

# MEDICAL STAFF BYLAWS

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## **PREAMBLE**

These Bylaws are adopted in order to provide for the organization of the Medical Staff of Eaton Rapids Medical Center and to provide a framework for self-governance in order to permit the Medical Staff to discharge its responsibilities in matters involving the quality of medical care and to govern the orderly resolution of those purposes. These Bylaws provide the professional and legal structure for Medical Staff operations, organized Medical Staff relations with the Board of Directors, and relations with applicants to and members of the Medical Staff.

## **ARTICLE I: NAME AND DEFINITIONS**

### **1.1 NAME**

The name of this organization shall be the Medical Staff of Eaton Rapids Medical Center.

### **1.2 DEFINITIONS**

"Medical Staff" means all medical physicians and osteopathic physicians holding unlimited licenses, and duly licensed dentists, who are privileged to attend patients in the hospital.

"Board of Directors" means the board of directors of the hospital.

"Medical Executive Committee" means the medical executive committee of the medical staff unless specific reference is made to the Medical executive committee of the Board of Directors.

"Chief Executive Officer (CEO)" means the individual appointed by the Board of Directors to act in its behalf in the overall management of the hospital.

"Practitioner" means an appropriately licensed medical physician, an osteopathic physician with an unlimited license or an appropriately licensed dentist.

"Allied Health Practitioner or AHP" means an individual, other than a licensed physician or dentist, whose patient care activities require that his or her authority to perform specified patient care services be approved through the usual medical credentialing process. Must be under supervision of a credentialed physician and is only for specified service authority through a job description.

"Service" means that group of practitioners who have clinical privileges in one of the general areas of medicine or surgery.

"Chief of Service" means the medical staff member duly appointed or elected in accordance with these bylaws to serve as the head of a service.

"Clinical Privileges or Privileges" means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental or surgical services.

"Dentist" means an individual who has been awarded the degree of doctor of dentistry (D.D.S.) or doctor of dental medicine (D.D.M.).

"EX-OFFICIO" means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means without voting rights.

"Medical Staff Year" means the period from January 1 through December 31.

"Physician" means an individual who has been awarded the degree of doctor of medicine (M.D.) or the degree of doctor of osteopathy (D.O.) licensed in Michigan.

"Limited Health Practitioner" means an individual, other than a licensed physician or dentist whose patient care activities require that his authority to perform specified patient care services be processed through the medical staff channels or with involvement of medical staff representatives.

"Good Standing" means the staff member has met the attendance requirements during the previous medical staff year, and is not under a suspension of his appointment or admitting privileges.

"Special Notice" means written notification sent by certified mail, return receipt requested.

"Behavioral Standards" means the current behavior policy that is in effect for the hospital.

## **ARTICLE II: PURPOSES AND RESPONSIBILITIES**

### **The purposes of the Medical Staff are:**

- (a) To ensure that all patients admitted to or treated in any of the facilities, departments, or services of the hospital shall receive quality medical care.
- (b) To ensure a high level of professional performance of all practitioners and limited health practitioners authorized to practice in the hospital through the appropriate delineation of the clinical privileges that each practitioner may exercise in the hospital and through an ongoing review and evaluation of each practitioner's performance in the hospital.
- (c) To initiate and maintain rules and regulations for the self-governance of the medical staff.
- (d) To provide a means whereby issues concerning the medical staff and the hospital may be discussed by the medical staff with the Board of Directors and the chief executive officer.
- (e) To be the formal organization structure through which:
  - 1. The benefits of membership on the staff may be obtained by individual practitioners, and
  - 2. The obligations of staff membership may be fulfilled.
- (f) To serve as the primary means for the accountability to the board for the appropriateness of the professional performance and ethical conduct of its members and to strive toward assuring that the pattern of patient care in the hospital is consistently maintained at the level of quality and locally available.
- (g) To provide a means through which the staff may participate in the hospital's policy-making and planning process.

### **The responsibilities of the Medical Staff:**

The responsibilities of the staff, to be fulfilled through the actions of its officers, departments and committees, include:

- 1. To account for the quality and appropriateness of patient care rendered by all practitioners and limited health practitioners authorized to practice in the hospital through the following measures:
  - a. A credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised or of specified services to be performed, with the verified credentials and current demonstrated performance of the applicant, staff member or limited health practitioner.



- b. A utilization review program to allocate inpatient and outpatient medical and health services based upon patient specific determinations of individual medical needs.
  - c. Review and evaluation of the quality of patient care through a valid and reliable quality assessment procedure.
- 2. To recommend to the board action with respect to appointments, reappointments, staff category, clinical privileges and corrective action.
- 3. To account to the board for the quality and efficiency of patient care rendered to patients in the hospital through regular reports and recommendations concerning the implementation, operation and results of the quality/utilization management activities.
- 4. To develop, administer and seek compliance with these bylaws, the rules and regulations of the staff, and other patient care related hospital policies.
- 5. To assist in identifying community health needs.
- 6. To exercise the authority granted by these bylaws as necessary to adequately fulfill the foregoing responsibilities.

### **ARTICLE III: MEDICAL STAFF MEMBERSHIP**

#### **Section 1. Nature of Medical Staff Membership**

Membership on the medical staff of ERMHC is a privilege which shall be extended only to professionally competent physicians and dentists who continuously meet the qualifications, standards, and requirements set forth in these bylaws.

#### **Section 2. Qualifications for Membership**

- A. Only physicians and dentists licensed to practice in the State of Michigan, who can document their background, experience, training, and demonstrate competence, their physical and/or mental health status, evidence of professional liability insurance coverage as required herein, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, with sufficient adequacy to assure the medical staff and the Board of Directors that any patient treated by them in the hospital will be given high quality medical care in an economically efficient manner, taking into account patient needs, the available hospital facilities and resources, and utilization standards in effect at the hospital, shall be qualified for membership on the medical staff. No physician or dentist shall be entitled to membership on the medical staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that he or she is duly licensed to practice medicine or dentistry in this or in any other state, or that he or she is a member of any professional organization, or that he had in the past, or presently has, such privileges at another hospital.

- B. Acceptance of membership on the medical staff shall constitute the staff member's agreement that he will strictly abide by the Principles of Medical Ethics of the American Medical Association or by the Code of Ethics of the American Dental Association, whichever is applicable, and the hospital behavior standards.
- C. All members of the medical staff shall at all times be required to provide and maintain a current certificate of insurance from an insurance company licensed or approved to do business in Michigan to verify malpractice liability coverage. The amount of coverage required shall be in accordance with the minimum requirements of the hospital's professional liability insurance carrier as it now exists and as it may hereinafter be amended. All members of the medical staff shall be required to report involvement in a professional liability action. At a minimum, final judgements or settlements.
- D. All members of the medical staff shall at all times be required to adhere to any and all information practices and procedures as required to HIPAA compliance involving protected health information (PHI), as well EMTALA and other state and federal regulations.

### **Section 3: Conditions and Duration of Appointment**

- A. Initial appointments and reappointments to the medical staff shall be made by the Board of Directors. The Board of Directors shall act on appointments, reappointments, or revocations of appointments only after there has been a recommendation from the medical staff as provided in these bylaws; provided that in the event of unwarranted delay on the part of the medical staff (120 days from the date the pertinent have been received), the Board of Directors may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualification obtained from reliable sources other than the medical staff.
- B. Initial appointments shall be for a period of six months. But may be extended up to 3 years, including the provisional membership of at least 6 months to coincide with the next recredentialing cycle. Reappointment shall be for a period of not more than every two years. For the purposes of these bylaws the medical staff commences on the 1<sup>st</sup> day of January through the 31<sup>st</sup> day of December of each year.
- C. Appointment to the medical staff shall confer on the appointee only such clinical privileges as have been granted by the Board of Directors, in accordance with these bylaws, and rules and regulations of the medical staff.
- D. Every application for the staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every medical staff member's obligations to provide continuous care and supervision of his/her patients, to abide by the medical staff bylaws, rules and regulations, to accept committee assignments and to accept consultation assignments.

### **Section 4: Non-discrimination**

The hospital will not discriminate in granting medical staff appointments/clinical privileges on the basis of age, gender, creed, national origin, pregnancy, religion, disability, or any other status characteristic protected by law.

## **ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF**

### **Section 1. The Medical Staff**

The medical staff shall be divided into Active, Courtesy, Consulting and Affiliate categories.

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

The active medical staff shall consist of physicians and dentists who regularly admit patients to the hospital, who are located closely enough to the hospital to provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active medical staff, including, where appropriate, emergency service care and consultation assignments. Members of the active medical staff shall be appointed to a specific service, shall be eligible to vote, to hold office and to serve on medical staff committees, and shall be required to attend medical staff meetings.

## **Section 3: The Courtesy Medical Staff**

The courtesy medical staff shall consist of physicians and dentists qualified for staff membership but who only occasionally admit patients to the hospital or who act only as consultants. Courtesy medical staff members shall be appointed to a specific department but shall not be eligible to vote or hold office in this medical staff organization. They may be appointed to serve on service committees and to vote on matters before such committees to which they are appointed.

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

The consulting medical staff shall consist of recognized specialists who are active in the hospital or who have signified a willingness to accept such appointment. Normally, members of this category are physicians or dentists who desire this rank and who come to the hospital occasionally, either on schedule or by call and who serve only in a consulting capacity. Members of this class shall be ineligible to vote or hold office in this medical staff organization. They may be eligible to serve on medical staff committees and to vote on matters coming before the committees on which they do serve.

## **Section 5: The Affiliate Medical Staff**

The affiliate medical staff shall consist of physicians and dentists who have no privileges at the hospital but who wish to remain credentialed. Members of this category shall be ineligible to vote or hold office in this medical staff organization. They are not eligible to serve on the medical staff committees or to vote on matters coming before the committees. The Medical Executive Committee may revoke this category and/or membership of this category at anytime for any reason.

## **Section 6: Appointments Provisional**

- A. All initial appointments to any category of the medical staff shall be for a period of six months. Reappointments to provisional membership may not exceed one full year, at which time the failure to advance from provisional to regular staff status shall be deemed a termination of staff appointment. A provisional appointee whose membership is so terminated shall have the rights accorded to these bylaws of a member of the medical staff who has failed to be reappointed.
- B. Provisional staff members shall be assigned to a department where their performance shall be observed by the chairman of the department or his/her representative to determine the eligibility of such provisional members for regular staff membership and for exercising the clinical privileges provisionally granted to them.
- C. Provisional medical staff members are ineligible to hold office in this medical staff organization. They shall be eligible to serve on medical staff committees and to vote on matters before such committees. They may attend medical staff meetings but shall not be allowed to vote at such meetings.

## **Section 7: Allied Health Practitioner Membership (AHP)**

It is recognized that other healthcare professionals may provide definitive and beneficial care to the hospitalized patient and these healthcare professionals merit a position in the healthcare organization. For these circumstances, the status of AHP is developed.

These healthcare professionals might include podiatrists, psychologist, certified registered nurse anesthetists, physician assistants, nurse practitioners, audiologists, prosthetics and orthotics and other affiliates.

All AHP, accorded hospital privileges, must comply with all applicable bylaws, rules and regulations governing the medical staff. Applications for AHP status shall be submitted and processed in the same manner as applications for medical staff membership. Members of the AHP staff who have been accorded the privilege of admission shall exercise this privilege with the concept of dual responsibility; that is the AHP staff member is responsible for rendering the care of the patient within his province while a member of the active or courtesy medical staff, with appropriate privileges is responsible for the overall care of the patient of the hospital stay. Dismissal of AHP staff patients is a dual responsibility for the AHP staff member and the member of the medical staff assuming overall medical responsibility for the patient.

### **7.1 Podiatrist Affiliates**

The podiatrist accorded hospital privileges must comply with all applicable bylaws, rules and regulations governing the medical staff.

7.1-1 Provisions for keeping accurate and complete clinical records, both podiatric and medical, must be made for all patients treated in the hospital and should be completed at the time of discharge. The podiatrist is responsible for his or her field and will write the podiatric history and physical; the physician, the medical history and the physical.

7.1-2 In this regard, under the concept of dual responsibility, the podiatrist is responsible for the podiatric care of the patient while a member of the active medical staff, with appropriate privileges, is responsible for the overall care of the patient during the hospital stay.

7.1-3 Dismissal of podiatric patients is a dual responsibility for the attending podiatrist and the member of the active medical staff assuming overall medical responsibility for the patient. When the case is primarily podiatric and no other medical complications are present, the member of the active staff may indicate on the patient's record that the patient is eligible for dismissal at the discretion of the attending podiatrist. This would be conversely applicable if the case were primarily medical. Each is responsible for his or her section of the patient's record, including final diagnosis and proper signature entered in the record.

7.1-4 Applicants for the podiatric staff of the hospital must meet the privilege minimum requirements.

7.1-5 Scope of privileges may not exceed the Michigan law governing podiatrists.

### **7.2 Clinical Psychologists**

All psychologists shall possess the appropriate Michigan state licensure. In cooperation with the attending physician, the psychologist may perform psychological evaluations; group, individual, and family psychotherapy; and other functions within the province of their licensure.

### **7.3 Physician's Assistants**

7.3-1 Applicants for the Physician's Assistants staff of the hospital must meet the privilege minimum requirements.

7.3-2 The sponsoring physician will assume full responsibility for the Assistant.

#### **7.4 Nurse Practitioners**

7.4-1 Applicants for the Nurse Practitioners staff of the hospital must meet the privilege minimum requirements.

7.4-2 The sponsoring physician will assume full responsibility for the registered nurse practitioners.

#### **7.5 Certified Registered Nurse Anesthetist**

7.5-1 Applicants for the Certified Registered Nurse Anesthetist staff of the hospital must meet the privilege minimum requirements.

7.5-2 CRNA's in accordance with Michigan law HB 4359 governing CRNA's will provide without supervision anesthesia and analgesia services as sole independent anesthesia providers.

#### **7.6 Other Practitioners**

7.6-1 Other affiliate positions of the medical staff for non-physician professionals associated with the surgical or nonsurgical departments, as their special skills warrant, may be created by the medical staff and the composition, function, and limitations of such positions defined in writing and appendaged to these Medical Staff Bylaws.

7.6-2 Application for these positions must be supported by appropriate and specific training and licensure by state certification where applicable. Work of these applicants must be directed toward inpatient diagnostic or therapeutic procedures.

### **ARTICLE V: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

#### **Section 1. Application for Appointment**

- a. All applications for appointment to the medical staff shall be in writing and signed by the applicant, and shall be submitted on a form prescribed by the Board of Directors after consultation with the Medical executive committee. The applications shall require detailed information concerning the applicant's professional qualifications and physical and/or mental health status, shall include the competence and ethical character, and shall include information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced or not renewed at any other hospital or institution, and as to whether his membership in local, state or national medical societies, or his license to practice any profession in any jurisdiction, has ever been suspended or terminated. The applicant shall also state whether the applicant's narcotic license has ever been suspended or revoked and information concerning an applicant's malpractice experience, including a consent to the release of information from his present and past malpractice insurance carriers; and require information confirming the applicant's compliance relating to malpractice liability coverage.
- b. The applicant shall have the burden of producing, upon request, adequate information for a proper evaluation of his competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.
- c. The completed application shall be submitted to the medical staff department. After collecting the reference and other materials deemed pertinent, he or she shall transmit the application and all supporting materials to the medical staff department for evaluation, and submission to the MEC.

- d. By applying for appointment to the medical staff:
  - 1. each applicant thereby signifies his or her willingness to appear for interviews in regard to his or her application,
  - 2. authorizes the hospital to consult with members of the medical staff or other hospitals with which the applicant has been associated and with others who may have information bearing on his or her competence, character, and ethical qualifications,
  - 3. consents to the hospital's inspection of all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the clinical privileges he or she requests as well as of his or her moral and ethical qualifications for the staff membership,
  - 4. releases from any liability all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his credentials,
  - 5. release from any liability all individuals and organizations who provide information to the hospital in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- e. The application form shall include a statement that the applicant has received and read the bylaws and rules and regulations of the medical staff and that he or she agrees to be bound by the terms thereof if he/she is granted membership and/or clinical privileges and to be bound by the terms thereof without regard to whether or not he or she is granted membership and/or clinical privileges in all matters relating to consideration of this application.

## **Section 2. Appointment Process**

- a. Within 120 days after receipt of the completed application for membership, the medical executive committee shall make a written report of its investigation to the Board of Directors, including its recommendation that the practitioner be provisionally appointed to the medical staff, or that he or she be rejected for medical staff membership, or that his or her application be deferred for further consideration. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may, where appropriate, be qualified by probationary conditions.
- b. Prior to making this report and recommendation, the medical executive committee may examine the evidence of the character, professional competence, qualifications and ethical standing of the practitioner and shall determine through information contained in references given by the practitioner and from other sources available to the committee, including an appraisal from the clinical service in which privileges are sought, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested by him. Every service in which the practitioner seeks clinical privileges shall provide the Medical executive committee with specific, written recommendations for delineating such clinical privileges, and these recommendations shall be made a part of the report. Together with its report, the medical executive committee shall transmit to the Board of Directors the completed application and all other documentation considered in arriving at its recommendation.
- c. When the recommendation of the medical executive committee is to defer the application for further consideration, it must be followed up within 30 days with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for staff membership.
- d. When the recommendation of the medical executive committee is favorable to the practitioner, the chief executive officer shall promptly forward it, together with all supporting documentation, to the Board of Directors.

- e. When the recommendation of the medical executive committee is adverse to the practitioner either in respect to the appointment or clinical privileges, the CEO shall promptly notify the practitioner by certified mail, return receipt requested. No such adverse recommendation forwarded to the Board of Directors until after the practitioner has exercised or has been deemed to have waived his or her right to a hearing as provided in Article VIII of these bylaws.
- f. If, after the medical executive committee has considered the report and recommendations of the hearing committee and the hearing record, the Medical executive committee's reconsidered recommendation is favorable to the practitioner, it shall be processed in accordance with subparagraph d. of this Section 2. If such recommendation continues to be adverse, the CEO shall promptly notify the practitioner, by certified mail, return receipt requested. The CEO shall also forward such recommendation and documentation to the Board of Directors, but the Board of Directors shall not take any action thereon until after the practitioner has exercised or has been deemed to have waived his/her right to an appellate review as provided in Article VIII of these bylaws.
- g. At its next regular meeting after receipt of a favorable recommendation, the Board of Directors or its medical executive committee shall act in the matter. If the Board of Directors decision is adverse to the practitioner in respect to either appointment or clinical privileges, the CEO shall promptly notify him or her of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be held in abeyance until the practitioner has exercised or has been deemed to have waived his/her right under Article VIII of these bylaws and until there has been compliance with subparagraph 1 of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.
- h. At its next regular meeting after all the practitioner's rights under Article VIII have been exhausted or waived, the Board of Directors or its duly authorized committee shall act in the matter. The Board of Directors decision shall be conclusive, except that the Board of Directors may defer final determination by referring the matter back for further recommendation. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the Board of Directors shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendation, and new evidence in the matter, if any, the Board of Directors shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership. All decisions to appoint shall include a delineation of the clinical privileges which the practitioner may exercise.
- i. Whenever the Board of Directors decision will be contrary to the recommendation of the medical staff medical executive committee, the Board of Directors shall place the application on hold for review and shall consider all recommendations before making its final decision.
- j. When the Board of Directors decision is final, it shall send notice of such decision through the CEO to the president of the medical staff, to the chief of service concerned, and by certified mail, return receipt requested, to the practitioner.

### **Section 3. Reappointment Process**

- a. At least 30 days prior to the final scheduled Board of Directors meeting in the medical staff year, the medical executive committee shall review all pertinent information available on each practitioner scheduled for periodic appraisal, for the purpose of determining its recommendations for reappointments to the medical staff and for the granting of clinical privileges for the ensuing period, and shall transmit its recommendations, in writing, to the Board of Directors. Where non-reappointment or a change in clinical privileges is recommended, the reason for such recommendation shall be stated and documented.
- b. Each recommendation concerning the reappointment of a medical staff member, current licensure, and the clinical privileges to be granted upon reappointment shall be based upon such member's professional competence and clinical judgment in the treatment of patients, his or her ethics and conduct, his or her health status, his or her attendance at medical staff meetings and participation in staff affairs, his or her compliance with the hospital bylaws and the medical staff bylaws, rules and regulations, his or her cooperation with the hospital personnel, his or her use of the hospital's facilities for his or her patients, his or her relations with other practitioners, and his or her general attitude towards patients, the hospital, and the public.
- c. Thereafter, the procedure provided in Section 2 of the Article V relating to recommendations on applications for initial appointment shall be followed.

## **ARTICLE VI: CLINICAL PRIVILEGES**

### **Section 1. Clinical Privileges Restricted**

- a. Every practitioner practicing at this hospital by virtue of medical staff membership or otherwise, shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted to him or her by the Board of Directors, except as provided in Sections 2 and 3 of this Article VI.
- b. Every initial application for staff appointment must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant's education, training, experience, demonstrated competence, references and other relevant information, including an appraisal by the service in which such privileges are sought. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges he/she requests. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of the patients treated in this or other hospitals and review of the records of the medical staff which document the evaluation of the member's participation in the delivery of medical care.
- c. Privileges granted to dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the chief of surgery. All dental patients shall receive the same basic medical appraisal as patients admitted to other – surgical services. A physician member of the medical staff shall be responsible for the care of any medical problems that may be present at the time of admission or that may arise during the hospitalization.
- d. Applications for additional clinical privileges must be in writing. Such applications shall be processed in the same manner as applications for initial appointment.



## **Section 2. Temporary Privileges**

- a. Upon receipt of an application for medical staff membership from an appropriately licensed practitioner, the CEO may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the written concurrence of the service chief and of the chairman of the medical executive committee, grant temporary admitting and clinical privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the chief of the service to which he or she is assigned.
- b. Temporary clinical privileges may be granted by the CEO with concurrence of chief of staff for the care of a specific patient to a practitioner who is not an applicant for membership in the same manner and upon the same conditions as set forth in subparagraph a. of this Section 2., provided that there shall first be obtained such practitioner's certification of current Michigan licensure, appropriate malpractice coverage, signed acknowledgment that he or she has received and read copies of the medical staffs bylaws, rules and regulations and that he or she agrees to be bound by the terms thereof in all matters relating to his or her temporary clinical privileges. Such temporary privileges shall be restricted to the treatment of not more than 4 patients in any one year by any practitioner, after which such practitioner shall be required to apply for membership on the medical staff before being allowed to attend additional patients.
- c. The CEO may permit a physician serving as a locum tenens for a member of the medical staff to attend patients without applying for membership on the medical staff for a period not to exceed 60 days, providing all his or her credentials have first been approved by the chief of service concerned and by the chairman of the medical executive committee, and that he or she signs an application for temporary privileges, provides verification of current Michigan licensure, appropriate malpractice coverage, and signs an acknowledgment that he or she has received and read copies of the medical staff bylaws, rules and regulations and agrees to be bound by the terms thereof while attending patients in the hospital.
- d. Special requirements of supervision and reporting may be imposed by the chief of service concerned on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the CEO after consultation with the chief of staff, upon notice of any failure by the practitioner to comply with such special conditions.
- e. The CEO may at any time, upon the recommendation of the chairman of the Medical executive committee or the chief of service concerned, terminate a practitioner's temporary privileges effective as of the discharge from the hospital of the practitioner's patient(s) then under his or her care in the hospital. However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the practitioner, the termination may be imposed by any person entitled to impose a summary suspension pursuant to Section 2a of Article VII of these bylaws, and the same shall be immediately effective. The appropriate chief of service or, in his or her absence, the chairman of the medical executive committee, shall assign a member of the medical staff to assume responsibility for the care of such terminated practitioner's patient(s) until they are discharged from the hospital. The wishes of the patient(s) shall be considered where feasible.
- f. A practitioner shall not be entitled to the procedural rights offered by Article III because of his or her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

## **Section 3. Emergency Privileges**

In the case of an emergency, any physician or dentist, to the degree permitted by his or her license and regardless of service or staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the hospital necessary, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such privileges are denied or he or she does not desire to request privileges, the patient shall be assigned to an appropriate member of the medical staff. For the purpose of this section and "emergency" is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and delay in administering treatment would add to that danger.

#### **Section 4. Special Conditions for House Staff**

Trainees in postgraduate training programs (i.e. residencies, fellowships) shall be permitted to perform those services set out in training protocols developed by the applicable program directors. They shall, in the performance of those services, be subject to all applicable rules and policies of the staff and hospital and of the department.

### **ARTICLE VII: CORRECTIVE ACTION**

#### **Section 1. Procedure**

- a. Whenever the activities of professional conduct of any practitioner with clinical privileges are considered to be lower than the standards or aims of the medical staff or to be disruptive to the operations of the hospital, including hospital Behavior Standards, corrective action against such practitioner may be requested by the officer of the medical staff, by the chief of any service, by the chairman of any standing committee of the medical staff, by the CEO, or by the Board of Directors. All requests for corrective action shall be in writing, shall be made to the Medical executive committee through the CEO, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request.
- b. Whenever the corrective action could be a reduction or suspension of clinical privileges, the medical executive committee shall share such request with the chief of the service wherein the practitioner has such privileges. The MEC shall immediately appoint an ad hoc committee to investigate the matter.
- c. Within 30 days, or sooner if possible, after the service's receipt of the request for corrective action, the ad hoc committee shall make a report of its investigation to the medical executive committee. Prior to the making of such report, the practitioner against who corrective action has been requested shall have an opportunity for an interview with the service ad hoc investigating committee. At such an interview he or she shall be informed of the general nature of the charges against him or her, and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the service and included with its report to the Medical executive committee.
- d. Within 30 days, or sooner if possible, following the receipt of a request for corrective action, or following receipt of a report from a service following the service's investigation of a request for corrective action involving reduction or suspension of clinical privileges, the medical executive committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the medical staff, the affected practitioner shall be permitted to make an appearance before the medical executive committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the medical executive committee.
- e. The action of the medical executive committee on a request for corrective action may be to reject or modify the request for corrective action, to issue a warning, a letter of admonition, or a letter of reprimand, to impose terms of probation or a requirement for consultation, to recommend reduction, suspension or revocation of clinical privileges, to recommend that an already imposed summary suspension of clinical privileges be terminated, modified or sustained, or to recommend that the practitioner's staff membership be suspended or revoked.
- f. Any recommendation by the medical executive committee for reduction, suspension or revocation of clinical privileges or for suspension or expulsion from the medical staff shall entitle the affected practitioner to the procedural rights provided in Article VIII of these bylaws.

- g. The chairman of the medical executive committee shall promptly notify the CEO in writing of all requests for corrective action received by the medical executive committee and shall continue to keep the CEO fully informed of all action taken in connection therewith. After the medical executive committee has made its recommendation in the matter, the procedure to be followed shall be as provided in Article V, Section 2, and in Article VIII if applicable, of these bylaws.

## **Section 2. Summary Suspension**

- a. Any one of the following – the chairman of the medical executive committee, the president of the medical staff, a chief of service, the CEO, and the medical executive committee of either the medical staff or the Board of Directors shall each have authority, whenever action must be taken immediately in the best interest of patient care in the hospital, to summarily suspend all or any portion of the clinical privileges of a practitioner, and such summary suspension shall become effective immediately upon the imposition.
- b. A practitioner whose clinical privileges have been summarily suspended shall be entitled to request that the medical executive committee of the medical staff hold a hearing on the matter within such reasonable time period thereafter as the medical executive committee may be convened in the accordance with Article VIII of these bylaws.
- c. The medical executive committee may recommend modification, continuance or termination of the terms of the summary suspension. If, as a result of such hearing, the medical executive committee does not recommend immediate termination of the summary suspension, the affected practitioner shall, also in accordance with Article VIII, be entitled to request an appellate review by the Board of Directors, but the terms of the summary suspension as sustained or as modified by the Medical executive committee shall remain in effect pending a final decision thereon by the Board of Directors.
- d. Immediately upon the imposition of a summary suspension, the chairman of the medical executive committee or responsible chief of service shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the hospital at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner.

## **Section 3. Automatic Suspension**

- a. A temporary suspension in the form of withdrawal of a practitioner's admitting privileges, effective until medical records are completed, shall be imposed automatically after warning of delinquency for failure to complete medical records within thirty (30) calendar days of a patient's discharge.

In the case of adverse events or the death of a medical practitioner, all said medical records will revert to the Chief of Staff for completion.

- b. Action by the State Board of Medical Examiners revoking or suspending a practitioner's license, shall automatically suspend all of his hospital privileges.
- c. It shall be the duty of the president of the medical staff to cooperate with the CEO in enforcing all automatic suspensions.

## **Section 4. License**

- a. Revocation: Whenever a practitioner's license to practice in this State is revoked, his or her staff appointment and clinical privileges are immediately and automatically revoked.
- b. Restriction: Whenever a practitioner's license is limited or restricted in any way, those clinical privileges which he or she has been granted that are within the scope of the limitation or restriction are similarly limited or restricted, automatically.

- c. Suspension: Whenever a practitioner's license is suspended, his or her staff appointment and clinical privileges are automatically suspended effective upon and for at least the term of the suspension.
- d. Probation: Whenever a practitioner is placed on probation by his or her licensing authority. The practitioner shall be subject to an investigation and hearing consistent with Article VII Section1.

#### **Section 5. Controlled Substances Number**

- a. Revocation: Whenever a practitioner's Drug Enforcement Administration (DEA) or other controlled substances number is revoked, he or she is immediately and automatically divested at least of this right to prescribe medications covered by the number.
- b. Restriction: Whenever a practitioner's use of his or her DEA or other controlled substance number is restricted or limited in any way, his or her right to prescribe medications covered by the number is similarly restricted or limited effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation.
- c. Suspension: Whenever a practitioner's DEA or other controlled substance number is suspended, he or she is divested at least of his or her right to prescribe medications covered by the number effective upon and for at least the term of the suspension.
- d. Probation: Whenever a practitioner is placed on probation in so far as the use of his or her DEA or other controlled substance number is concerned, the terms of probation will be pre-outlined by the medical executive committee.

#### **Section 6. Medical Records**

Timely Completion: At any time a practitioner has incomplete medical records over 30 days from the date of discharge, the practitioner's clinical privileges (except with respect to his or her patient already in the hospital) his or her rights to admit patients and to consult with respect to new patients, and his or her voting and office-holding prerogatives are automatically suspended effective immediately and will not be reinstated until the delinquent medical records are complete.

#### **Section 7. Professional Liability Insurance**

For failure to maintain the minimum amount of professional liability insurance, \$200,000/\$600,000, required by these bylaws, a practitioner's medical staff appointment and clinical privileges are immediately suspended.

### **ARTICLE VIII: HEARING AND APPELLATE REVIEW PROCEDURE**

#### **Section 1. Right to Hearing and to Appellate Review**

- a. When any practitioner receives notice of a recommendation of the medical executive committee that, if ratified by decision of the Board of Directors, will adversely affect his or her appointment to or status as a member of the medical staff or his or her exercise of clinical privileges, he or she shall be entitled to a hearing before an ad hoc committee of the medical staff. If the recommendation of the medical executive committee following such hearing is still adverse to the affected practitioner, he or she shall then be entitled to an appellate review by the Board of Directors before the Board of Directors makes a final decision on the matter.
- b. When any practitioner receives notice of a decision by the Board of Directors that will affect his or her appointment to or status as member of the medical staff or his or her exercise of clinical privileges, and such

decision is not based on a prior adverse recommendation by the medical executive committee of the medical staff with respect to which he/she was entitled to a hearing and appellate review, he/she shall be entitled to a hearing by a committee appointed by the Board of Directors, and if such hearing does not result in a favorable recommendation, to an appellate review by the Board of Directors, before the Board of Directors makes a final decision in the matter.

- c. All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this Article VIII to assure that the affected practitioner is accorded all rights to which he/she is entitled.

## **Section 2. Request for Hearing**

- a. The CEO shall be responsible for giving prompt written notice of an adverse recommendation or decision to any affected practitioner who is entitled to a hearing or to an appellate review, by certified mail return receipt requested.
- b. The failure of a practitioner to request a hearing to which he or she is entitled by these bylaws within the time and in the manner herein provided shall be deemed a waiver of his or her right to such hearing and to any appellate review to which he or she might otherwise have been entitled on the matter, the failure of a practitioner to request an appellate review to which he or she is entitled by these bylaws within the time and in the manner herein provided shall be deemed a waiver of his or her right to such appellate review on the matter.
- c. When the waived hearing or appellate review relates to an adverse recommendation of the medical executive committee of the medical staff or of a hearing committee appointed by the Board of Directors, the same shall thereupon become and remain effective against the practitioner pending the Board of Directors decision on the matter. When the waived hearing or appellate review relates to an adverse decision by the Board of Directors, the same shall thereupon become and remain effective against the practitioner in the same manner as a final decision of the Board of Directors provided for in Section 7 of the Article VIII. In either of such events, the CEO shall promptly notify the affected practitioner of his/her status by certified mail, return receipt requested.

## **Section 3. Notice of Hearing**

- a. After receipt of a request for hearing from a practitioner, the medical executive committee or the Board of Directors, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the CEO, notify the practitioner of the same, place and date so scheduled, by certified mail, return receipt requested. The hearing date shall be not less than 7 days, nor more than 40 days from the date of receipt of the request for hearing.
- b. The notice of hearing shall state in concise language the acts or omissions with which the practitioner is charged, a list of specific or representative charts being questioned, and/or the other reasons or subject matter that was considered in making the adverse recommendation or decision.

## **Section 4. Composition of Hearing Committee**

- a. When a hearing relates to an adverse recommendation of the medical executive committee, such hearing shall be conducted by an ad hoc hearing committee of not less than 2 members of the medical staff appointed by the president of the medical staff in consultation with the medical executive committee, and one of the members so appointed shall be designated as chairman. No staff member who has actively participated in the consideration of the adverse recommendation shall be appointed as member of this hearing committee unless it is otherwise impossible to select a representative group due to the size of the medical staff.

- b. When a hearing relates to an adverse decision of the Board of Directors that is contrary to the recommendation of the medical executive committee, the Board of Directors shall appoint a hearing committee to conduct such hearing and shall designate one of the members of this committee as chairman. At least one representative from the medical staff shall be included on this committee when feasible.

#### **Section 5. Conduct of Hearing**

- a. There shall be at least a majority of the members of the hearing committee present when the hearing takes place, and no member may vote by proxy.
- b. An accurate record of the hearing must be kept. The mechanism shall be established by the ad hoc hearing committee, and may be accomplished by use of a court reporter, electronic recording unit, and detailed transcription or by the taking of adequate minutes.
- c. The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his or her rights in the same manner as provided in Section 2 of this Article VIII, and to have accepted the adverse recommendation or decision involved, and the same shall thereupon become and remain in effect as provided in said Section 2.
- d. Postponement of hearings beyond the time set forth in these bylaws shall be made only with the approval of the ad hoc hearing committee. Granting of such postponements shall only be for good cause shown and in the sole discretion of the hearing committee.
- e. The affected practitioner shall be entitled to be accompanied by and/or represented at the hearing by a member of the medical staff in good standing or by member of his local professional society.
- f. Either a hearing officer, if one is appointed, or the chairman of the hearing committee or his designee, shall preside over the hearing to determine the order of the procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain decorum.
- g. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objective in civil or criminal action. The practitioner for whom the hearing is being held shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become part of the hearing record.
- h. The medical executive committee, whom its action has prompted the hearing, shall appoint one of its members or some other medical staff member to represent it at the hearing, to present the facts in support of its adverse recommendations, and to examine the witnesses. The Board of Directors, when its action has prompted the hearing, shall appoint one of its members to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision, but the affected practitioner shall thereafter be responsible for supporting his or her challenge to the adverse recommendation or decision by an appropriate showing that the charges or grounds involved lack any factual basis or that such basis or any action based thereon is either arbitrary, unreasonable or capricious.
- i. The affected practitioner shall have the following rights to call and examine witnesses, to introduce written evidence, to cross-examine any witness on any matter relevant to the issue of the hearing, to challenge any witness and to rebut any evidence. If the practitioner does not testify on his own behalf, he may be called and examined as if under cross-examination.

- j. The hearings provided for in these bylaws are for the purpose of resolving on an intraprofessional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected practitioner, nor the medical executive committee of the medical staff or the Board of Directors, shall be represented at any phase of the hearing procedure by an attorney at law unless the hearing committee, in its discretion, permits both sides to be represented by counsel. The foregoing shall not be deemed to deprive the practitioner, the medical executive committee of the medical staff, or the Board of Directors of the right to legal counsel in connection with preparation for the hearing or for a possible appeal; and, if a hearing officer is utilized, he or she may be an attorney at law.
- k. The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the practitioner for whom the hearing was convened.
- l. Within 10 days after final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the medical executive committee or to the Board of Directors, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the medical executive committee or decision of the Board of Directors. Thereafter, the procedure to be followed shall be as provided in Section 2 of Article V of these bylaws.

#### **Section 6. Appeal to the Board of Directors**

- a. Within 10 days after receipt of a notice by an affected practitioner of an adverse recommendation or decision made or adhered to after a hearing as above provided, he or she may, by written notice to the Board of Directors delivered through the CEO by certified mail, return receipt requested, request an appellate review by the Board of Directors. Such notice may request that the appellate review be held only on the record on which adverse recommendation or decision is based, as supported by the practitioner's written statement provided for below, or may also request that oral argument be permitted as part of the appellate review.
- b. If such appellate review is not requested within 10 days, the affected practitioner shall be deemed to have waived his or her right to the same, and to have accepted such adverse recommendation or decision, and the same shall become effective immediately as provided in Section 2 of this Article VIII.
- c. Within 45 days after receipt of such notice of request for appellate review, the Board of Directors shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the chief executive office, by written notice sent by certified mail, return receipt requested, notify the affected practitioner of the same. The date of the appellate review shall not be less than 10 days, nor more than 40 days, from the date of the receipt of the notice of request for appellate review, except that when the practitioner requesting the review is under a suspension which is then in effect, such review shall be scheduled as soon as the arrangements for it may reasonable be made, but not more than 20 days from the date of the receipt for such notice.
- d. The appellate review shall be conducted by the Board of Directors or by a duly appointed appellate review committee of the Board of Directors of not less than 3 members.

- e. The affected practitioner shall have access to the report and record (and transcription, if any) of the ad hoc hearing committee and all other material favorable or unfavorable, that was considered in making the adverse recommendation against him/her. He or she shall have, at least, 5 days to submit a written statement on his or her own behalf, in which those factual and procedural matters with which he or she disagrees, and his or her reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Board of Directors through the CEO by certified mail, return receipt requested, at least 5 days prior to the scheduled date for the appellate review. A similar statement may be submitted by the medical executive committee of the medical staff or by the chairman of the hearing committee appointed by the Board of Directors, and if submitted, the CEO shall provide a copy thereof to the practitioner at least 3 days prior to the date of such appellate review by certified mail, return receipt requested.
- f. The Board of Directors or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings, and shall consider the written statements submitted pursuant to the subparagraph e. of this Section 6, for the purpose of determining whether the adverse recommendation or decision against the affected practitioner was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision and shall answer questions put to him or her by any member of the appellate review body. The medical executive committee or the Board of Directors, whichever is appropriate, shall, also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation or decision and who shall answer questions put to him or her by any member of the appellate review body.
- g. New or additional matters not raised during the original hearing or in the hearing committee report, nor otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances, and the Board of Directors or the committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matters shall be accepted.
- h. If the appellate review is conducted by the Board of Director's, it may affirm, modify, or reverse its prior decision, or, at its discretion, refer the matter back to the medical executive committee of the medical staff for further review and recommendation within 30 days. Such referral may include a request that the medical executive committee of the medical staff arrange for a further hearing to resolve specified disputed issues.
- i. If the appellate review is conducted by a committee of the Board of Directors, such committee shall, within 30 days after the scheduled or adjourned date of the appellate review, either make a written report recommending that the Board of Directors affirm, modify, or reverse its prior decision, or refer the matter back to the medical executive committee for further review and recommendation within 30 days. Such referral may include a request that the medical executive committee of the medical staff arrange for a further hearing to resolve disputed issues. Within 30 days after receipt of such recommendation after referral, the committee shall make its recommendation to the Board of Directors as above provided.
- j. The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 6 have been completed or waived. Where permitted by the hospital bylaws, all action required of the Board of Directors may be taken by a committee of the Board of Directors duly authorized to act.



### **Section 7. Final Decision by Board of Directors**

- a. Within 30 days after the conclusion of the appellate review, the Board of Directors shall make its final decision in the matter and shall send notice thereof to the medical executive committee and, through the CEO, to the affected practitioner, by certified mail, return receipt requested. If this decision is in accordance with the medical executive committee's last recommendation in the matter, it shall be immediately effective and final, and shall not be subject to further hearing or appellate review. If this decision is contrary to the medical executive committee's last such recommendation, the Board of Directors shall refer the matter an Ad Hoc Committee for further review and recommendation within 30 days, and shall include in such notice of its decision a statement that a final decision will not be made until recommendation has been received. At its next meeting after receipt of the joint conference committee's recommendation, the Board of Directors shall make its final decision with like effect and notice as first above provided in this Section 7.
- b. Notwithstanding any other provision of these bylaws, no practitioner shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the medical executive committee of the medical staff or by the Board of Directors, or by a duly authorized committee of the Board of Directors, or by both.

## **ARTICLE IX: OFFICERS**

### **Section 1. Officers of the Medical Staff**

- a. The officers of the medical staff shall be:
  - (1) President
  - (2) Vice-President
  - (3) Secretary
  - (4) Treasurer

### **Section 2. Qualifications of Officers**

Officers must be members of the active medical staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

### **Section 3. Election of Officers**

- a. Officers shall be elected at the annual meeting of the medical staff held in July each year. Only members of the active medical staff shall be eligible to vote.
- b. Nominations shall be made from the floor at the time of the annual meeting.

### **Section 4. Term of Office**

All officers shall serve a two year term from their election date or until a successor is elected. Officers shall take office on the first day of the medical staff year.

## **Section 5. Vacancies in Office**

Vacancies in office during the medical staff year, except for the presidency, shall be filled by the medical executive committee of the medical staff. If there is a vacancy in the office of the president, the president-elect (or vice-president) shall serve out the remaining term.

## **Section 6. Duties of Officers**

- a. President: The president shall serve as the chief administrative officer of the medical staff to:
  1. act in coordination and cooperation with the CEO in all matters of mutual concern within the hospital;
  2. call, preside at, and be responsible for the agenda of all general meetings of the medical staff;
  3. serve on the medical staff medical executive committee;
  4. serve as ex officio member of all other medical staff committees without vote;
  5. be responsible for the enforcement of medical staff bylaws, rules and regulations, for implementation of sanctions where these are indicated, and for the medical staffs compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
  6. appoint committee members to all standing, special, and multi-disciplinary medical staff committees except the medical executive committee;
  7. represent the views, policies, needs and grievances of the medical staff to the Board of Directors and to the CEO;
  8. receive, and interpret the policies of the Board of Directors to the medical staff and report to the Board of Directors on the performance and maintenance of quality with respect to the medical staffs delegated responsibility to provide medical care;
  9. be the spokesman for the medical staff in its external professional and public relations.
- b. Vice-President: In the absence of the president, he/she shall assume all the duties and have the authority of the president. He or she shall be a member of the medical executive committee of the medical staff and of the joint conference committee. He or she shall automatically succeed the president when the latter fails to serve for any reason.
- c. Secretary: He/she shall be a member of the medical executive committee of the medical staff. The secretary shall keep accurate and complete minutes of all medical staff meetings, call medical staff meetings on order of the president, attend to all correspondence, and perform such other duties as ordinarily pertain to his or her office. He or she shall be the secretary of the ad hoc bylaws committee whenever it convenes, unless this becomes a standing committee.
- d. Treasurer: He/she shall be a member of the medical executive committee of the medical staff. The treasurer shall keep accurate and complete financial statements of the medical staff.

## **Section 7. Removal of Officers**

An officer shall be removed from office if a majority of the active staff votes in favor of removal, and provided that the medical executive committee and the board concur. Ground for removal shall include, but not limited to, mental and/or physical impairment or inability and/or unwillingness to perform the duties and responsibilities of the office. Action directed towards removing an officer from office may be initiated by submission to the Medical executive committee of a petition seeking removal of an officer, signed by not less than majority members of the active staff with voting rights.

## **ARTICLE X: SERVICES**

### **Section 1. Organization of Services**

There shall be services of medicine and surgery. Each service shall be headed by a chief of service and shall function under the medical executive committee. One person may serve as chief of service of more than one service.

### **Section 2. Qualifications Selection and Tenure of Service Chiefs**

- a. Each chief shall be the member of the Medical Staff best qualified by training, experience and demonstrated ability for the position.
- b. Each chief shall be appointed for a two year term, subject to approval of the Board of Directors.
- c. Removal of a chief during his or her term of office may be initiated by a two-thirds majority vote of all active staff members of the service, but no such removal shall be effective unless and until it has been ratified by the medical executive committee and by the Board of Directors.
- d. Appoint at least 2 members from his or her service, one of whom may be himself or herself, to conduct the initial phase of patient care review required by these bylaws, or at least one person, who may be himself or herself to serve on the multi-service QM committee established for this purpose;
- e. Be responsible for enforcement of the hospital bylaws and of the medical staff bylaws, rules and regulations within his or her service;
- f. Be responsible for implementation within his or her service of actions taken by the medical executive committee of the medical staff.
- g. Transmit to the medical executive committee his or her service's recommendations concerning the staff classification, the re-appointment and the delineation of clinical privileges for all practitioners in his or her service
- h. Be responsible for the teaching, education and research program in his or her service
- i. Participate in every phase of administration of his or her service and the hospital administration in matters affecting patient care, including policies and procedures, personnel supplies, special regulations, standing orders, and techniques; and
- j. Assist in the preparation of such annual reports, including budgetary planning, pertaining to his or her service as may be required by the medical executive committee, the CEO or the Board of Directors.

### **Section 3. Functions of Service**

- a. Each clinical service shall establish its own criteria, consistent with the policies of the medical staff and the Board of Directors, for the granting of clinical privileges in the service.
- b. Each service shall conduct a primary retrospective review of completed records of discharged patients and other pertinent sources of medical information relating to patient care for the purpose of selecting cases for representation at the committee meetings that will contribute to the continuing education of every practitioner and to the process of developing criteria to assure optimal patient care.
- c. Such review shall include a consideration of all deaths, of patients with infections, complications, errors in diagnosis and treatment, of patients currently in the hospital with unsolved clinical problems, or proper utilization of hospital facilities and services, and of other significant patient care matters. The review of surgical matters shall also include a comprehensive tissue review of justification of all surgery performed, whether tissue was removed or not for acceptability of the procedure chosen, and for agreement or disagreement between the preoperative and pathological diagnosis.
- d. The service representatives shall submit a report at each committee meeting detailing such primary analysis of selected case material for group evaluation.

### **Section 4. Assignment to Services**

The medical executive committee shall, after consideration of the recommendations of the clinical services, recommend initial service assignments for all medical staff members and for all other approved practitioners with clinical privileges.

## **Section 5. General Practice and Family Practice**

- a. General practitioners shall have clinical privileges in one or more services in accordance with their education, training, experience, and demonstrated competence. They shall be subject to all of the rules of such services and to the jurisdiction of each service chief involved.
- b. Each general practitioner shall be assigned to one clinical service for purposes of participating in the required functions of the medical staff, for holding office and for fulfilling all of the other obligations which go with medical staff membership. This should be the service in which the general practitioner's practice tends to be concentrated.

## **ARTICLE XI: COMMITTEES**

### **Section 1. Medical Executive Committee**

- a. Composition: The medical executive committee shall be a standing committee and shall consist of the officers of the medical staff. The CEO of the hospital shall be ex-officio member of this committee without the right to vote. The president of the medical staff shall be the chairman of the committee
- b. Duties: The duties of the medical executive committee shall be:
  - 1. to represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws;
  - 2. to coordinate the activities and general policies of the various services;
  - 3. to receive and act upon committee reports;
  - 4. to implement policies of the medical staff not otherwise the responsibility of the service;
  - 5. to provide liaison between medical staff and the CEO and the Board of Directors;
  - 6. to recommend action to the CEO on matters of a medico-administrative nature;
  - 7. to make recommendations on hospital management matters (for example, long range planning) to the Board of Directors through the CEO;
  - 8. to fulfill the medical staff's accountability to the Board of Directors for the medical care rendered to patients in the hospital;
  - 9. to ensure that the medical staff is kept abreast of the accreditation program and informed of the accreditation status of the hospital;
  - 10. to provide for the preparation of all meeting programs, either directly or through delegation to a program committee or other suitable agent;
  - 11. to review the credentials of all applicants and to make recommendations for staff membership, assignments to services and delineation of clinical privileges;
  - 12. to review periodically all information available regarding the performance and clinical privileges and as a result of such reviews to make recommendations for reappointments and renewal or changes in clinical privileges;
  - 13. to take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the medical staff corrective or review measures when warranted; and
  - 14. to report at each medical staff meeting.
- c. Meetings: The medical executive committee shall meet at least quarterly and maintain a permanent record of its proceedings and action.

## **Section 2. Medical Staff Committee**

- a. Composition: The medical staff committee shall consist of at least one representative from the medical staff, one each from the hospital management, the nursing service, and, where applicable, from the pharmacy, laboratory, H.I.M, radiology and other hospital departments as needed.
  - b. Function: It shall be responsible for staff functions relating to medical records, utilization review, pharmacy and therapeutics, infection control, medical staff bylaws, professional library, tissue review, review of blood utilization, review of the clinical use of antibiotics, and such other functions as the medical executive committee shall assign to it from time to time. All committee discussions and documentation related to utilization review and peer review shall be conducted confidentially, pursuant to hospital policy as adopted and amended from time to time.
1. MEDICAL RECORDS. The committee shall be responsible for assuring that all medical records meet the highest standards of patient care usefulness and of historical validity. The medical staff representatives shall be specifically responsible for assuring that the medical records reflect realistic documentation of medical events. The committee shall conduct a review not less often than quarterly of currently maintained medical records to assure that they properly describe the condition and progress of the patient; the therapy provided, the results thereof, and the identification of responsibility for all actions taken, and that they are sufficiently complete at all times so as to meet the criterion of medical comprehension of the case in the event of transfer of physician responsibility for patient care. It shall also conduct a review of records of discharged patients to determine the promptness, pertinence, adequacy, and completeness thereof.

UTILIZATION REVIEW. The committee shall conduct utilization review studies designed to evaluate the appropriateness of admissions to the hospital, lengths of stay, discharge practices, used of medical and hospital services, and all related factors which may contribute to the effective utilization of hospital and physician services. Specifically, it shall analyze how under-utilization and overutilization of each of the hospital's services affect the quality of patient care provided at the hospital, shall study patterns of care and obtain criteria relating to average or normal lengths of stay by specific disease categories, and shall evaluate systems of utilization review employing such criteria. It shall also work toward the assurance or proper continuity of care upon discharge through, among other things, the accumulation of appropriate data on the availability of other suitable health care facilities and services outside the hospital. The committee shall communicate the results of its studies and other pertinent data to the entire medical staff and shall make recommendations for the optimum utilization of hospital resources and facilities commensurate with quality of patient care and safety.

It shall also formulate a written utilization review plan for the hospital. Such plan, as approved by the medical staff and Board of Directors, must be in affect at all times and must include all the following elements:

- The organization and composition of committees which will be responsible for the utilization review function;
- Frequency of meetings;
- The types of records to be kept;
- The method to be used in selecting cases on a sample or other basis;
- The definition of what constitutes the period of extended duration;
- The relationship of the utilization review plan to claims administration by a third party;
- Arrangements for committee reports and their dissemination; and
- Responsibilities of the hospital's administrative staff in support of utilization review.

The committee shall also evaluate the medical necessity for continued hospital services for particular patients, where appropriate. In making such evaluations, the committee shall be guided by the following criteria:

- No physician shall have review responsibility for any extended stay cases in which he was professionally involved.
- All decisions that further inpatient stay is not medically necessary shall be made by physician members of the committee and only after opportunity for consultation has been given the attending physician by the committee and full consideration has been given to the availability of out-of-hospital facilities and services.
- Where there is a significant divergence in opinion following such consultation regarding the medical necessity for continued in-hospital services for the patient, the judgment of the attending physician shall be given great weight.
- All decisions that further inpatient stay is not medically necessary shall be given by written notice to the Medical executive committee, to the chief of the appropriate service, to the CEO and to the attending physician, for such action, if any, as may be warranted.

2. **PHARMACY AND THERAPEUTICS.** The committee shall be responsible for the develop and surveillance of all drug utilization policies and practices within the hospital in order to assure optimum clinical results and a minimum potential for hazard. The committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the hospital. It shall also perform the following specific functions:

- Serve as an advisory group to the hospital medical staff and the pharmacist on matters pertaining to the choice of available drugs;
- Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services;
- Develop and review periodically a formulary or drug list for use in the hospital;
- Prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients;
- Evaluate clinical data concerning new drugs or preparations requested for use in the hospital;
- Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;
- Define and review all significant adverse drug reactions; and
- Drug usage evaluation.

This committee should meet at least quarterly and send reports to the medical executive committee regarding its activities.

3. **INFECTION PREVENTION AND CONTROL COMMITTEE.** The committee is authorized through its Infection Preventionist and/or Infection Prevention and Control professional and the Physician representative to institute any appropriate facility-wide surveillance, prevention of healthcare-associated infections (HAI's) and other infectious diseases and control measures or studies when there is reason to believe that any person may be exposed to infectious disease.

Develops and approves an Infection Prevention and Control plan and evaluates and updates the plan's effectiveness on an ongoing basis. The plan incorporates the use of data and evidence based resources that adhere to nationally recognized infection and control guidelines and to federal, state and local regulations.

The Committee is charged with selecting specific focused measures and prioritizing them based on probability, risk/impact and the current systems/preparedness level. Focused measures may target but are not limited to:

- Hand hygiene
- Isolation procedures
- Containment procedures in response to an outbreak or emergency influx of infectious individuals.
- Initiating policies and procedures to reduce the risk of exposure or prevent the spread of pathogens.

- Surveillance, reporting and evaluation of pathogen exposure or illness, at risk areas and processes within the hospital along with issuing recommendations for process improvement based on findings.
- Environment of care, renovation/construction project risk assessments
- Support and participation in the facility-wide antibiotic stewardship program

Composition:

The infection Prevention and Control Committee Physician representative is appointed by the Chief of Staff and is a current member of the Medical Staff. The Physician Chairman's role is to provide direction and control along with strengthening the clinical aspects of the program. Infection Prevention and Control Committee policies and clinical decisions may only occur when an appropriate physician member is present. Committee membership is multidisciplinary and hospital wide in scope.

Policies adopted by this Committee are binding on the Medical Staff unless countermanded by the Medical executive committee.

The Infection Prevention and Control Committee meets not less than quarterly. Committee Meeting minutes are maintained.

4. MEDICAL STAFF COMMITTEE: Shall meet at least quarterly, shall maintain a permanent record of its findings, proceedings and actions.

### **Section3. Quality Management**

1. The quality management committee shall carry out the duties and responsibilities of the quality management program, the MEC will appoint a physician representative to the committee. Committee shall meet as necessary.
2. The medical staff participates in other quality review functions as needed.

## **ARTICLE XII: MEDICAL STAFF MEETINGS**

### **Section 1. Regular Meetings**

- a. Staff meetings shall be held at least quarterly to review and evaluate the medical performance of the staff, including the medical and surgical audit activities of the respective services, and to consider and act upon committee reports.
- b. Annual staff meeting will be held in July of each year and elections of officers for the next calendar year shall be conducted.
- c. The medical executive committee shall, by standing resolution, designate the time and place for all regular staff meetings. Notice of the original resolution and any changes thereto shall be given to each member of the staff in the same manner as provided in Section 2, of this Article XII for notice of a special meeting.

## **Section 2. Special Meetings**

The president of the staff, the medical executive committee, or not less than one-fourth of the members of the active medical staff may at any time file a written request with the president that within 15 days of the filing of such request, a special meeting of the medical staff be called. The medical executive committee shall designate the time and place of any such special meeting.

## **Section 3. Committee of the Whole**

- a. Medical staff meetings shall be considered meetings of a “medical staff committee” whenever the medical staff reviews medical and hospital care to assist physicians, administrators, nurses and other health care professionals to maintain an appropriate standard of medical and hospital care provided in the hospital.
- b. All medical staff discussions and documentation related to quality assessment, quality improvement and peer review shall be conducted confidentially, pursuant to hospital policy as adopted and amended from time to time.

## **Section 4. Attendance Requirements**

Each member of the active medical staff shall be required to attend 50% of medical staff meetings. A member who is compelled to be absent from any regular staff meeting shall notify the president of the medical staff of his or her reason for such absence. Unless excused for cause by the medical executive committee the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action leading to revocation of medical staff membership. Reinstatement of staff members whose membership has been revoked because of absence from staff meeting shall be made only upon application and all such applications shall be processed in the same manner as applications for original appointment.

## **Section 5. Agenda**

- a. The agenda at any regular medical staff meeting shall be:
  1. Call to order;
  2. Acceptance of the minutes of the last regular and all special meetings;
  3. Treasurers Report
  4. Laboratory Report
  5. Radiology Report
  6. Patient Services Report
  7. Medical Staff Report
  8. Other Reports as Necessary
  9. Administrative Report
  10. Adjournment
- b. The agenda at special meetings shall be:
  1. Reading of the notice calling the meeting;
  2. Transaction of business for which the meeting was called;
  3. Adjournment.



## **Section 6. Special Attendance Requirements**

- a. A practitioner whose patient's clinical course is scheduled for discussion at a regular staff meeting shall be so notified and shall be expected to attend such meeting; if the practitioner is not otherwise required to attend the quarterly meeting the president of the staff shall so inform the CEO who shall give the practitioner advance written notice of the time and place of the meeting at which his attendance is expected. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the practitioner shall state so and shall be given by certified mail, return receipt requested and shall include a statement that his or her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

- b. Failure by a practitioner to attend any meeting with respect to which he or she was given notice that attendance was mandatory, unless excused by the medical executive committee upon a showing of good cause shall result in an automatic suspension of all or such portion of the practitioner's clinical privileges. The medical 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 practitioner shall make a timely request for postponement, supported by an adequate showing that his presentation may be postponed by the president of the staff, or by the medical executive committee if the president is the practitioner involved, until not later than the next regular staff meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

## **ARTICLE XIII: COMMITTEE AND SERVICE MEETINGS**

### **Section 1. Quorum**

Fifty percent, but not less than two of the active medical staff members of a committee or service shall constitute a quorum at any meeting.

### **Section 2. Manner of Action**

The action of a majority of the members present at a meeting at which a quorum is present shall be the action of a committee or service. Action may be taken without a meeting by unanimous consent in writing, setting forth the action so taken, signed by each member entitled to vote thereat.

### **Section 3. Right to Ex Officio Members**

Persons serving under these bylaws as ex officio members of a committee shall have all rights and privileges of regular members except they shall not be counted in determining the existence of a quorum and except as otherwise stated herein.

### **Section 4. Minutes**

Minutes of each regular and special meeting of a committee or service shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly submitted to the attendees for approval, and after such approval is obtained, forwarded to the medical executive committee. Each committee and service shall maintain a permanent file of the minutes of each meeting.

### **Section 5. Attendance Requirements**

Each committee member shall be required to attend not less 50% of all meetings of his committees in each year. The reasons provided for any absences and the action of the committee chairman thereon shall be shown in the minutes.

The failure to meet the foregoing annual attendance requirements unless excused by the committee chairman for good cause shown shall be grounds for corrective action leading to revocation of medical staff membership in the same effect as provided in Article XII, Section 4 of these bylaws. Committee chairmen shall report such failures to the medical executive committee for action.

## **ARTICLE XIV: IMMUNITY FROM LIABILITY AND CONFIDENTIALITY**

### **Section 1. Immunity from Liability**

The following shall be express conditions to any practitioner's application for or exercise of clinical privileges at this hospital:

A. Any act, communication, report, recommendation, or disclosure, with respect to any practitioner, performed or made in good faith and without malice and at the request of any authorized representative of this or any other health care facility, for the propose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

B. Such privilege shall extend to members of the hospital's medical staff and of its Board of Directors, its other practitioners, its CEO and his or her representatives, and to third parties, who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article XIV, the term "third parties" means both individuals and organizations from which information has been requested by an authorized representative of the Board of Directors or of the medical staff.

C. There shall, to the fullest extent permitted by law, be immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

D. Such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to: (1) applications for appointment or clinical privileges, (2) periodic reappraisals for reappointment or clinical privileges, (3) corrective action, including summary suspension, (4) hearings and appellate reviews, (5) medical care evaluations, (6) utilization reviews and (7) other hospital, service or committee activities related to quality patient care and interprofessional conduct.

E. That the acts, communications, reports, recommendations, and disclosures referred to in this Article XIV may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

F. Each practitioner shall, upon request of the hospital, execute released in accordance with this Article XIV in favor of the individuals and organizations specified in paragraph B, subject to such requirements, including those of the good faith, absence of malice and exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State.

G. that the consents, authorizations, releases, rights, privileges, and immunities provided in Section 1 and 2 of Article V of these bylaws for the protection of this hospital's practitioners, other appropriate hospital officials and personnel, and third parties, in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article XIV.

## **Section 2. Confidentiality of Information**

Information submitted, collected or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of evaluating, monitoring or improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, or determining that health care services are professionally indicated or were preformed in compliance with the applicable standard of care shall, to the fullest extent permitted by law, be confidential. Said information shall not be disseminated to anyone other than a representative or other health care facility or organization of health professionals engaged in an official, authorized activity for which the information is needed, nor be used in any way except as provided herein or except as otherwise specifically required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's record. It is expressly acknowledged by each practitioner that violation of the confidentiality provided herein is grounds for immediate and permanent revocation of staff membership and clinical privileges or specified services.

## **Section 3. Releases**

Each practitioner shall, upon request of the hospital, execute general and specific releases in accordance with this Article, subject to such requirements, including those of good faith and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under relevant state and federal law. Execution of such releases is not a prerequisite to the effectiveness of this Article. Failure to execute such releases shall result in an application for appointment, reappointment, or clinical privileges being deemed incomplete and have been voluntary withdrawn, and it shall not be further processed. Failure to execute such releases in connection with conclusions of the provisional period shall be deemed a voluntary resignation of staff membership or particular clinical privileges as appropriate to the context. Failure to execute such releases in connection with a disciplinary or correction shall result in the facts or circumstances that are the most negative manner possible in relation to the practitioner involved.

## **Section 4. Cumulative Effect**

Provisions in these bylaws and in application forms relating to authorization, confidentiality of information and immunities from liability are in addition to other protections provided by relevant state and federal law and not in limitations thereof. A finding by a court of law or administrative agency with proper jurisdiction that all or any provision is not enforceable shall not affect the legality or enforceability of the remainder of such provision or any other provision.

# **ARTICLE XV: RULES AND REGULATION**

The medical staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these bylaws, subject to the approval of the Board of Directors. These shall relate to the proper conduct of medical staff organizations activities as well as embody the level of practice that is to be required of each practitioner in the hospital. Such rules and regulations shall be a part of these bylaws, except that they may be amended or repealed at any regular meeting at which a quorum is present and without previous notice or at any special meeting on notice, by a two-thirds vote of those present of the active medical staff. Such changes shall become effective when approved by the Board of Directors.

# **ARTICLE XVI: AMENDMENTS**

These bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the MEC. A proposed amendment shall be referred to a special committee which shall report on it at the next regular meeting of the medical staff or at a special meeting called for such purposed. To be adopted, an amendment shall require a two-thirds vote of the active medical staff present. Amendments so made shall be effective when approved by the Board of Directors.

## **ARTICLE XVII: ADOPTION**

These bylaws together with the appended rules and regulations shall be adopted at any regular or special meeting of the active medical staff and shall replace any previous bylaws, rules and regulations and shall become effective when approved by the Board of Directors of the hospital.

ADOPTED by Eaton Rapids Medical Center, the 20 day of January, 2020

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Ashok Gupta, MD  
Chief of the Medical Executive Committee

APPROVED by the Board of Directors of Eaton Rapids Medical Center, on the 27th day of January, 2020

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Steven Peters  
Chair of the Board of Directors