elected Medical Staff officer may be removed from office pursuant to Article VIII, Section 5, Paragraphs B and C for (1) failure to perform duties of the position in a timely and appropriate manner, (2) physical or mental disability that

renders the officer incapable of performing the essential functions of the position with reasonable accommodation, or (3) conduct damaging to the best interest of the Medical staff or hospital.

- B. Removal by Board. If removal of a Medical Staff officer is initiated by the Board, the officer must be given written notice of the specific deficiencies that are the basis for removal from office and a reasonable opportunity to correct the deficiencies. If the deficiencies are not corrected, removal of the officer shall be effective until the officer has been provided with a hearing before the Medical Relations Committee. The conclusion of the hearing shall be binding.
- C. Removal by Medical Staff. Removal of a Medical Staff Officer may be initiated by a petition that states the ground(s) for removal and is signed by at least twenty-percent (20%) of the Active Staff Members submitted to the MEC. The MEC will appoint an ad hoc committee to investigate the allegations outlined in the petition. Upon receipt of the ad hoc report, the MEC will consider the ad hoc report and shall prepare a written report of its recommendation. The MEC recommendation shall be presented to the Active Medical Staff at a meeting of the Staff convened for this purpose. Attendance of 50% of the Active Staff Members is defined as quorum for a meeting convened for this purpose. The vote of two-thirds of the Active Staff Members is required to remove an officer, but no such removal shall be effective unless and until it has been ratified by the board.
- (2.18.16)**

## **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 - Executive Committee**

The Executive Committee shall be composed of the following voting members unless otherwise specified:

- A. Chief of Staff (who shall be Chair)
- B. Vice Chief of Staff
- C. Secretary Treasurer of the Staff
- D. Immediate past Chief of Staff
- E. Department Chiefs
- F. Two members of the Active Staff who shall be elected by such Staff as Members at Large. They shall be elected at the Medical Staff annual meeting for a two year term.
- G. Chief, Vice Chief of the Department of Medicine and one additional member of the Medicine Department, chosen by election of the active members of this department every two years.
- H. Chief of the Department of Surgery and one additional member of the Orthopedic Section chosen by election of the active members of this department every two years.

- I. The Administrator shall be an ex-officio member of this committee, but shall not vote.

The Committee should meet at least eight times per year.

The duties and authority of the Executive Committee are to:

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

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;

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

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

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

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

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;

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

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

Designate representative of the Medical Staff to serve on the Hospital committees, as required; Review reports from the Hospital Quality Improvement Committee and the Utilization Committee.

To act on behalf of the Medical 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)

**Modification of Duties and Powers:** The duties and powers delegated to the Executive Committee pursuant to these bylaws may be modified by amending these bylaws in accordance with Article XIV.(Revised 5.11.11)

## **ARTICLE IX - COMMITTEES**

### **Section 2 - Credentials Committee**

The Chief of Staff shall appoint the Chairman of the Credentials Committee. 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 Committee shall be responsible for: Reviewing the credentials of all applicants for original, renewed or increased privileges; Obtaining and reviewing all peer recommendations, including department recommendations; to the extent possible, considering additional information from other sources including the American Medical Association Physician Master file and the Federation of State Medical Boards Physician Disciplinary Data Bank.

The Committee, at the direction of the Chairman, should meet monthly or more often if the numbers of applications for initial appointment or reappointment require more meetings.

## **ARTICLE IX - COMMITTEES**

### **Section 3 - Medical Staff Relations Committee**

The Medical Relations Committee is a committee, which can be called on an ad hoc basis to address specific issues related to Oakwood Heritage Hospital. 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 and 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.

## **ARTICLE IX - COMMITTEES**

### **Section 4 - Medical Staff Quality Improvement Committee**

The Medical Staff Quality Improvement Committee shall consist of a Chairman appointed by the Chief of Staff, Chairmen of each of the Departmental Medical Quality Improvement Committees and the Hospital Quality Improvement Director. The Committee shall review the Department Quality Improvement studies and reports, review and approve topics and methodology to be used in studies and review appropriateness of decisions and recommendations made by the specific departments of the Medical Staff on Quality Improvement issues. The Committee should meet at least quarterly and report its findings and recommendations to the Executive Committee of the Medical Staff.

## **ARTICLE IX - COMMITTEES**

### **Section 5 - Department Quality Improvement Committee**

Each Medical Staff Department shall have a Department Quality Improvement Committee. The Committee shall consist of not less than three (3) members appointed by the Chief of the Department. One member of the Committee will serve as the Chairman of the Department of Quality Improvement Committee and will be a sitting member of the medical staff Quality Improvement 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 and safety. The Committee shall review Quality Improvement

issues based upon pre-determined standards and shall report its findings and recommendations to the respective departments on a monthly basis.

The Department shall submit its reports to both the Medical Staff Quality Improvement Committee and the Executive Committee of the Medical Staff. Each Department shall have the authority to institute preliminary investigative activity, i.e., requesting additional written information in an attempt to clarify any Quality Improvement issue. If resolutions cannot be accomplished at the departmental level, then issues should be referred to the Medical Staff Quality Improvement Committee for further review and investigation. The Medical Staff Quality Improvement Committee, 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 Improvement Committee for their review and investigation and their recommendations are then forwarded to the Executive Committee for the Medical Staff for action and disposition.

## **ARTICLE IX - COMMITTEES**

### **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 patient 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 Improvement 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 monthly and report to the Executive Committee of the Medical Staff.

## **ARTICLE IX - COMMITTEES**

### **Section 7 - Emergency Services Committee**

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.

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 formulations, evaluation and improvement of all emergency room patient care and administrative procedures as approved by the Executive Committee.

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

## **ARTICLE IX - COMMITTEES**

### **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.

## **ARTICLE IX - COMMITTEES**

### **Section 9 - Nominating Committee**

The President of the Medical Staff shall appoint a Nominating Committee consisting of a representative of each department and two member-at-large at least forty-five (45) days before the election of staff officers at the Annual Staff Meeting.

Duties include:

The Nominating Committee shall meet at least thirty (30) days before the Annual Staff Meeting. Nominate at least two (2) staff members for each office, after obtaining the nominees consent. Fifteen (15) days prior to the Annual Staff Meeting, the Chairman of this Committee shall file a list of the proposed nominations with the Secretary of the Executive Committee, post the list in the Medical Staff Lounge and mail the list to each Active Staff member.

Any staff member may nominate himself or another staff member by filing a petition signed by at least five (5) Active staff members with the Chairman of the Nominating Committee at least one (1) week before the election. His name will then be added to the final slate of candidates. The Nominating Committee will conduct the elections at the Annual Staff Meeting.

Elections will be conducted by ballot.

The candidate with the most votes will win the election.

The Nominating Committee will dissolve after the elections are completed.

## **ARTICLE IX - COMMITTEES**

### **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 any other Committees and shall confine their activities to the duties assigned to them.

## **ARTICLE IX - COMMITTEES**

### **Section 11 - Bylaws Committee**

This Committee shall consist of the Chief of Staff or his designee from each Hospital. The Committee shall review, at least every two (2) years, these Bylaws and submit recommended changes to the Executive Committee.

## **Section 12 – Graduate Medical Education Committee**

The sponsoring institution for each residency training program using Oakwood Heritage Hospital as a participating site must ensure that it's Graduate Medical Education Committee (GMEC) conducts regular reviews of all educational programs to assure their compliance with Accreditation Council for Graduate Medical Education requirements and submit program action plans to correct any identified areas of noncompliance. Results of all formal internal and external reviews of educational programs and the resulting action plans will be submitted to the OHH Medical Executive Committee, as well as Oakwood Heritage Hospital Administration.

The sponsoring institution's GMEC and Designated Institutional Official (DIO) are accountable to and must communicate regularly with the OHH 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. (3.10.10)

## **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 Bylaws, Rules and Regulations and Policies shall not conflict with the Governing Body Bylaws. In the event that conflict does occur, issue is brought to Medical Relations Committee for resolution.

## **ARTICLE X - PROFESSIONAL PRACTICE REVIEW FUNCTIONS**

### **Section 2 - Confidentiality of Information**

All records, data and knowledge collected by or for individuals, committees assigned professional practice review functions are confidential, shall be used only for the carrying out of such functions and shall be made available to no person or entity not assigned such functions. Such records, data and knowledge are entitled to the protection of Section 12 (2) of Act 17 of the Public Acts of 1969.

## **ARTICLE XI - MEETINGS**

### **Section 1 - Regular Meetings of the Medical Staff**

- A. Meeting Schedule. Regular meetings of the Medical Staff shall be held twice annually, one meeting during the first half and one during the second half of the calendar year.



- B. Notice. Notice of the time, date and place of regular Medical Staff meetings shall be posted on the bulletin board in the Medical Staff Lounge at least fourteen days prior to the meeting.
- C. Rules of Order. The rules contained in *Roberts Rules of Order*, as revised from time to time, shall govern the proceedings of all Medical Staff meetings, except where inconsistent with these Bylaws.
- D. Quorum. Twenty-five percent of the Active Staff constitutes a quorum for the conduct of business at regular Medical Staff meetings. A Member's signature on the meeting attendance list is evidence of presence for the purpose of determining a quorum. (3.8.11)

## ARTICLE XI - MEETINGS

### Section 2 - Special Meetings of the Medical Staff

- A. Special Meetings. Special meetings of the Medical Staff shall be called by the Chief of Staff at the request of the MEC, the Board, or upon written request of the lesser of one hundred Active Staff members or twenty-five percent of the Active Staff. At a special meeting no business shall be transacted except that stated in the notice calling the meeting.
- B. Notice. Notice of the time, date and place of a special Medical Staff meeting shall be posted on the bulletin board in the Medical Staff Lounge and sent by email or US Mail to Active Members at five business days prior to the meeting.
- C. Quorum. The same quorum standards for regular Medical Staff meetings apply to special Medical Staff meetings.

## ARTICLE XI - MEETINGS

### Section 3 - Departmental Meetings

Each department shall have monthly meetings attended by its members to consider clinical and business matters peculiar to the department. Records of these meetings shall be kept and become part of the records to the Medical Staff and be available for inspection. Notice of the time, date and place of each such meeting shall be posted.

The Agenda for the departmental staff meetings shall be:

Call to Order  
 Reading of the Minutes of the last regular and all Special Meetings  
 Unfinished Business  
 Communications  
 Reports of Standing and Special Business Committees  
 New Business  
 Statistical reports of the discharges from the various services from the Medical Records Department.

Review of patients in the Hospital, with special reference to diagnosis, treatment, and delayed recovery; selected cases discharged since the last conference, with special consideration of selected deaths; unimproved cases, infections, complications, errors in diagnosis and results of

treatments; and analysis of clinical reports from the various committees. Such discussion will be prompted also by special cases reported by the Departmental Quality Improvement Committee and reports of standing and special medical committees

Discussion and recommendation for the improvement of the professional work of the Hospital.  
Adjournment

## **ARTICLE XI - MEETINGS**

### **Section 4 - Attendance at Medical Staff and Departmental Meetings**

Members of the Active Medical Staff shall attend at least fifty percent (50%) of Medical Staff meetings. Absences from the scheduled meetings without acceptable excuse(s), such as sickness or absence from the community may be considered as grounds for dismissal from the Active Medical Staff. Excuses must be submitted in writing to the Executive Committee.

Each Active Staff member shall attend at least 30% of his departmental meetings unless excused by the Executive Committee for exceptional conditions such as sickness or absence from the community. Excuses must be submitted to the Medical Staff office.

## **ARTICLE XI - MEETINGS**

### **Section 5 - Committee Meetings**

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. Attendance at Committee meetings shall be recorded.

A simple majority of the membership of a Committee shall constitute a quorum for the transaction of business.

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.

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.

Within any Committee of which physicians (and/or oral surgeons) are members and the business of the Committee directly involved the practice or 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.

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.

The presence of twenty-five percent (25%) of such members shall constitute a quorum for all other actions.

## **ARTICLE XII - RULES AND REGULATIONS**

### **Section 1- Rules and Regulations**

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. (12.14.10)

## **ARTICLE XII - RULES AND REGULATIONS**

### **Section 2 - Dues or Assessments**

The Medical Executive Committee shall have the power to recommend the amount of annual dues or assessments, if any, for each category of Medical Staff membership, subject to the approval of the Medical Staff, and to determine the manner of expenditure of such funds received.

## **ARTICLE XII - RULES AND REGULATIONS**

### **Section 3 - Construction of Terms and Headings**

The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope of or affect any of the substantive provisions of the Bylaws. These Bylaws apply with equal force to both sexes wherever either term is used.

## **ARTICLE XII - RULES AND REGULATIONS**

### **Section 4 - Authority to Act**

Any member or members who act in the name of this Medical Staff without proper authority shall be subject to such disciplinary action as the Medical Executive Committee may deem appropriate.

## **ARTICLE XII - RULES AND REGULATIONS**

### **Section 5 - Confidentiality**

The following applies to records of the Medical Staff and its Committees responsible for the evaluation and improvement of patient care:

The records the Medical Staff and its Committees responsible for the evaluation and improvement of patient care:

The records of the Medical Staff and its Committees responsible for the evaluation and improvement of the quality of patient care rendered in the hospital shall be maintained as confidential.

Access to such records shall be limited to duly appointed officers and committees of the Medical Staff for the sole purpose of discharging medical staff responsibilities and subject to the requirement that confidentiality be maintained.

Information which is disclosed to the governing body of the hospital or its appointed representatives - in order that the governing body may discharge its lawful obligations and responsibilities – shall be maintained by that body as confidential.

Information contained in the credentials file of any member may be disclosed with the member's consent, to any medical staff, professional licensing board or as required by law.

## **ARTICLE XIII - CONFIDENTIALITY, IMMUNITY AND RELEASES**

### **Section 1 - Confidentiality of Information**

#### **A. General**

Records and proceedings of all Medical Staff committees have the responsibility of evaluation and improvement of quality of care rendered in the Hospital, including, but not limited to, meetings of departments and divisions, meetings of committees established under Article IX and meetings of special and 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 permitted by law, be confidential.

#### **B Breach of Confidentiality**

Inasmuch 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, division, 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 Hospitals. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

#### **C Immunity from Liability**

For Action Taken - Each representative of the medical staff and hospital shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for

damages or other relief for any action taken or statements or recommendations made within the scope of duties exercised as a representative of the medical staff or hospital.

For Providing Information - Each representative of the medical staff and hospital and all third parties shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief by reason of providing information to a representative of the medical staff or hospital concerning such person who is, or has been, an applicant to or member of the medical staff or who did, or does, exercise clinical privileges or provide services at this hospital.

Activities and Information Covered - The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility's organization's activities concerning, but not limited to:

- a. application for appointment, reappointment, or clinical privileges
- b. corrective action;
- c. hearings and appellate reviews;
- d. utilization reviews;
- e. other department, or division, committee, or medical staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
- f. peer review organizations and similar reports.

## **ARTICLE XIV - AMENDMENTS**

Proposals to amend these Bylaws in any respect may be initiated by the Governing Board, the Chief Executive Officer of the hospitals, the Chief of Staff, the Medical Executive Committee, 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

A staff physician shall submit a proposal in writing, signed by himself and at least (5) other members of the Active Medical Staff, to the Secretary/Treasurer of the Staff at least sixty (60) days prior to the Medical Staff vote on the proposed amendment(s).

Prior to the vote of the Active Medical Staff, the Executive Committee shall consider the proposed amendment and shall prepare a written report of its recommendation. The Executive Committee recommendation will be included in the ballot along with the proposed changes.

The proposed amendment shall be published to the voting staff members by the posting of same in the Physician's Lounge. Proposed changes, the Medical Executive Committee recommendation and ballots shall be mailed or electronically distributed to active members by the Secretary/Treasurer. Thirty days shall be provided for votes to be returned either in person, by mail or electronically.

A quorum of at least 25% of the eligible voting members is required and shall be determined by the number of votes received.

The adoption of such proposals shall require at least an affirmative 2/3 of the ballots received.

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 Division President of the Hospital for transmittal to and consideration by the Governing Board of the Hospital.

Exclusivity- The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the Medical Staff Bylaws. **(2.18.16)**

## **ARTICLE XIV - AMENDMENTS**

### **Section 2 - Proposals by Governing Board or Chief Executive Officer**

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 each division of the Medical Staff at least sixty (60) days prior to the Medical Staff vote on the proposed amendment(s). The subsequent procedure with respect thereto after its receipt by the Secretary/Treasurer shall be provided in Section 1 above. **(2.18.16)**

## **ARTICLE XIV - AMENDMENTS**

### **Section 3 - Adoption**

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 Healthcare System Board of Trustees

Amended/Reviewed April 10, 2000

Amended/Reviewed May 14, 2001

Amended/Reviewed January 16, 2002

Amended/Reviewed May 15, 2002

Amended/Reviewed September 18, 2002

Amended/Reviewed October 30, 2002

Amended/Reviewed December 19, 2002

Amended/Reviewed February 18, 2003

Amended/Reviewed December 16, 2004

Amended/Reviewed December 13, 2007

Amended/Reviewed April 20, 2010 (Medical Education, H & P)

Amended/Reviewed Oakwood Healthcare System Board of Trustees 12.14.10

Amended/Reviewed Oakwood Healthcare System Joint Conference Committee 5.11.11

Board of Trustees review 7.19.11

Amended Board of Trustees 4.16.13

Amended Board of Trustees 4.21.15

Amended Board of Trustees 2.18.16