BOTSFORD GENERAL HOSPITAL

dba Beaumont, Farmington Hills

MEDICAL STAFF

BYLAWS

Approvals:
Medical Executive Committee: June 4, 2019
General Staff: October 23, 2019
Board of Directors: February 19, 2020

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PREAMBLE

Recognizing that the best interests of patients and Medical Staff are protected by a concerted effort and that the Medical Staff is responsible for the medical care in the Hospital and must assume this responsibility, subject to the authority of the Hospital Governing Body, (The Board of Directors), the Medical Staff practicing at Botsford General Hospital, 28050 Grand River Avenue, Farmington Hills, Michigan, 48336-5933, hereby organize themselves in conformity with the Bylaws and Rules and Regulations hereinafter stated and further agree to observe and conform to these Bylaws, after approval by the Board of Directors. Furthermore, the Medical Staff practicing at Botsford General Hospital (doing business as Beaumont, Farmington Hills) assumes the responsibility to comply with State and Federal Laws, specifically the Centers for Medicare & Medicaid Services, Department of Health and Human Services Medicare Conditions of Participation.

In accepting these Bylaws, the Board of Directors hereby makes them a part of the Corporate Rules and Regulations to the Corporate Bylaws.

DEFINITIONS

1. “Administration” means the Chief Executive Officer employed by the Board of Directors as its direct executive representative in the management of the Hospital, or designee.

2. “Allied Health Practitioner” or “AHP” means a licensed health care professional who is eligible to apply for Clinical Privileges at the Hospital. AHPs are not eligible for Medical Staff membership. AHPs consist of Nurse Practitioner, Physician Assistant, Certified Nurse Midwife and Certified Registered Nurse Anesthetists (CRNA). AHPs include both individuals who are employed by the Hospital and those who are not.

3. “Board of Directors” refers to the Board of Directors of Botsford General Hospital.

4. “Chief Medical Officer” or “CMO” is a physician appointed by Beaumont Health for Botsford General Hospital (dba Beaumont, Farmington Hills) and reports to the President of the Hospital for the administrative functioning of the Medical Staff.

5. “Clinical Privileges” or “Privileges” means the authorization granted to a member of the Medical Staff, pursuant to the Bylaws, to render specific diagnostic or therapeutic services in the hospital setting.

6. “Day(s)” means business day, which is Monday, Tuesday, Wednesday, Thursday or Friday. Any holiday that falls on one of these days is not considered a business day.

7. “Executive Committee” or “Medical Executive Committee” or “MEC” means the Executive Committee of the Medical Staff.

8. “Focused Professional Practice Evaluation” means the time-limited evaluation of competence in performing a specific Privilege(s).

9. “Hospital” refers to Botsford General Hospital at 28050 Grand River Avenue, Farmington Hills, MI 48336, or any of the satellites or clinics governed by the Board of Directors. Furthermore referred to in these Bylaws as Botsford.

9. “Impartial Peer” shall be considered an individual who shall not have an economic interest in and/or a conflict of interest with the subject of the Peer Review activity. An Impartial Peer would also exclude individuals with blood relationships, employer/employee relationships, or other potential conflicts that might prevent the individual from giving an impartial assessment, or give the appearance for the potential of bias for or against the subject of the Peer Review.

10. “Medical Staff” when used in these Bylaws shall be interpreted to include all physicians, dentists, podiatrists, and Ph.D. psychologists, and anyone else who meets the qualifications, who are privileged by appointment to attend patients in Botsford.

11. “Member” means any member of the Medical Staff.

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

13. “Physician” when used in these Bylaws shall be deemed to include doctors of osteopathy, doctors of medicine, and doctors of podiatric medicine.

14. “Practitioner” means a duly licensed physician, dentist, Ph.D., psychologist.

15. “President” means the President of the Medical Staff.

16. “President of the Hospital” means the senior executive responsible for hospital operations, or designee.

17. “Related” means blood, married, or adopted relative or significant other.

18. “Telemedicine” means the use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or health care provider and for the purpose of improving patient, care, treatment, and services. Telemedicine practitioners will be credentialed according to these Bylaws.

19. “Telemedicine Privileges” means the authorization to prescribe, render a diagnosis, provide education, or otherwise provide clinical treatment to a patient through the use of electronic communication or other communication technologies. Telemedicine practitioners will be privileged according to these Bylaws.

Wherever words are used in the masculine or neuter gender in these Bylaws, they shall be read and construed as in the masculine, feminine or neuter gender, whenever they would so apply, and wherever words appear in the singular or plural, they shall be read and construed as the plural or singular, respectively, wherever they would so apply.

BYLAWS

ARTICLE I - NAME

The name of this group of practitioners shall be “Botsford General Hospital Medical Staff.”

ARTICLE II - MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Medical Staff Membership is a privilege, which shall be extended only to professionally competent physicians, dentists, podiatrists, and Ph.D.’s in psychology that continuously meet the qualifications, standards and requirements set forth in these Bylaws and the corporate Bylaws of Botsford General Hospital. No aspect of Medical Staff Membership or Clinical Privileges shall be denied on the basis of sex, race, religion, age, creed, color, national origin, disability, other considerations not impacting the applicant’s ability to discharge the privileges for which he has applied, or any other basis prohibited by law.

Section 2. Qualifications for Membership

a. General - Only a physician, dentist, podiatrist, or Ph.D. psychologist, continuously holding an unlimited license to practice their profession in the State of Michigan, who can produce evidence of his background, experience, training, judgment, individual character and demonstrated competence, physical and mental capabilities, adherence to the ethics of his profession and the ability to work with others with sufficient adequacy to assure the Medical Staff and the Board of Directors that any patient treated by him will be given a high quality of medical or dental care, shall be eligible for Membership on the Medical Staff. No physician, dentist, or Ph.D. psychologist shall be entitled to Membership on the Medical Staff or to the exercise of particular Clinical Privileges merely by virtue of licensure to practice in this or in any other state, or of Board Certification, or of membership in any professional organization, or of privileges at another hospital or health system, or prior membership or privileges at Botsford. All applicants will be treated uniformly and processed in the same manner.

b. Professional Associations - To be a member of the Medical Staff of the Hospital, it is recommended that each practitioner shall be a member in good standing in the national, state, or local division of his professional association.

c. Exceptions to the above may be made only by the Board of Directors.

d. Qualifications for Allied Health Practitioners - (AHPs) shall be established by the Board of Directors with input from the Executive Committee regarding qualifications and job functions.

e. Agreement to Abide by Code of Ethics - Acceptance of membership on the Medical Staff shall constitute the practitioner's agreement that he will abide by the Code of Ethics of his profession.

f. Board Certification - All new applicants, who apply after January 1, 2005, must verify eligibility for board certification at the time of application. The applicant must achieve board certification in the specialty that is most applicable to their approved clinical privileges. The board certification must be achieved within **seven** years of the completion of the residency or fellowship program. In the event that a medical staff member does not achieve board certification within the designated timeframe, medical staff membership may be terminated. Where board certification has an expiration date, the practitioner must re-certify in the specialties in which he primarily practices. In the event that a medical staff member does not renew their board certification within the designated timeframe, medical staff membership may be terminated.

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 shall act on appointments and reappointments only after there has been a recommendation from the Medical Executive and Credentials committees.

b. Medical Education Accreditation Requirements - The Medical Staff shall at all times meet the requirements for a teaching hospital for all house staff and medical students.

c. APMA Requirements - The Medical Staff shall at all times meet the requirements of the American Podiatric Medical Association (APMA) for a teaching hospital for podiatric residents.

d. Duration - Initial appointments to the Medical Staff shall be for a period extending to the end of the first full calendar year. Reappointments shall be for up to two (2) years.

e. Dues

1. All Members of the Active, Affiliate, and Ambulatory staff shall pay annual membership dues. Limited and Honorary staff are not required to pay dues.
2. The amount and purpose of annual Medical Staff dues shall be approved by the Executive Committee. Medical Staff Members shall be promptly notified in writing of any change in Medical Staff dues.

3. Dues shall be payable upon request. Failure to pay dues after two written notices shall be construed as a voluntary resignation from the staff.
4. Dues may be forgiven for any member at the discretion of the Executive Committee for just cause.

f. Ethical and Professional Responsibilities

1. Each Member will act in an ethical and professional manner, and will act in accordance with the Hospital's mission, philosophy, policies and procedures, which may be amended at the sole discretion of the Hospital.
2. Each Member will treat employees, patients, visitors, and other Medical Staff members in a dignified and courteous manner.
3. Each Member shall provide for the continuous care of his patients within the acceptable standard of care, shall be responsible for the actions of other physicians, dentists, PhDs in psychology, allied health professionals or Botsford employees under his supervision, and shall discharge in a responsible and cooperative manner the responsibilities and assignments associated with Medical Staff Membership.
4. Each Member must abide by the Medical Staff Bylaws, Rules and Regulations and all other policies and procedures of Botsford.
5. Assist the Hospital in fulfilling its responsibilities for providing emergency and charitable care.
6. Each Member must be a member of a department. If a Member is not a department member or his membership is terminated, then he may not be a Medical Staff Member.
7. Each Member shall agree that they will abide by the Beaumont Health Corporate Compliance plan.
8. An osteopathic physician shall subscribe to and utilize the distinctive osteopathic approach in the provision of care.

g. Each member shall strive to maintain the applicable standards and to meet the requirements of the Michigan Department of Consumer and Industry Services and any prevailing accreditation agencies, so that the Hospital may warrant full licensure and accreditation at all times.

h. Each Practitioner shall agree to comply with the requirement that a history and physical be completed and documented for each patient, by a physician or other qualified individual in accordance with State law and Hospital policy, no more than thirty (30) days before or within twenty-four (24) hours after an admission or registration but before surgery or a procedure requiring anesthesia. If the history and physical were performed before admission or registration, an updated examination of the patient must be completed and documented within twenty-four (24) hours of admission or registration but prior to surgery or a procedure requiring anesthesia.

i. Staff members or other individuals granted clinical privileges under these Bylaws shall notify the President of the Medical Staff, Chief Medical Officer, or their designee as soon as they become aware of any circumstances listed below. As appropriate, the affected Staff member shall provide complete information as to the reasons for the initiation of corrective or disciplinary action.

1. Formal disciplinary action taken against the member by a healthcare facility or governmental agency including reduction, suspension or revocation of privileges, staff membership.
2. Probation, suspension or revocation of the member's medical license or right to prescribe medication.
3. Serious illness or disability, which could interfere with patient care or patient welfare.
4. Felony charge or conviction.
5. Voluntary changes in licensure status or clinical privileges at other healthcare institutions, where the member has clinical privileges, which may adversely impact on clinical privileges permitted at Botsford.

ARTICLE III - PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Application for Initial Appointment

a. Form

Application for initial appointment shall be in writing, signed by the applicant on a form prescribed by the Executive Committee and the Hospital Administration.

b. Content

1. Professional Information

The application shall require specific requests of staff category, department and privileges sought, and detailed information concerning the applicant's professional qualifications, shall include the names of at least three (3) qualified practitioners who have had extensive experience in working with and observing the applicant's professional performance, and who can provide adequate reference pertaining to his professional and clinical competence, ethical character, and ability to work with others. It shall include information as to whether the applicant's membership status and/or clinical privileges is known to be under investigation, have ever been revoked, suspended, reduced, voluntarily relinquished or not renewed at any other hospital or institution, and as to whether his membership in local, state or national professional societies, or his license to practice any profession in any jurisdiction, or his narcotic license or controlled substance license in any jurisdiction, has ever been suspended or terminated. If any such actions were ever taken, the particulars thereof shall be included. The application shall also list all hospitals and/or other related institutions where the applicant currently holds or has previously held staff membership.

2. Malpractice Insurance
   The application shall also require the statement of the applicant that he carries at least the minimum amount of professional liability insurance coverage required under Article XIV - Section 1, and information on his malpractice experience during the past five (5) years, including consent to the release of information by his present and past malpractice insurance carrier(s).
3. Exhaustion of Administrative Remedies
   The application shall include the applicant's agreement to exhaust the administrative remedies afforded by these Bylaws before resorting to legal action.

c. Effect of Application
   The application shall indicate that by applying for appointment to the Medical Staff, the applicant thereby:
   1. Expresses his willingness to appear for interviews in regard to his application.
   2. Authorizes the Hospital, the members of the Credentials Committee, the staff Executive Committee, the Board of Directors or any other Medical Staff or Board of Directors, committee and any authorized representative of the foregoing (hereinafter referred to as "Hospital Personnel") to consult with members of medical and Medical Staffs, administrative personnel and members of the Governing Boards of other hospitals with which the applicant has been associated and with others who may have information bearing on the applicant's competence, character and ethical qualifications.
   3. Consents to the inspection by Hospital Personnel of all records and documents that may be material to an evaluation of his professional qualifications and competence to carry out the clinical privileges he requests, as well as of his moral and ethical qualifications for staff membership.
   4. Releases from any liability all representatives of the Hospital, its Medical Staff and other hospital personnel for their acts performed in good faith and without malice in connection with evaluating the applicant and his credentials.
   5. Releases from any liability all individuals and organizations who provide information including otherwise privileged or confidential information, to the Hospital and Medical Staff in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges.

d. Bylaws to Govern Application
   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 the department to which he is applying, and that he agrees to be bound by the terms thereof in all matters relating to consideration of the application without regard to whether or not he is granted membership and/or clinical privileges.

Section 2. Initial Appointment Procedure

a. Applicant's Burden

The applicant shall have the burden of producing sufficient information for a proper evaluation of his experience, background, training, demonstrated ability and current clinical competence, physical and mental health status, and of resolving any doubts of these or any basic qualifications.

b. Application Process

1. Step One: Verification of Information
An application for membership on the Medical Staff shall be submitted to the Medical Administration Office. The Medical Staff Coordinator, in coordination with the Chief Medical Officer, will be responsible for processing the application. This process will be initiated within ten calendar days of receipt of the application and will include collecting and verifying all information submitted on the application as well as conduct an independent investigation of primary sources of verification. A completed application will include:
   A. Application form for membership on the Medical Staff.
   B. Valid copy of professional school diploma.
   C. Letter confirming internship (if applicable) with comments or recommendation from the Director of Medical Education.
   D. Letter confirming residency (if applicable) with comments or recommendations from the program Director (trainer).
   E. If the applicant is a member of any national, state and local organizations, letters confirming membership.
   F. Letters regarding past and present Hospital affiliations.
   G. Completed privilege format for desired Hospital privileges.
   H. The applicant must include the names of at least three (3) health care professionals in the applicant's same profession, who are a practitioner and who have observed the applicant’s clinical and professional performance and can evaluate the applicant’s competency. These references must be able to provide written specific comments on these matters upon request of the Medical Staff or Board. These references must not be related to the applicant.
   I. If requested, practitioner activity reports from each hospital in which the applicant has practiced may be required. When the Credentials Committee and the appropriate department review the application, they will determine the necessity for additional information prior to making a recommendation on the request for staff appointment and clinical privileges.
   J. Current Federal DEA registration or evidence that practitioner has applied for a license.

K. Current Michigan Controlled Substance License or evidence that practitioner has applied for a license.
L. Copy of current Curriculum Vitae.
M. Any other information required by the Executive Committee or Medical Staff Coordinator in order to verify qualifications and competence to be a Medical Staff member.

2. Step Two: Department Chair Review
When the Chief Medical Officer confirms that Step One is completed, it shall be referred to the appropriate department Chair for his review and recommendation. Within forty-five calendar days from the referral date, the department Chair shall submit a written recommendation to Medical Administration, which shall be one of the following and, if the recommendation is for anything other than Section A below, specific reasons for the recommendation shall be provided:
   A. Approval with privileges as requested.
   B. Approval with privileges as modified.
   C. Deferral or no recommendation because additional information is necessary.
   D. Denial of application and privileges.

3. Step Three: Credentials Committee Review
   The Credentials Committee shall review the application, the supporting documentation, the report and recommendation of the department Chair, and shall make such further investigation as it deems necessary and shall determine whether the applicant has established and meets the necessary qualifications for Medical Staff membership and for privileges requested. The applicant shall be required to have a personal interview with designated members of the Credentials Committee, unless the applicant is a recent graduate of a Botsford residency or fellowship program and has not been previously granted hospital privileges at any other institution. The Credentials Committee shall submit a written report to the Executive Committee of the Medical Staff no later than sixty (60) days after receipt of the completed application, along with its recommendation that the applicant either be appointed or rejected for appointment and if appointment is recommended, as to category of staff, department affiliations and clinical privileges. The completed application, report, and recommendation of the department Chair shall also be transmitted to the Executive Committee. The Credentials Committee may also recommend that further action on the application be deferred and shall state its specific reasons for said recommendation.

4. Step Four: Executive Committee Action
   At its next regular meeting after receipt of the application and the reports and recommendations of the department Chair and Credentials Committee, the Executive Committee shall consider the information

available to it and shall determine whether to recommend to the Board of Directors that the applicant be appointed or rejected for appointment, or that action be deferred and shall prepare its report. All recommendations to appoint must specifically recommend as to staff category, department affiliation and clinical privileges to be granted.

A. Action Deferred by Executive Committee
If the Executive Committee defers the application for further consideration, it must be followed up by the next regular meeting of the Executive Committee with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for staff membership.

B. Favorable Executive Committee Recommendation
If the Executive Committee makes a recommendation that is favorable to the applicant, it shall be promptly forwarded, together with all supporting documentation, to the Board of Directors for consideration at its next regularly scheduled meeting.

C. Adverse Executive Committee Recommendation
If the Executive Committee makes a recommendation described in Article VI - Section 1, Administration shall notify the applicant as provided in that Article.

5. Step Five: Board of Directors Action

A. Board of Directors Review - Favorable Recommendation
At its next regular meeting after receipt of a favorable recommendation, the Board of Directors shall adopt or reject the recommendation of the Executive Committee or refer the matter back to said committee for further consideration, stating its reasons for said referral and setting a limit for further action by the Executive Committee. If the decision of the Board of Directors is one described in Article VI - Section 1, Administration shall promptly notify the applicant of such decision as provided in Article VI.

B. Board of Directors Review - After Procedural Rights
In the case of an adverse recommendation by the Executive Committee, or an adverse Board of Directors' decision, the Board of Directors shall take final action in the matter only after the applicant has exhausted or has waived his procedural rights as set forth in these Bylaws. Action thus taken shall be the conclusive decision of the Board of Directors, except that the Board of Directors may refer the matter back to the Executive Committee for reconsideration and/or additional evidence. After receipt of a subsequent recommendation, the Board of Directors shall take final action.

6. Step Six: Notice of Decision
The Board of Directors or its designee shall give notice of the Board of Directors' final decision to the applicant, the Executive Committee, and to the appropriate department Chair. A decision and notice to appoint shall include the staff category to which the applicant is appointed, the department to which he is assigned, and the clinical privileges granted. No such appointment shall be effective until and unless the applicant agrees in writing to abide by the Bylaws and Rules and Regulations of the Medical Staff.

c. Reapplication After Appointment is Denied

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of one year after notification of such decision. Any such reapplication shall be processed as an original application.

Section 3. Reappointment Process

a. Application for Reappointment

Each member of the Medical Staff wishing reappointment shall complete an application for reappointment, which shall be submitted, to the Medical Staff at least 90 days prior to their appointment expiration. The reappointment application shall contain information necessary to maintain current information concerning the member, including but not limited to: current competency, sanctions imposed by other health care institutions or licensing authorities, and details of insurance coverage, malpractice claims and settlement occurring during the past two years and attestation of continuing educational activities. If a timely and complete reappointment application is not submitted, the member's medical staff membership and privileges will expire at the end of the current term of appointment.

b. Review of Application

Applications for reappointment shall be reviewed by the Chairman of each department in which the staff member has requested privileges on the basis of information available. The department Chairman shall then forward to the Credentials Committee a recommendation, in writing, that appointment be renewed, renewed with modified staff category, department affiliation and/or clinical privileges or terminated. The Credentials Committee shall similarly review the application and forward its recommendation and the report of each department Chairman to the Executive Committee which shall, in turn, review the application, information available and prior reports and prepare its own report and recommendation.

c. Basis for Recommendations

Each recommendation concerning the reappointment 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 ethics and conduct, his attendance at Medical Staff meetings and participation in staff affairs, his compliance with the Hospital Bylaws and the Medical Staff Bylaws and Rules and Regulations, his cooperation with Hospital personnel, his use of the Hospital's facilities for his patients, his relations with other practitioners, and his general attitude toward patients, the Hospital and the public and his physical, mental and emotional ability to deliver quality health care.

d. Time Period for Processing

The department Chairman, departments and Credentials Committee shall complete any action required by these Bylaws in a timely fashion such that the Executive Committee may complete its review of each application for reappointment prior to the expiration of the applicant’s appointment.

e. Executive Committee Recommendations

The Executive Committee shall forward the application, other information, prior reports and recommendations and its own report and recommendation to the Board of Directors prior to the expiration of the applicant’s appointment.

f. Final Processing and Board Action

The Board of Directors shall follow the procedure provided in this Article. For purposes of reappointment, the term’s “applicant” and “appointment” as used in those sections shall be read respectively, as “staff member” and “reappointment”.

ARTICLE IV - DETERMINATION OF CLINICAL PRIVILEGES

Section 1. Clinical Privileges

a. Exercise of Privileges

Every practitioner practicing at Botsford by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted him by the Board of Directors, except as provided in Article IV, Sections 2, 3, and 4.

b. Initial Privileges

Every application for initial appointment must contain a request for the specific clinical privileges desired. The evaluation of such request shall be based upon

the applicant's education, training, experience, demonstrated competence, references and other relevant information, including an input by the applicable department Chair and Section Chief, if applicable. The applicant has the burden of establishing his qualifications and competency for all privileges requested.

c. Re-determination of Privileges

Once every two years there will be a redetermination of clinical privileges and the expansion or reduction of same shall be based upon the criteria contained in b. above, and the direct observation of health care provided by the staff member, review of the records of patients treated in Botsford or other hospitals, and review of records of the Medical Staff and of this Hospital which document the ability of the member to properly deliver patient care.

d. Additional Privileges

Applications for additional clinical privileges must be in writing and state the type of clinical privileges desired and the applicant's relevant recent training and/or experience. Such applications shall be processed in the same manner as applications for initial appointment.

e. Privileges Granted to Dentists and Oral Surgeons

Privileges granted to dentists and oral surgeons shall be based on their training, experience and demonstrated competence and judgment. The scope and the extent of surgical procedures that an oral surgeon may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by oral surgeons shall be subject to the supervision and jurisdiction of the Chairman of ENT, or an osteopathic or allopathic physician appointed by him. All patients shall receive the same basic medical appraisal as patients admitted to other surgical services. Patients shall be admitted by and under the general care of an active staff member. The dentist or oral surgeon is responsible for the dental care of the patient, including all appropriate elements of the patient's record. He may write orders within the scope of his license. All patients admitted by an oral surgeon or dentist shall have medical consultation and management by a D.O. or M.D. with appropriate management privileges.

f. Privileges Granted to Podiatrists

Privileges granted to podiatrists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that a podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical procedures. Surgical procedures performed by podiatrists shall be subject to the supervision and jurisdiction of the Chair of Podiatry surgical services. The podiatrist is responsible

for the podiatric care of the patient, including all appropriate elements of the patient's record. He may write orders within the scope of his license. All patients admitted by a podiatrist shall have medical consultation and management by a D.O. or M.D. with appropriate management privileges.

g. Privileges Granted to Ph.D. Psychologists

Ph.D. Psychologists must be fully licensed by the State of Michigan to be eligible for staff privileges at Botsford. Privileges to Ph.D. psychologists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of treatment that a psychologist may perform shall be specifically delineated and granted in the same manner as all other privileges. Treatment performed by psychologists shall be subject to the supervision and jurisdiction of the Chairman of Neurology, or an osteopathic or allopathic physician appointed by him. All patients shall receive the same basic medical appraisal as patients admitted to other services. Patients shall be admitted by and under the general care of an active D.O. or M.D. staff member with appropriate privileges. The psychologist is responsible for the psychological care of the patient, including all appropriate elements of the patient's record. He may write orders within the scope of his license.

Section 2. Temporary Privileges

a. Granting Temporary Privileges

Upon receipt of a written request from an appropriately licensed practitioner, upon the recommendation of the Chief/Chair of the department or service, Chief Medical Officer and Chief Executive Officer or his designee who is acting on behalf of the Board of Directors, may, upon the basis of information then available, which may prudently be relied upon as to the competence and ethical standing of the applicant, grant temporary admitting and clinical privileges to the applicant for one of the following reasons:

1. For reappointment - The granting of temporary privileges shall be for a period up to 120 days.
2. For the care of one or more specific patients - The granting of temporary privileges shall be for no more than four (4) times in any one (1) year for any practitioner, after which such practitioner shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients in the hospital.
3. For a locum tenens physician - The granting of temporary privileges shall be for a period up to 90 days. Further requirement for privileges will necessitate the application for regular staff privileges.
4. For a new applicant - The granting of temporary privileges shall be for a period up to 120 days, which is renewable. If all verifications have been met per these bylaws in Article III, Section 2(b), the Chief Medical Officer

or their designee(s), may grant temporary privileges, on a case-by-case basis and at his sole discretion.

In exercising such privileges, the physician with temporary privileges shall act under the supervision of the Chairman of the clinical department to which he is assigned.

b. Requirements of Temporary Privileges

Under any grant of temporary privileges, the Chairman of the department(s) responsible for supervision may impose special requirements of consultation and reporting and requirement for admission of patients under the supervision of a member of the active staff. No grant of temporary privileges shall be effective unless and until the practitioner satisfies the Bylaws requirement concerning professional liability insurance and acknowledges in writing that he has received and read copies of the Medical Staff Bylaws and Rules and Regulations and that he agrees to be bound by the terms thereof in all matters relating to his temporary clinical privileges.

c. Termination of Temporary Privileges

The Chief Medical Officer, the President of the Staff, Chief Executive Officer, or the Chairman of a department, may, at any time, upon the discovery of any information or the occurrence of any event of a professionally questionable nature, after consultation with the Executive Committee or a department Chairman responsible for supervision, terminate any or all of a practitioner's temporary privileges. Immediately upon the termination of such privileges, patients of the practitioner then in the Hospital may be assigned to another practitioner by the department Chairman responsible for supervision.

Section 3. Emergency Privileges

The Chief Medical Officer, Chairman of the Department, Chief of Surgery or the Chief Executive Officer may grant emergency privileges to a practitioner to accomplish life-saving procedures, within the scope of his license. Such privileges shall be only for the period of the emergency.

An emergency for the purpose of this section is a condition in which serious personal harm would result to a patient or in which a patient's life is in immediate danger and any delay in administering treatment would add to that danger.

Section 4. Disaster Privileges

In the event of a disaster requiring activation of the Emergency Management Plan and exceeding the ability of the professional resources of the Hospital to meet immediate patient needs, the hospital Incident Commander, or designee, will first consider utilizing

physician and allied health medical staff members with current privileges. The hospital Incident Commander, or designee, may then implement a modified credentialing and privileging process for eligible licensed volunteer practitioners present and able to assist in the care of patients. Such privileges shall be granted on a case by case basis for a period of time to be determined by the disaster situation and shall automatically terminate once the disaster situation has ended, or immediately upon authority of the Incident Commander, Medical Director, or their designee(s). “Disaster” for purposes of this section means an emergency situation created by natural causes (e.g., tornado, earthquake, thunderstorm, etc.) or other causes (e.g., bomb, explosion, fire, mass shooting, biologic event, etc.) resulting in a significant number of injured or ill patients being received by the Hospital and an evident risk that persons may not receive timely professional treatment.

Section 5. Leave of Absence

a. Any Member of the Medical Staff in Good Standing may request, in writing, to the Chief Medical Officer, or the Chief Medical Officer may recommend that such Member be granted, a leave of absence for good cause. "Good cause" shall include, but not be limited to, medical illness, family emergency, military duty, sabbatical, or educational leave. A request for leave of absence must indicate the details for the reasons and the anticipated inclusive dates of the leave of absence.

b. A leave of absence may be granted for a period of time not to exceed one (1) year. A Member may request one extension of a leave of absence for an additional period of up to one (1) year, if circumstances warrant.

c. Leaves of absence and any reinstatement from a leave of absence shall be subject to the approval of the Board of Directors, upon recommendation from the Executive Committee. In the event a recommendation is made not to reinstate the Member, such recommendation shall be treated as a recommendation for non-reappointment, and the Member shall be entitled to the rights described under Article VI.

d. At least forty-five days prior to the expiration of the leave of absence, the Member shall request reinstatement of his privileges and prerogatives by submitting a written notice to the Chief Medical Officer that shall include information demonstrating that the reasons for the leave of absence no longer exists. The Member must also demonstrate that he currently meets all of the qualifications for membership as set forth in Article II, above.

e. Failure of the Member to request reinstatement or to submit information as requested shall be deemed a voluntary resignation of the membership and clinical privileges of the Medical Staff Member, and he shall not be entitled to the rights described under Article VI.

f. Any Member whose membership is terminated pursuant to this Article IV, Section 3 shall not be eligible to reapply to the Medical Staff for a period of one (1) year from the date his membership is terminated. Any such reapplication shall be processed as an initial application and subject to then current requirements.

g. During the leave of absence the Member shall have no privileges or responsibilities at Botsford.

ARTICLE V - CORRECTIVE ACTION

Section 1. Procedure for Corrective Action

a. Initiation of Request for Corrective Action

Whenever the activities or professional conduct of any practitioner are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of the Hospital, corrective action against such practitioner may be requested by an officer of the Medical Staff, by any department Chair, the Chief Medical Officer, the Chief Executive Officer or by the Board of Directors. All requests for the corrective action shall be in writing to the Executive Committee, and shall be supported by reference to the specific activities or conduct constituting the grounds for the request. The Executive Committee shall notify Administration, in writing, of all requests for corrective action. Administration shall, in turn, notify the staff member involved, in writing that such a request has been received and that it is being investigated.

b. Investigation by Executive Committee

The Executive Committee shall forward the request for corrective action to the department Chair and appoint an ad hoc committee to investigate the request. The affected practitioner shall have an opportunity for an interview before the ad hoc Committee. 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. Minutes (but not a verbatim transcript) shall be made. The ad hoc Committee shall report on its investigation with recommendations to the Executive Committee within thirty days of the receipt of the request for corrective action.

c. Executive Committee Review

Within thirty days following its receipt of the ad hoc Committee report, the Executive Committee shall make such further investigation, as it deems necessary and shall consider the matter and prepare its recommendation.

1. The Executive Committee may recommend, based upon the information available and prior recommendation, any of the actions described in Article VI. The affected practitioner shall be entitled to procedural rights regarding any such recommendation.

2. The action of the Executive Committee, in addition to action referred to in 1. above may be to reject the request for corrective action or to issue a warning, letter of admonition or a letter of reprimand. A report of such action along with all supporting documentation shall be forwarded to the Board of Directors, which shall review the matter and undertake any additional investigation it deems necessary. If the decision of the Board of Directors is that there is cause to take any action specified in Article VI; the affected practitioner shall be entitled to procedural rights. Any recommendation for the issuance of any of the foregoing shall not give rise to any right to a hearing or appellate review.

Section 2. Summary Suspension of Privileges

a. Criteria and Initiation

Whenever, in the opinion of the Chairman of a department, the President of the Staff, Chief Executive Officer, or the Chief Medical Officer, a practitioner has willfully disregarded these Bylaws or other Hospital policies or a practitioner's conduct requires that immediate action be taken to protect the health or welfare of any patient, employee or other person present in the Hospital, such person or body shall have authority to summarily suspend or revoke in whole or in part the privileges of such staff member. Such summary suspension shall become effective immediately upon imposition and administration shall promptly give notice of the suspension to the practitioner.

b. Executive Committee Action and Procedural Rights

As soon as possible, after such summary suspension, a meeting of the Executive Committee shall be convened to review and consider the action and prepare its recommendation. If the Executive Committee does not recommend immediate termination of the suspension and cessation of corrective action, the practitioner shall be entitled to procedural rights. Such suspension or revocation shall continue pending final decision in the matter.

c. Care of Patients of Affected Practitioner

Immediately upon the imposition of a summary suspension or revocation of privileges, the appropriate department Chair shall have the 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 patients' wishes shall be considered in the selection of such alternative practitioner.

Section 3. Automatic Suspension

a. Action by the State Licensing Board revoking or suspending a practitioner's license, shall automatically suspend all of his Medical Staff privileges.
b. Any staff practitioner with clinical privileges whose malpractice insurance has lapsed will automatically be suspended until documented proof of re-instatement of his professional liability insurance is presented. This shall not be a state reportable offense.

Section 4. Administrative Suspension

a. The CMO may place any Member of the Medical Staff on Administrative Suspension for failure to comply with Hospital policies and procedures.
b. The CMO will notify the Member in writing that they are not in compliance with specific policies and procedures, including the effective date of the Administrative Suspension. A copy of the letter will be sent to the Executive Committee.
c. The CMO may allow a reasonable time for the Member to become compliant prior to the implementation date.
d. The Administrative Suspension will be terminated by the CMO once the Member becomes compliant.
e. Any Member placed on Administrative Suspension may continue to care for patients currently under his care, but may not participate in any new patient care activities until he is fully compliant.
f. A practitioner who violates the terms of suspension, with the exception of an emergency situation, shall appear before the Executive Committee. Failure to appear before the Executive Committee will be considered a voluntary resignation of clinical privileges by the Medical Staff member.
g. Failure to comply within 30 calendar days of the Administrative Suspension will be considered a voluntary resignation of clinical privileges by the Medical Staff member.
h. A Member whose staff privileges are terminated pursuant to this Article V, Section 4 will need to reapply to the Medical Staff if continued membership is desired. Any such reapplication shall be processed as an initial application and subject to then current requirements.
i. Administrative Suspension is not to be used for patient care issues.
j. Administrative Suspension is not subject to Article VI of these Bylaws.

ARTICLE VI - INTERVIEWS, HEARING AND APPELLATE REVIEW PROCEDURE

Members of, and applicants to, the Active and Affiliate categories of the Medical Staff, who are subject to an Adverse Recommendation or Action (as defined in the Medical Staff Fair Hearing Plan ("Plan")) shall be entitled to the hearing and appeal process set forth in this Article. Capitalized terms used in this Article are defined either in these Bylaws or in the Plan. The hearing and appeal process includes the following, the details of which are set forth in the Plan:

Section 1. Notice of Adverse Recommendation or Action.

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

Section 2. Request for Hearing.

a. A Practitioner shall have thirty (30) days following his or her receipt of a notice pursuant to Section 1 to request a hearing in the manner described in the Plan.

Section 3. Scheduling and Notice of Hearing.

a. Upon receipt of a timely request for hearing, appointment of the Hearing Panel, and scheduling of the hearing, the Hospital President shall send the Practitioner a Notice of Hearing, the contents of which are specified in the Plan.

Section 4. Hearing Procedure.

a. The hearing shall be held before a Hearing Panel appointed in accordance with Article VI, Section 5.
b. During a hearing, the Practitioner shall have the right to: (1) representation by an attorney or other person of the Practitioner's choice; (2) call, examine, and cross-examine witnesses; and (3) present evidence determined by the presiding officer to be relevant.
c. Upon completion of the hearing, the Practitioner shall have the right to: (1) receive the written recommendation of the Hearing Panel; and (2) timely notice of all subsequent MEC and Board actions with respect to the Adverse Recommendation or Action that prompted the hearing.

Section 5. Composition of Hearing Panel.

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

Section 6. Notice of Action by Board.

a. Upon receipt of the Hearing Panel's report, a Notice of Appeal Rights shall be sent to the Practitioner and, if applicable, to the MEC.
b. The Notice of Appeal Rights shall inform the parties of their rights to provide written statements and to request an opportunity to make an oral statement, as described in the Plan.

Section 7. Board Appeal Body.

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

Section 8. Final Action of the Board.

a. After the Board's receipt of the Hearing Panel's report, the Board shall consider the matter (including findings of the Board Appeal Body, if any) and affirm, modify, or reverse the original Adverse Recommendation or Action.
b. The decision of the Board will be deemed final, subject to no further appeal.
c. The action of the Board and the basis therefore will be promptly communicated to the Practitioner and to the MEC.

Section 9. Limited and Honorary Staff.

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

Section 10. Plan Consistency with Bylaws, Laws, and Regulations.

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

ARTICLE VII – CATEGORIES OF THE MEDICAL STAFF

Section 1. The Medical Staff

The Medical Staff shall be organized in accordance with the following categories: Active, Affiliate, Limited, Ambulatory and Honorary Members.

Section 2. Active Medical Staff

The Active Medical Staff shall consist of D.O.'s, M.D.'s, D.P.M.'s, Ph.D.’s (psychologist), and D.D.S privileged to admit patients to the Hospital, subject to Article IV.

a. Qualifications: Appointees to the Active Category must:

    1. Meet the minimum qualifications set forth in Article II, Section 2; and
    2. Meet activity criteria, which shall be developed by the Executive Committee.

b. Prerogatives: Appointees to this Category may:

    1. Exercise clinical privileges as delineated;
    2. After being an Active Staff Member for three years, vote on all matters presented at general, Departmental and special meetings of the Medical Staff;

3. Hold Medical Staff or Department office; and
4. Serve as a chair and/or voting member of Medical Staff Committees to which he has been appointed.

c. Responsibilities: Appointees to this Category must:

1. Fulfill the conditions and responsibilities of Medical Staff membership as described in Article II, Section 3;
2. Actively participate in recognized functions of Medical Staff and Departmental appointment, including quality improvement and other monitoring activities and in discharging other Medical Staff functions as may be required;
3. Participate in emergency room and other specialty coverage programs if requested to do so by the Executive Committee.

Section 3. Affiliate Medical Staff

The Affiliate staff category is reserved for practitioners who do not meet the eligibility requirements of the Active Category.

a. Qualifications: Appointees to this Category must:

1. Meet the minimum qualifications set forth in Article II, Section 2.

b. Prerogatives: Appointees to this Category may:

1. Exercise clinical privileges as delineated, and as set forth in Article IV;
2. Attend meetings of the Medical Staff and his Department, in a non-voting capacity.
3. As to Medical Doctors, Doctors of Osteopathy, Podiatrists, and Oral Surgeons, admit up to six patients during his or her appointment period, unless the Executive Committee has made a prior exception.

c. Responsibilities: Appointees to this Category must:

1. Fulfill the conditions and responsibilities of Medical Staff membership as described in Article II, Section 3;
2. Participate in the emergency department on-call and other specialty coverage programs, as defined by Departmental criteria, unless exempted by the Executive Committee;
3. Participate, if assigned, as a member of Medical Staff committees.

Section 4. Ambulatory Medical Staff

The Ambulatory staff Category is reserved for practitioners who practice solely in an ambulatory setting and do not have inpatient privileges but wish to remain active with the hospital in a leadership, teaching or administrative function.

a. Qualifications: Appointees to the Ambulatory Category must:

1. Meet the minimum qualifications set forth in Article II, Section 2.

b. Prerogatives: Appointees to this Category may:

1. After being an Ambulatory Staff Member for one year, vote on all matters presented at General, Departmental and special meetings of the Medical Staff; and
3. Hold Medical Staff or Department office; and
4. Serve as a chair and/or voting member of Medical Staff Committees to which he has been appointed.

c. Responsibilities: Appointees to this Category must:

1. Fulfill the conditions and responsibilities of Medical Staff membership as described in Article II, Section 3;
2. Actively participate in recognized functions of Medical Staff and Departmental appointment, including quality improvement and other monitoring activities and in discharging other Medical Staff functions as may be required.

Section 5. Limited Medical Staff

The Limited Category is reserved for those practitioners who choose not to personally admit or care for patients in the Hospital and are credentialed to satisfy the special needs of the Department as determined by the Department Chair. Limited Medical Staff may refer patients to Beaumont outpatient facilities for treatment and receive reports on their patients.

a. Qualifications: Appointees to this Category must:

1. Meet the minimum qualifications set forth in Article II, Section 2.

b. Prerogatives: Appointees to this Category:

1. May not admit patients or exercise any inpatient clinical privileges at Botsford;
2. May review the clinical chart;
3. May use the hospital medical library and dining room;
4. May attend meetings of the Medical Staff, in a non-voting capacity;
5. Are not eligible to vote or hold office;
6. Are not required to pay annual staff dues;

c. Responsibilities: Limited staff members are to abide by the ethical conduct of their profession.

Section 6. Honorary Medical Staff

Appointments to the Honorary Category shall be made by the Board of Directors upon the recommendation of the Executive Committee of the Medical Staff for such term as the Board of Directors shall decide.

a. Qualifications: The Honorary Staff shall consist of practitioners who have retired from practice and are recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous distinguished service to Botsford and its Medical Staff, as recommended by the Executive Committee and approved by the Board of Directors.

b. Prerogatives: Appointees to this Category:

    1. May attend Medical Staff and Departmental meetings;
    2. Are not eligible to admit or otherwise care for patients or to exercise clinical privileges; and
    3. Are not eligible to vote or hold office.

c. Responsibilities: Honorary Staff Members are to abide by the ethical conduct of their profession and to continue to support Botsford.

ARTICLE VIII - DEPARTMENTS OF THE MEDICAL STAFF

Section 1. Departments

The Medical Staff shall be divided into departments. Each department must have at least three physicians on active status. New or additional departments or services, or the elimination of departments or services may be authorized from time to time by the Board of Directors.

Section 2. Assignments to Departments

Each member of the Medical Staff shall apply to and be accepted in only one department, but may attend, as a non-voting member, meetings of other departments.

Section 3. Functions of Departments

The primary responsibility of each department shall be the preservation of and improvement of patient care, subject to the authority of the Executive Committee. To carry out its responsibilities each department shall:

a. Conduct a program for educational programs and clinical review of the work of the department.
b. Establish guidelines for the granting of clinical privileges within the department and prepare recommendations regarding applicants for privileges referred to in Article III.

c. Conduct educational programs and establish policies to promote the provision of quality medical care in the department.
d. Meet at least quarterly and the members of each department shall be required to attend department meetings as provided in these Bylaws in addition to attendance at staff meetings. The Secretary of the department shall record the business of the department and shall submit a copy of the minutes of department meetings to the Chief Medical Officer's Office.
e. Assure that members of the department devote time to the training of residents, medical students, and Hospital personnel.
f. Review all mortalities within the department.
g. Have the power to establish departmental dues and approve the dues amount.
h. Each department shall have a quality assessment committee and protocol, which shall be a multi-disciplinary committee comprised of members from the sections, as appointed by the President of the Staff.

Section 4. Department Chairman

a. Selection

Each department shall have a Chairman who shall be appointed annually by the Board of Directors and shall serve for period of two years. A department Chairman may be reappointed.

b. Removal

A department Chairman may be removed from office by the Board of Directors acting upon its own recommendation or upon the recommendation of the Executive Committee.

c. Duties

The Department Chairman shall have overall responsibility for:

1. Establishing, together with Medical Staff and Administration, the type and scope of services and practitioner staffing required to meet the needs of the patients;
2. Overseeing clinically related activities of the Department; including maintenance of quality control programs;
3. Overseeing administrative activities of the Department;
4. Recommending to the Medical Staff criteria for clinical privileges in the Department, and recommending clinical privileges for each Applicant or Member of the Department;
5. Continuing surveillance of the professional performance of all individuals with clinical privileges in the Department by recommending appropriate measures for OPPE and FPPE and participating in the process to review and monitor all department members;
6. Assessing and improving the quality of care and services provided in the Department;

7. Calling and presiding at all meetings, and establishing the agenda of all meetings of the Department, and to vote at such meeting in the event of a tie;
8. Discussing with the Department concerns regarding patient care and all other matters affecting the Department; representing the views and policies of the Department to the Administration and the Medical Staff leadership; acting as spokesperson for the Department;
9. Ensuring the optimal functioning of the Department; including manpower and strategic planning; and
10. Attending monthly Medical Executive Committee meeting and represent department and any department issues and/or concerns relating to hospital clinical or administrative operations.
11. Assessing and apprising department of current Graduate Medical Education status and making recommendations regarding the Program(s) to the Program Director.
12. Performing such other duties as are set forth in these Bylaws, or as may be delegated by the Executive Committee and/or the Board of Directors.

Section 5. Sections

Sections may be established within a department by the department Chairman in concurrence with the Executive Committee and the Board of Directors. Each section shall have a chief who shall be appointed annually by the department Chairman. Any section, if organized, will not be required to hold any number of regularly scheduled meetings. Nor will attendance be required unless the section chairperson calls a special meeting to discuss a particular issue. (Such special meetings must be preceded by at least two weeks prior notification for all of those expected to attend.)

Section 6. Functions of Sections

Each section shall, upon the approval of the Executive Committee and the Board of Directors, perform the functions assigned to it by the department Chairman, which may include:

a. Continuing education,
b. Grand rounds,
c. Discussion of policy,
d. Discussion of equipment needs,
e. Development of recommendation for department chairperson or MEC,
f. Participation in the development of criteria for clinical privileges (when required by the department chair), and
g. Discuss a specific issue at the special request of a department chairperson or the Executive Committee.

ARTICLE IX - OFFICERS

Section 1. Officers of the Medical Staff

The Officers of the Medical Staff shall be:

1. President
2. President Elect
3. Secretary
4. Treasurer

Section 2. Qualifications

a. Officers must be members of the Active Medical Staff at the time of their nomination and election, and must remain members throughout their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

b. Officers may not simultaneously hold leadership positions with any other hospital or health system or its Medical Staff.

c. Candidates for Officer Positions must have demonstrated leadership abilities evidenced through their active participation in Medical Staff activities.

Section 3. Election of Officers

a. Nominations

A nominating committee of at least three members shall be appointed annually by the President and shall submit to the Secretary of the Medical Staff one or more qualified nominees for each office. The Secretary shall report the list of the nominees to the Members at least thirty days prior to the Annual Meeting. Further nominations for staff office may be made from the floor at the time of the Annual Meeting.

b. Election

Officers, other than President, shall be elected at the annual meeting of the Medical Staff. A nominee shall be elected upon receiving a majority of the valid votes cast at the meeting. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held at the same meeting between the two candidates receiving the highest number of votes. The President Elect shall, upon the completion of his term of office in that position, immediately succeed to the office of President.

Section 4. Term of Office

Officers shall assume office after the Annual Meeting at which they are elected and shall serve until the next Annual Meeting. No person may serve as an officer for more than three consecutive terms.

Section 5. Vacancies

Vacancies in elected office, other than those of President and President Elect, shall be filled by the Executive Committee. If a vacancy occurs in the office of President, the President Elect shall assume the office of President. A vacancy in the office of President Elect shall be filled by election at the next regular meeting of the Medical Staff or at a special meeting and under the same rules as govern the annual election of officers.

Section 6. Duties of Officers

a. President

The President shall call and preside at all meetings of the Medical Staff and shall be a member ex-officio of all staff committees; be Chairman of the Executive Committee; and is responsible for reporting all recommendations of the Medical Executive Committee to the Board Quality Improvement and Patient Safety Committee and to the Board of Directors; appoint members to standing and special committees as provided in these Bylaws with the approval of the Executive Committee, and shall perform such other duties as are provided in these Bylaws, or may be delegated to him by the Executive Committee or Board of Directors.

b. President Elect

The President Elect shall act as Chairman of the Credentials Committee and shall perform such other duties as are provided in these Bylaws or may be assigned to him by the President, the Executive Committee, or the Board of Directors. The President Elect, in the temporary absence of the President, shall assume all the duties and have the authority of the President.

c. Secretary

The Secretary shall keep and maintain accurate and complete minutes of all meetings of the Medical Staff and of the Executive Committee and shall perform such other duties as pertain to his office. He may delegate any of his authority and duties to assistants.

d. Treasurer

The Treasurer shall be accountable for all funds entrusted to him. He shall prepare, in writing, a monthly report of income and expense for the preceding month and shall annually prepare, in writing, a complete annual report. Each report will indicate funds allocated and expended in accordance with Medical Staff Rules and Regulations. He may delegate any of his authority and duties to assistants.

Section 7. Removal from Office

Any elected officer of the Medical Staff may be removed from office by a two-thirds majority of the valid votes cast at a meeting of the Medical Staff, as defined in Article XI.

Any practitioner has the right to initiate a recall election of a Medical Staff officer and/or department chairman. A petition for such recall must be presented, signed by at least 25% of the members of the Active Staff. Upon presentation of such valid petitioner, the issue will be put on the agenda for the next regular staff meeting for a vote.

ARTICLE X - COMMITTEES

Section 1. Committees

Committees of the Medical Staff shall consist of standing and ad hoc. All committees shall maintain a written record of their proceedings and shall submit the written record of their meetings to the Executive Committee within one month of such meetings.

The duties of all ad hoc committees shall be determined and approved by the Executive Committee.

Except as otherwise provided in these Bylaws, persons serving as non-voting members of a committee shall have all rights and privileges of regular members thereof, except they shall not vote or be counted in determining the existence of a quorum.

Section 2. Standing Committees

a. Executive Committee

1. Membership
   The voting membership of the Executive Committee shall be the officers of the Medical Staff, the immediate past President, the Chairman of each professional department, the Chairman of the Graduate Medical Education Committee, the Designated Institutional Official (DIO), Chief of Surgery and three (3) member representatives of the Active Medical Staff elected at-large. The Nominating Committee shall nominate three (3) members of the active staff for positions on the Executive Committee and shall submit those nominees to the staff along with the nominees for office. The at-large members of the Executive Committee shall be elected at the annual meeting and shall serve a term of one (1) year. Administrators, and the Chief Medical Officer shall be non-voting members. Section chiefs shall be voting members of the Executive Committee only upon the direct action of the Executive Committee granting such membership. Sections represented on the Executive Committee must maintain a minimum of fifteen (15) members of the Active Medical Staff. Executive Committee membership granted to section chiefs shall be for one (1) year terms renewed annually by Executive Committee review and action.

2. Duties - The Executive Committee's duties shall be:
    A. Report to the Board Quality Improvement and Safety Subcommittee all quality and safety initiatives that are instituted by the Medical Executive Committee.
    B. Receive and act upon reports and recommendations from the department, committees and officers of the Medical Staff.
    C. Coordinate the activities of and policies adopted by the Medical Staff, departments and committees.
    D. Recommend to the Board of Directors on matters of Medical Staff appointment, privileges, corrective action and the like as provided in these Bylaws.
    E. Report to the Board of Directors recommendations instituted by the Medical Executive Committee not related to quality and safety.
    F. Represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws.
    G. Ensure that the Medical Staff is kept abreast of accreditation programs and informed of the accreditation status of the Hospital.
    H. Account to the Board of Directors and to the Medical Staff for the overall quality and efficiency of patient care at Botsford;
    I. Take reasonable steps to encourage professionally ethical conduct and competent clinical performance on the part of Medical Staff Members including initiating investigations and initiating and pursuing corrective action, when warranted;
    J. Upon written request, grant relief from the requirement to attend meetings to a staff member, such as a specialist with numerous Hospital staff commitments.
    K. Recommend to the Board a set of Medical Staff Rules and Regulations, a Fair Hearing Plan, and an Organization and Functions Manual that further defines the general policies and contained in these bylaws, and maintain such Rules and Regulations, Plan and manuals. Upon adoption by the Board, these manuals will be incorporated by reference and become part of these Medical Staff Bylaws.
    L. Any practitioner may raise a challenge to any rule or policy established by the Executive Committee. In the event that, any practitioner who believes a rule, regulation or policy is inappropriate may submit a petition signed by 25% of the Active Staff members. When such petition has been received by the Executive Committee, it will either: (1) provide the petitioners with information clarifying the intent of such rule, regulation, or policy and/or (2) schedule a meeting with the petitioners to discuss the issue.

3. Meetings

    The Executive Committee shall meet at least ten times per year.

b. Credentials Committee

1. Membership
   The Credentials Committee shall consist of at least four active voting members representing a cross-section of the clinical departments of the Medical Staff. The members shall be appointed by the President. The President Elect of the staff shall act as Chairman of the Credentials Committee.
2. Duties
   A. Review Credentials as an evaluating and recommending body;
   B. Make recommendations to the executive committee on applications received for staff membership;
   C. Make recommendations to the executive committee on expansion or limitation of privileges of staff members based on a thorough review of credentials;
   D. Receive and review written applications at least every two years from all Members.
3. Meetings
   The Credentials Committee shall meet at least annually and, in addition, on call of its Chairman.

c. Graduate Medical Education Council

1. Membership
   The Graduate Medical Education Council (Council) shall consist of the Associate Designated Institutional Official (ADIO), the Program Director of each program, Chief Medical Officer, Patient Safety Officer, Quality Improvement Officer and Chief Residents.
2. Duties
   In accordance with the Beaumont Health Graduate Medical Education Committee (GMEC) policy, the Graduate Medical Education Council is a subcommittee of the Beaumont Health GMEC. It makes recommendations to the Beaumont Health Graduate Medical Education Committee and is responsible for oversight of the Graduate Medical Education operations at Beaumont, Farmington Hills.
3. Meetings
   The Council shall meet at least ten times per year. Minutes shall be recorded for every meeting and there must be at least one resident present at all meetings.
4. Trainer of Record
   The Program Director of each residency and fellowship program shall be certified by the American Osteopathic Association and/or as approved by the ACGME Review Committee or hold ABMS certification in the appropriate specialty. For podiatry, the Program Director should be certified by the ABFAS and/or ABPM.

5. Council Subcommittees
   The Council utilizes subcommittees to conduct additional oversight. Subcommittees make recommendations to the Council for action. Subcommittees should meet as noted below unless determined that an ad hoc basis is appropriate. Formal minutes shall be recorded for presentation to the Council meeting for review and approval.
6. Should a Council matter require an immediate action, the Associate Designated Institutional Official (or designee) may call an ad hoc Council meeting or conduct an electronic vote in lieu of a meeting.
7. Graduate Medical Education operations at Beaumont, Farmington Hills and its GME Council follow all Beaumont Health GME Policies, including but not limited to :
   a. GME Performance Improvement & Corrective Action
   b. GME Grievances & Due Process

d. Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee shall consist of a minimum of five (5) Members representing a cross-section of the clinical departments of the Medical Staff. The members and the Chairman shall be appointed by the President. The Director of Pharmacy, a representative from Nursing Administration and a member of Administration shall also be non-voting members of the committee. The committee shall advise the Medical Staff and Hospital Administration in matters pertaining to the use of drugs, formulate policies for evaluation, selection, procurement, distribution, use and safety of drug therapy in the Hospital, and develop a drug list and Hospital formulary of accepted drugs for use in the Hospital. The Pharmacy and Therapeutics Committee shall meet at least quarterly.

e. Utilization Management Committee

The Utilization Management Committee shall meet at least quarterly and shall consist of staff members and a Chairman representing a cross-section of the clinical departments of the Medical Staff. The members and the Chairman shall be appointed by the President and assisted by the Director of Medical Records and other members of Administration. No member of the Committee may take part in deliberations or consideration of any issue in which the member:

1. Is directly responsible for the care of the patient whose are is being reviewed; or
2. Has a financial interest in any facility whose utilization is being reviewed.

The committee shall:

1. Ensure proper utilization of Hospital facilities and resources;
2. Ensure that there is a proper Utilization Review Plan in place;
3. Evaluate the quality of medical care on the basis of documented evidence;
4. Review current inpatient records;

5. Perform quantitative and qualitative analyses of medical care; and
6. Coordinate a discharge-planning program.
7. Consult with the practitioner(s) responsible for the patient care reviewed and afford the practitioner(s) an opportunity to present their views to the committee.

f. Emergency Management (Disaster Readiness) Committee

The Disaster Readiness Committee shall consist of three (3) Medical Staff Members representing a cross-section of the clinical departments of the Medical Staff. The Non-Medical Staff members shall be appointed by Administration. The Chairman shall be appointed by the President. The Chairman of the committee shall be an osteopathic or allopathic physician. The Disaster Readiness Committee shall formulate plans and programs for the Hospital in the event of natural disaster or civil disorder and shall coordinate the plan of the Hospital with that of local police and fire departments, Red Cross, civil defense and other local disaster programs. The committee shall meet at least quarterly to review the disaster plan of the Hospital, and on call.

g. Tumor Committee

The Tumor Committee shall consist of at least eight (8) members representing a cross-section of the clinical departments of the Medical Staff. The members and the Chairman shall be appointed by the President. The committee shall meet at least quarterly.

The committee shall:
1. Review all malignant tumor cases admitted;
2. Make recommendations on the best diagnostic and therapeutic approaches for malignancies.
3. Maintain and recommend educational programs concerning evaluation, diagnosis and treatment of patients with malignant tumors, along with new concepts and procedures, as well as record keeping and statistical analysis;
4. Maintain a tumor registry; and
5. Execute all duties as set forth by the prevailing accreditation standards.

h. Transfusion Utilization Committee

The Transfusion Utilization Committee shall consist of three (3) members appointed by the President and shall meet with and assist the Pathology Department in the review of transfusion, blood and blood derivative utilization. The committee shall develop and maintain, with the approval of the Executive Committee, rules and policies governing the utilization of blood and its derivatives. The committee shall meet as needed, no less than semi-annually.

i. Infection Control Committee

The Infection Control Committee shall consist of a minimum of six (6) members representing a cross-section of the clinical departments of the Medical Staff. The members and the Chairman shall be appointed by the President. Hospital Administration shall appoint at least two (2) representatives of the Division of Nursing, and appropriate administrative personnel as non-voting members. Other individuals shall be available on a consultative basis. The Chairman shall be appointed by the President. The committee shall meet at least quarterly.

The committee shall:

1. Establish and maintain an infection control plan, as well as policies regarding control measures and special infection control studies;
2. Review nosocomial infections;
3. Establish and maintain employee health policies, including orientation of new employees; and
4. Act in accordance with legal and TJC requirements.

j. Utilization of Osteopathic Methods and Concepts Committee

The Utilization of Osteopathic Methods and Concepts Committee shall be appointed by the President, and shall consist of at least three osteopathic physicians on the active staff. The committee shall meet as needed.

The committee shall:

1. Make recommendations to improve utilization of osteopathic principles and practice, to record osteopathic findings, describe osteopathic manipulative treatment and to apply such modalities as part of the comprehensive care received by patients;
2. Be responsible for Medical Staff education as it relates to osteopathic methods and concepts.

k. Bylaws Committee

Bylaws Committee appointed by the President, shall meet, as needed, at the call of its Chairman, to prepare recommendations relating to revisions to and updating of the Bylaws, Rules and Regulations of the Medical Staff and of its various clinical departments, and shall review the Bylaws.

l. Medical Records Committee

The Medical Records Committee shall consist of at least five (5) practitioner members representing a cross-section of the clinical departments of the Medical Staff. The members and the Chairman shall be appointed by the President. The committee shall be assisted by the Director of Medical Records and appropriate members of Administration. The committee shall meet as needed.

The committee shall:

1. Ensure the maintenance of medical records at an acceptable standard of completeness,
2. Act as an advisor to the Medical Records Department with respect to new forms and other aspects of the operation of the Department,
3. Make recommendations to the Medical Staff for the approval of, use of, and any changes in form or format of the medical record, and
4. Advise and recommend policies for medical record maintenance and to supervise the medical records to insure that details are recorded in the proper manner, and that sufficient data are present to evaluate the care of the patient.
5. Act in accordance with legal and TJC requirements.

m. Endoscopy Committee

A general Endoscopy Committee shall be appointed by the President to ensure that all endoscopies performed in the institution are performed with the proper indications and a high degree of expertise. It shall make recommendations regarding Endoscopy privileges to the Credentials Committee. The Committee shall be comprised of three members representing the Internal Medicine, General Surgery and Obstetrics/Gynecology sections. Subcommittees comprised of members of various sections responsible for their respective procedures may be appointed as necessary by the President. All subcommittee actions shall be referred to the Endoscopy Committee.

n. Library Committee

The Library Committee shall consist of members representing a cross-section of the hospital departments, including physicians, nursing, administration, allied health, and library personnel. The chairperson shall be the Library Director. The Chairperson shall appoint the members. The committee shall meet as needed.

The Library Committee shall recommend the addition and/or deletion of materials in the Library per accreditation requirements. The members will also provide input on the Rules and Regulations for use of the Library. Business will be conducted by email.

o. Quality Improvement and Safety Committee(s)

Committee(s) shall be set up that will monitor both the quality of medical care and patient safety for the following scope(s) of practice: Medicine (including all subspecialties), Surgery (including all subspecialties), Pediatrics, OB/GYN, and any other scope of medical practice that the Medical Executive Committee deems appropriate. The President will appoint the Chairperson of each committee, along with medical staff members.

The purpose of these committees will be:

1. Develop and implement plans for education in areas of quality improvement and safety that involve medical staff.
2. Develop and implement plans for Mortality and Morbidity Reviews that involve medical staff with medical staff accountability.
3. Provide information to the Credentials Committee, in order to act on reappointment and privilege requests, when appropriate.
4. Develop measures of Quality and Safety, benchmarked against internal and external sources, for individual practitioners of the medical staff.

The members of the committee will consist of representatives from the specialties and subspecialties of the medical staff consistent with the committee's scope of concern, along with needed support personnel from the hospital, to accomplish the purpose of the committee(s). The committee shall meet at least quarterly.

p. Cancer Committee

The Cancer Committee shall consist of members representing a multidisciplinary cross-section of the hospital departments, including physicians from the diagnostic and treatment specialties, which are defined as: Medical Oncologist, Diagnostic Radiologist, Pathologist, General Surgeon and Radiation Oncologist and non-physician members from nursing, social work, case management, quality improvement, administration, allied health and cancer center personnel, including the Certified Tumor Registrar (CTR). There must also be a designated 'Cancer Liaison', who also may fulfill the role of one of the required physician specialties listed above. The designated Chairperson may also fulfill the role of one of the required physician specialties listed above. The Chairperson(s) shall appoint the members.

The Cancer Committee is a standing committee responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer-related activities in the cancer program. The facility may use any method that is consistent with program organization and operation to document the authority of the Cancer Committee. The Cancer Committee will meet or exceed all requirements in the current edition of the Cancer Program Standards as published by the American College of Surgeons, Commission on Cancer.

Section 3. Ad Hoc Committees

The Executive Committee may appoint other ad hoc committees from time to time as the need arises.

ARTICLE XI - MEDICAL STAFF MEETINGS

Section 1. Annual Meeting

The Annual Meeting of the Medical Staff shall be held during January. Election of officers shall be held at this meeting. Any proper business may be presented at this meeting.

Section 2. Regular Meetings

Regular meetings of the Medical Staff shall be held quarterly. Annual departmental reports shall be presented at the first quarterly meeting after the annual meeting.

Section 3. Special Meetings

a. Special meetings of the Medical Staff may be called at any time by the President, or in his absence, the Vice President, or at the request of the Board of Directors, the Executive Committee, by any five (5) members of the Executive Committee who petition in writing, or by the presentation of a petition signed by 25% of the Active Staff members. At any special meeting, no business shall be transacted except that stated in the notice or petition calling the meeting.

b. Written or printed notice stating the time, place and purposes of any special meeting of the Medical Staff shall be conspicuously posted and shall be sent to each involved Member (e.g., for a meeting of a committee, to all committee members) at least seven (7) days before the date of such meeting. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting, except that stated in the notice of such meeting.

c. The President may call a special meeting of the Medical Staff at any time. The President shall call a special meeting within 20 days after receipt of a written request for such a meeting signed by twenty-five percent of the Active Medical Staff, or upon resolution by the Executive Committee. Such request or resolution shall state the purpose of the meeting. The President shall designate the time and place of any special meeting.

Section 4. Quorum

a. Executive Committee: Fifty percent (50%) of the voting members of the committee.

b. All other committees or staff meetings: Those present and voting.

Section 5. Procedure

Medical Staff meetings will be held in accordance with Robert's Rules of Order, latest edition, and with the requirements of the prevailing accrediting agencies.

Section 6. Attendance Requirements

a. Medical Staff Meetings

All Members are encouraged to attend at least fifty (50) percent of all regularly scheduled meetings of the Medical Staff.

b. Department Meetings

All Members are encouraged to attend at least fifty (50) percent of all meetings of the department to which they have been assigned membership.

c. Committee Meetings

All Active Members shall be required to attend at least fifty (50) percent of all assigned committee meetings, assigned educational meetings and educational assignments.

d. Failure to Attend Meetings

Unless excused for just cause such as illness or absence from the community, by the Executive Committee or Chief Medical Officer, a Member who fails to meet the attendance requirement for one or more committees in a given year shall be placed on one year administrative probation. If, during the probationary period, the member fails to attend the required number of committee and department meetings, the member shall be transferred to the Affiliate Staff Category. If, during the probationary period, the member attends the required amount of committee meetings, the member shall be taken off administrative probation. After a Member has been transferred to the Affiliate Category, to become an Active Staff Member again, the Member must make a written request to Medical Administration and, the request will then be processed in the same manner as, and at the same time as, applications for reappointment.

e. Attendance Record - An attendance record of all meetings shall be maintained.

ARTICLE XII - IMMUNITY FROM LIABILITY

No person furnishing information, data, reports or records to any Department, Division, Medical Staff or the Board of Directors regarding any Practitioner shall, by reason of furnishing such information, be liable in damages to any person. No Member of a

Medical Staff, Department or Division committee shall be liable in damages to any person for any actions taken or recommendation made within the scope of the functions of such committee if such committee member acts without malice and in the reasonable belief that such action or recommendation is warranted by the facts known to him. Each Applicant and Member agrees to release, indemnify and hold harmless Botsford and all third parties from liability for any and all such statements or actions.

ARTICLE XIII - RULES AND REGULATIONS

Subject to approval by the Board of Directors, the Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. Such Rules and Regulations shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Member in the Hospital. Such Rules and Regulations may be amended at any regular meeting of the Executive Committee at which a quorum is present, by a three-fourths vote of those present and eligible to vote. Such amendments shall become effective when approved by the Board of Directors.

ARTICLE XIV - GENERAL PROVISIONS

Section 1. Professional Liability Insurance

The Board of Directors shall determine the minimum amount, if any, of professional liability insurance coverage that each Member must have. Each Member shall report to the Board of Directors the amount of professional liability insurance coverage, the name of such professional liability carrier and the expiration date of such coverage. Any change in the practitioner's coverage or non-coverage shall be promptly reported to the hospital within thirty (30) days. The Chief Medical Officer shall maintain a status list of all practitioners setting forth the insurance carrier, the amount of such coverage, and the expiration date, if any. This information shall be made available to any Member, on any Member, upon written request to the Chief Medical Officer.

ARTICLE XV - REVIEW AND AMENDMENTS

Section 1. Review

These Bylaws shall be reviewed and updated as necessary to assure congruence with Medical Staff practice and prevailing accreditation requirements. The review must be done at least every two years.

Section 2. Amendment

These Bylaws may be amended, after notice, at any regular or special meeting of the Medical Staff. A proposed amendment may be initiated by the Bylaws Committee or the Executive Committee, which shall give thirty (30) days' notice of the proposed

amendment to the staff before the meeting at which the proposal will be considered. Amendments shall be approved by a three-fourths majority of the membership of the Active Staff present at the meeting.

Section 3. Adoption

After completion of the foregoing procedure, a proposed change in these Bylaws may be finally adopted or rejected by the Governing Board of the Hospital at its next or any subsequent meetings by the majority vote of the members of that Board who are present at a meeting at which a quorum thereof is present.