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Tier 2: Henry Ford Hospital Medical Staff Bylaws

PREAMBLE

Henry Ford Hospital was founded to provide accessible and comprehensive patient care services and to engage in significant educational and research activities primarily through a multispecialty group practice that is committed to health and social justice, health equity, diversity, and inclusion. . The ambulatory and inpatient care services and the educational and research activities are achieved and maintained through the coordinated efforts of the Board of Directors, Management, and the Medical Staff.

DEFINITIONS

- A. **AFFILIATED HEALTH CARE ORGANIZATION** means an organization that has a relationship with Henry Ford Health System either by a significant contract arrangement or corporate structure and is designated an affiliate by the Board of Directors.
- B. **BOARD OF GOVERNORS** means the governing body of the Henry Ford Medical Group.
- C. **BOARD OF DIRECTORS or BOARD** means the Board of Directors of Henry Ford Health System acting on its own or through its designated committee or other designee.
- D. **BYLAWS** means these Bylaws, as amended, including any addenda attached hereto, unless specifically provided otherwise herein.
- E. **CHAIR OF THE MEDICAL EXECUTIVE COMMITTEE** means the individual elected in accordance with Article III of these Bylaws to be the chief officer of the Medical Staff and acting on their own or through a designee.
- F. **CHIEF EXECUTIVE OFFICER OF THE SYSTEM** means the individual appointed by the Board of Directors to act on its behalf in the overall management of the System or a designee.
- G. **CLINICAL PRIVILEGES or PRIVILEGES** means the permission granted to a Medical Staff

- member to render specified diagnostic, therapeutic, medical, dental, or surgical services at the Hospital.
- H. **DENTIST** means those individuals who have been awarded the degree of doctor of dentistry or doctor of dental medicine.
 - I. **DETROIT CENTER** means the downtown Detroit inpatient facility, the outpatient clinic(s) and the research and educational facilities designated as part of the Detroit Center.
 - J. **EMPLOYED BY (EMPLOYEE OF, EMPLOYMENT RELATIONSHIP WITH) SYSTEM** means a Medical Staff member who is an employee of the System.
 - K. **HENRY FORD HEALTH SYSTEM (or SYSTEM)** means the corporate entity, including all of its operating divisions.
 - L. **HENRY FORD MEDICAL GROUP (or HFMG)**, which is an operating division of Henry Ford Health System, means those physicians, dentists, podiatrists and bioscientific persons who are: a) members of the Senior or Bioscientific staff category or are Advanced Practice Providers b) are employed by the System and c) collectively compose a multi-specialty group practice to which the primary responsibility for the delivery of patient care and the conducting of educational and research activities within the Henry Ford Health System has been delegated by the Board of Directors.
 - M. **HOSPITAL** means Henry Ford Hospital, a hospital facility and medical centers that are an operating division of Henry Ford Health System and any other site designated as provider based to Henry Ford Hospital.
 - N. **MANAGEMENT** means individuals on the administrative and corporate staffs of Henry Ford Health System.
 - O. **MEDICAL STAFF or STAFF** means the formal organization of all licensed doctors of medicine, doctors of osteopathy, dentists, podiatrists and bioscientific persons with a doctorate or equivalent academic status who are privileged by appointment to attend to patients' needs at Hospital as provided in these Bylaws. The specific categories of the Medical Staff are set forth in Article VI of these Bylaws.
 - P. **NON-EMPLOYEE (NOT EMPLOYED, NO EMPLOYMENT RELATIONSHIP)** means a Medical Staff member who is not an employee of the System.
 - Q. **PHYSICIAN** means an individual with a doctor of medicine or doctor of osteopathy degree who is licensed to practice medicine.
 - R. **PODIATRIST** means an individual with a doctor of podiatric medicine degree who is licensed to practice podiatry.
 - S. **POLICIES** means all promulgations or statements of policy that apply at the Hospital including rules, regulations, guidelines, policies, procedures, memoranda, and protocols issued or approved by the Hospital, HFMG or System or their authorized representatives.
 - T. **RETIRED** refers to those Medical Staff members who receive retirement benefits from the System's retirement plans.
 - U. **SPECIAL EQUIPMENT OR FACILITIES** means facilities and equipment operated by the Hospital and designated by the Medical Executive Committee for access by Adjunct Medical Staff members.
 - V. **SPECIAL NOTICE** means written notice that is (a) delivered personally, or (b) sent by overnight

delivery service, to the person to whom the notice is sent.

ARTICLE I

MEDICAL STAFF DESIGNATION

These are the Bylaws of the Medical Staff of Hospital. The Medical Staff is organized under the authority of the Bylaws of Henry Ford Health System as adopted by the Board of Directors.

ARTICLE II

PURPOSES AND RESPONSIBILITIES

In addition to the purposes set forth in the Preamble, the purposes and responsibilities of the Medical Staff are:

- A. to oversee and account to the Board of Directors for patient safety and the uniform quality and appropriateness of patient care provided in any of the facilities, departments, or services of the Hospital;
- B. to conduct professional peer review concerning Medical Staff members and applicants for appointments and for clinical privileges;
- C. to recommend to the Board of Directors action with regard to appointments and reappointments and delineations and redelineations of clinical privileges for the Medical Staff;
- D. to facilitate compliance with these Bylaws and other Policies including those relating to patient care;
- E. to initiate and pursue corrective action for non-compliance with these Bylaws and other Policies;
- F. to manage, coordinate, and participate in the education and research activities at the Hospital including supervision of students, interns and residents;
- G. to participate in System and Hospital planning and finance processes and identify health needs of those served by the System and Hospital; and
- H. to participate in the development of System Policies relative to both institutional management and patient care through membership on the Board of Directors and through membership on standing committees of the Board of Directors.

ARTICLE III

MEDICAL STAFF GOVERNANCE: MEDICAL EXECUTIVE COMMITTEE

III.A. Functions and Duties of the Medical Executive Committee

The Medical Executive Committee serves as the executive body of the Medical Staff in accordance with these Bylaws. The Medical Executive Committee is empowered to act for the Medical Staff. Among its various duties and authorities, the Medical Executive Committee oversees and establishes (subject to any approval requirements established by the Board of Directors) policies pertaining to the following at the Hospital:

1. the care of patients;
2. the assessment of quality of medical care, patient safety and all related matters;
3. the research activities of the Medical Staff;
4. the ethical practices of the Medical Staff;
5. the appointment and reappointment of individuals to the Medical Staff;
6. the effective functioning of the Medical Staff;
7. the reports submitted from Departments, standing and special committees of the Medical Staff;
8. the arbitration of interdepartmental differences; and
9. the enforcement of all Policies and other expectations contained in these Bylaws and elsewhere, that the Board of Governors has established or may establish in the future.

The Medical Executive Committee is also responsible for enforcing all Policies and other expectations contained in these Bylaws; informing the Medical Staff of all applicable accreditation and compliance programs and the accreditation status of the Hospital; and giving reports and making recommendations to the Board of Directors regarding the Medical Staff's structure, the process for credentialing and privileging members of the Medical Staff, and regarding the delineation of individual Medical Staff member's privileges.

In the event of conflict between the medical staff and the Medical Executive Committee on issues including, but not limited to, proposals to adopt or amend a rule, regulation or policy, such conflict will be submitted to an ad hoc committee composed of one member of the medical staff, the Chair of the Medical Executive Committee and two members of the governing body for resolution.

III.B. Composition of the Medical Executive Committee

After the transition period, the Medical Executive Committee is composed of twenty-two voting

members, all of whom are eligible members of the Henry Ford Medical Group.

Thirteen of the Henry Ford Medical Group members are the Senior Staff member Chairs/Leaders of the areas listed below or a Senior Staff member selected by the Chair/Leader and approved by the Chair of the Medical Executive Committee to serve in this position in place of the Chair/Leader:

Internal Medicine Department, Surgery Department, Pathology Department, Emergency Department, Radiology Department, Anesthesiology Department, Orthopaedics Service Line, Cancer Service Line, Heart and Vascular Service Line, Neurosciences Service Line, Transplant Service Line, Women's Health and Primary Care Service Line.

Three of the Henry Ford Medical Group members are Senior Staff member representatives of areas of Hospital service that are not otherwise represented on the Medical Executive Committee. These "At Large" members are selected as provided below in Section III.C.

Five of the Henry Ford Medical Group members serve ex-officio with vote:

- The Chief Medical Officer of the Hospital, the Chair of the Medical Staff Peer and Quality Review Committee, the Designated Institutional Officer, a member of the Board of Governors Executive Committee, and the Chair of the Credential's Committee.

One of the Henry Ford Medical Group members is the individual who is selected as the Chair of the Medical Executive Committee who serves ex-officio and votes only in case of a tie.

Additionally, to facilitate communication between the Medical Staff and the Hospital, the Hospital CEO or a designee, the Hospital President, the Hospital Chief Nursing Officer, the Hospital Chief Quality Officer and the Hospital Chief Operating Officer or Vice President of Operations shall be ex-officio members without vote.

Additionally, one Advanced Practice Provider member of the Henry Ford Medical Group shall be a non-voting member.

If an individual simultaneously holds more than one of the positions listed in this section III.B, the individual shall, with the Chair of the Medical Executive's approval, appoint another individual to serve as a Medical Executive Committee member for one of the positions.

Others from the Medical Staff and Management Staff may attend meetings of the Medical Executive Committee upon invitation but are not entitled to a vote.

III.C. Selection of At Large Members: of the Medical Executive Committee

The Medical Executive Committee will appoint a Member Selection Committee approximately four (4) months in advance of a vacancy in an At Large position. The Membership Selection Committee shall establish a process for obtaining nominations for membership. The Member Selection Committee shall consider the nominee's practice location, clinical specialty, participation in Medical Staff and Hospital affairs, as well as the then current composition of the Medical Executive Committee when recommending an individual to be included on a slate for membership on the Medical Executive

Committee.

The Member Selection Committee shall be made up of the Chair of the Medical Executive Committee who shall serve as Chair and four other Medical staff members. The Member Selection Committee will develop a slate of two or more candidates for each vacancy.

The slate shall be presented to the Medical Executive Committee. and the At Large members shall be elected by the voting members of the Medical Executive Committee by an affirmative vote of a majority of the voting members in accordance with the then current Election and Nominating Guidelines. The At Large members shall serve for a two (2) year term. A person is ineligible to serve as an At Large Committee Member for two (2) years after serving as an At Large Committee Member for two (2) consecutive full terms.

The Medical Executive Committee may, at any regular or special meeting, appoint a member of the Henry Ford Medical Group to fill the unexpired term of a position which has become vacant. The appointment process for filling such vacancy shall be described in the then current Election and Nominating Guidelines.

Beginning January 1, 2021, the Chair of the Board of Governors will be the Chair of the Medical Executive Committee and they will act as necessary to establish the Medical Executive Committee composition described above as soon as possible after the effective date of these Bylaws.

III.D. Removal and Termination from the Medical Executive Committee

Removal of an individual member from the Medical Executive Committee shall be warranted for reasons of unethical or unprofessional conduct or any other actions which are of a magnitude and/or extent that they are clearly inimical to the overall objectives, obligations, policies or principles of the System, Hospital, or Medical Staff. Removal or termination from membership shall not entitle the member to the procedural rights set forth in [Article XIV](#) of these Bylaws.

III.D.1 Initiation

Removal proceedings are initiated by the Medical Executive Committee.

III.D.2 Removal Procedure

The procedure for removal is as follows:

- a. Initiation of removal requires the affirmative vote of a majority of the voting members of the Medical Executive Committee and notice of such removal action and the reasons therefor shall be sent as an item of information to the Board of Directors.
- b. The member of the Medical Executive Committee who is the subject of the removal action shall be notified of the initiation of the removal process in writing by the Chair of the Medical Executive Committee and shall have the opportunity to appear before the Medical Executive Committee to respond to the action before a final vote on removal is taken. A written request

for appearance must be delivered to the Chair of the Medical Executive Committee within fifteen days after receipt of notice of the initiation of the removal action or the right to appear is deemed to be waived.

- c. The affirmative vote of two-thirds of the voting members of the Medical Executive Committee (excluding the individual who is the subject of vote) is required to affirm the removal.

III.D.3 Automatic Termination

Notwithstanding the above, in the event a member of the Medical Executive Committee ceases to be a member of the Henry Ford Medical Group, for whatever reason, their membership on the Medical Executive Committee will automatically terminate. An ex-officio member's membership on the Medical Executive Committee terminates automatically when they cease to hold the applicable office which entitles them to such membership.

III.E. Officer(s) of Medical Executive Committee

The officers of the Medical Executive Committee consist of the Chair and Vice-Chair such others as may be determined by the Medical Executive Committee, who shall serve at the pleasure of the Medical Executive Committee. Responsibilities corresponding with each office are described in the following sections. To qualify for any office of the Medical Executive Committee the individual must be or become an eligible Senior Staff member of the Henry Ford Medical Group.

III.E.1 Chair of the Medical Executive Committee

Beginning January 1, 2025, the Chair of the Medical Executive Committee will be the individual who just completed a term as Vice-Chair. The Chair serves for a two-year term and is not eligible to succeed themselves as Chair of the Medical Executive Committee. The Chair of the Medical Executive Committee is responsible to the Medical Executive Committee and serves and functions as Chair of the Medical Executive Committee (with voting rights only as tiebreaker). The Chair of the Medical Executive Committee serves as the highest-ranking officer of the Medical Staff is responsible for effective communication between the Medical Staff, Hospital Administration and the Board of Directors. The Chair of the Medical Executive Committee is a member of the Medical Executive Committee who votes only in case of a tie. The term of the individual serving as Chair of the Medical Executive Committee on January 1, 2023 will be extended until December 31, 2024.

III.E.2 Vice-Chair of the Medical Executive Committee

Beginning January 1, 2023, the Vice-Chair of the Medical Executive Committee will be selected from among the voting members of the Medical Executive Committee by an affirmative vote of a majority of the voting members of the Medical Executive in accordance with the then current Election and Nominating Guidelines in consultation with the Chief Executive Officer of the Hospital. The Vice-Chair presides over the Medical Executive Committee in the absence of the Chair, with the same rights and privileges as the Chair. The Vice-Chair of the Medical Executive Committee succeeds to a two-year term as the Chair of the Medical Executive Committee. The Medical Executive will select another individual to fill the position vacated by the elected Vice-Chair of the Medical Executive Committee taking into

account the constituency represented by the vacancy in accordance with the then current Election and Nominating Guidelines.

III.E.3 Removal of Chair and Vice-Chair of the Medical Executive Committee

Removal of Chair and Vice-Chair of the Medical Executive Committee shall be warranted for reasons of unethical or unprofessional conduct or any other actions which are of a magnitude and/or extent that they are clearly inimical to the overall objectives, obligations, policies or principles of the System, Hospital, or Medical Staff.. Removal or termination from office shall not entitle the individual to the procedural rights set forth in [Article XIV](#) of these Bylaws.

- a. Initiation:
Removal proceedings are initiated by the Medical Executive Committee or the Board of Directors.
- b. Removal Procedure:
The procedure for removal is as follows:
 - i. Initiation of removal procedures requires the affirmative vote of a majority of the voting members of the Medical Executive Committee (excluding the individual who is the subject of vote) when it is initiating the action, and in accordance with its own procedures when it is the Board of Directors initiating the action. Notice of such removal action and the reasons therefor shall be sent as an item of information to the body which did not initiate the action.
 - ii. The Chair or Vice-Chair of the Medical Executive Committee shall be notified of the initiation of the removal process and the reasons therefor in writing. They shall have the opportunity to appear before the Board which initiated the action to respond to the action before a final vote on removal is taken. A written request for appearance must be delivered to the Board which initiated the action within fifteen days after receipt of notice of the initiation of the removal action or the right to appear is deemed to be waived.
 - iii. The affirmative vote of two-thirds of the voting members of the Medical Executive Committee (excluding the individual who is the subject of vote) when it initiated the action, and the number required by its own procedures when the Board of Directors initiated the action, is required to affirm the removal.
 - iv. The Board which initiated the action shall send notice of its action together with such information and notes of its proceedings as is deemed appropriate to the Board which did not initiate the action.
 - v. In the event it was the Board of Directors which initiated the action to remove the Chair or Vice-Chair of the Medical Executive Committee, the action must be approved by the Medical Executive Committee before it takes effect.

III.E.4 Filling Vacancies in the Chair and Vice-Chair of the Medical Executive Committee

Vacancy in the position of Chair and Vice-Chair of the Medical Executive Committee shall be filled in the manner specified in section [III.E.2](#), of these Bylaws for selection of said officer.

III.F.1 Types of Meetings

There are two types of meetings, regular and special, at both of which a quorum is required to transact business:

- a. Regular meetings are held at least monthly at a time and place determined by the Chair.
- b. Special meetings may be called by the Chair of the Medical Executive Committee and shall be called at the request of the Board of Directors, the Chief Executive Officer of the Henry Ford Hospital, or a majority of the voting members of the Medical Executive Committee. The notice for such a meeting shall state the purpose(s) of such meeting.

Attendance at all meetings of the Medical Executive Committee shall take precedence over professional and administrative activities that the members of the Medical Executive Committee may otherwise have. Frequent absence from meetings of the Medical Executive Committee is subject to review by the Medical Executive Committee for appropriateness and may subject a member to removal from the Medical Executive Committee or other sanctions.

III.F.2 Quorum Requirements

Presence of a majority of the voting members at a meeting (regular or special) shall constitute a quorum.

III.F.3 Manner in which Medical Executive Meetings are Conducted

- a. A written agenda for each regular and special meeting shall be prepared in advance of the meeting and sent electronically or by other means to each member of the Medical Executive at least twenty-four hours prior to the convening time of the meeting, unless an urgent meeting is required due to an emergency situation.
- b. Any Medical Staff member wishing to submit an issue for the Medical Executive Committee's agenda must submit a request to the Chair who shall determine whether it shall be added to the agenda.
- c. Attendance of a member of the Medical Executive Committee at a meeting constitutes a waiver of notice of the meeting, except where the member attends for the express purpose of objecting to the transaction of any business because the meeting is not properly called or convened.

III.F.4 Virtual, Electronic or Telephone Conference Meetings

With the approval of the Chair and subject to requirements for ensuring confidentiality, a member of the Medical Executive Committee may participate in a meeting virtually by means of internet conference, telephone or other similar communications equipment by means of which all persons participating in the meeting can hear and speak to each other. Participation in a meeting in accordance with this section III.F.4 constitutes presence in person at the meeting.

III.G. Voting by Medical Executive Committee

III.G.1 At Meetings

All matters coming before a meeting of the Medical Executive Committee are decided by the affirmative vote of a majority of those members of the Medical Executive Committee present and eligible to vote, unless otherwise stated in these Bylaws. No member may vote by proxy.

III.G.2 By Written Consent

Any action required or permitted to be taken at any meeting of the MEC may be taken without a meeting, without prior notice and without a vote if the number of MEC members required to take the action at a meeting consents thereon in writing. Written consent to an action without a meeting may be in email or other electronic form and delivered by electronic means. Said written consents shall be filed with the minutes of the MEC and shall have the same effect as a vote for all purposes.

ARTICLE IV

MEDICAL STAFF GOVERNANCE: COMMITTEES

IV.A. Committees

To accomplish its goals the Medical Executive Committee shall develop standing and special committees to address specific concerns of the Medical Staff and to make recommendations to the Medical Executive Committee. The Medical Executive Committee may delegate specific duties, responsibilities and/or authority to its committees. The Credentials Committee, Bylaws Committee, Quality Committee and Graduate Medical Education Committee are standing committees of the Medical Staff. Individuals who are not Medical Staff members may be committee members.

IV.B. Committee Memberships

IV.B.1 Appointment

Unless otherwise specified, the Chair and members of each standing committee are recommended by the Chair of the Medical Executive Committee and approved by vote of the Medical Executive Committee. Special committees may be created by the Chair of the Medical Executive Committee or by

the Medical Executive Committee, on an ad hoc basis to perform specified tasks. Special committees terminate at the completion of the task unless terminated earlier by the Chair of the Medical Executive Committee or by the Medical Executive Committee. Special committee members and Chairs are appointed by the Chair of the Medical Executive Committee or by the Medical Executive Committee.

IV.B.2 Terms and Removal

A committee member is appointed for a term as described in the Committee's Charter and serves until the end of this period and until their successor is appointed, unless the member resigns or is removed from the committee prior to the expiration of the term. Any committee member may be removed by the affirmative vote of a majority of the voting members of the Medical Executive Committee. Removal from membership on a committee or as Chair of a committee does not entitle the individual to the procedural rights set forth in [Article XIV](#) of these Bylaws.

IV.B.3 Vacancies

Unless otherwise specified, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made.

IV.B.4 Conduct and Records of Meetings

Committee meetings are conducted and documented in the manner specified for such meetings in [Article XI](#) of these Bylaws.

IV.C. Committee Designation

The Medical Executive Committee, in its sole discretion, designates its standing committees, their function, size, composition and responsibilities as may be necessary to implement the general principles found within these Bylaws. All such designations shall be consistent with the Corporate Bylaws of the System and with the authority granted to the Medical Executive Committee by the Board of Directors.

Committee Descriptions and memberships shall be maintained in the Medical Staff Office.

ARTICLE V

MEDICAL STAFF STRUCTURE: DEPARTMENTS DIVISIONS AND SECTIONS

V.A. Structure

The structural components which exist within the System relative to Medical Staff members are Departments, Divisions and Sections defined by specialty services.

Each Department operates under the leadership of a Department Chair. In order to organize and coordinate the medical education and research activities of the Medical Staff as a whole, there is an

Office of Medical Education and a Research Administration Office Each office operates under the guidance of a director.

The Departments, Divisions and Sections shall be those designated by the Henry Ford Medical Group.

V.B. Appointments to Departments

Each member of the Medical Staff who has clinical privileges will be appointed to at least one Department.

V.C. Department Chairs

V.C.1 Designation

The Department Chairs shall be the individuals who are the Department Chairs for the Henry Ford Medical Group.

V.C.2 Responsibilities of Department Chairs

Each Department Chair, in accordance with Policies, shall:

- a. recommend specific specialty service qualifications and requirements for appointment to the Medical Staff;
- b. recommend criteria for granting clinical privileges in the Department;
- c. recommend to the Credentials Committee appointment and delineation of privileges for applicants;
- d. recommend to the Credentials Committee reappointment and redelineation of privileges for Medical Staff members;
- e. monitor and evaluate Medical Staff members during their probationary period and during focused review relating to a new privilege, terminate a member's appointment, clinical privileges and employment, if applicable during their probationary period, recommend members for reappointment upon completion of their probationary period or recommend that a member not be appointed upon completion of their probationary period;
- f. initiate or recommend corrective action in order to discipline a Medical Staff member in appropriate situations;
- g. supervise the training, improvement, discipline and schedules of Department personnel so there is a sufficient number of qualified and competent persons to provide care, including requiring alcohol, drug, or other mental or physical testing when there is a reasonable suspicion of impairment of the person's ability to perform their clinical privileges or other duties or responsibilities;
- h. prepare the annual budget for the Department, including a list of major capital acquisition items and recommended resources for the Department;
- i. develop and implement Policies that guide and support the Department's provision of services (subject to applicable approval requirements);

- j. recommend to the relevant Hospital authority off-site sources for needed patient care services not provided by the Department or the Hospital;
- k. manage the medical and non-medical affairs of the Department in an efficient manner, within the approved budget, in order to provide cost effective quality patient care, education and research and coordinate inter-and intra-Departmental services;
- l. schedule and preside over regular meetings of Medical Staff members and maintain written records of such meetings;
- m. require that each member of the Medical Staff assigned to the Department adheres to the Hospital and State of Michigan requirements for continuing medical education, and to these Bylaws and other Policies, and arrange adequate orientation and continuing education for Department personnel;
- n. require that patient care audits, morbidity and mortality experiences and any other generally acceptable measures of medical practice content and outcome are periodically discussed by the collective members of the Department, in furtherance of continuing education, quality assessment and patient safety;
- o. effect the clear understanding and application of objectives of the Department and the Hospital by Department or members and personnel;
- p. implement and participate in Hospital quality initiatives and plans;
- q. collaborate with the nursing staff in the interrelated matters of nursing and medical practice;
- r. recommend creation of Divisions and Sections and appointment of Division Heads and Section Heads and delegate authority and responsibility commensurate with those positions;
- s. advise and assist the Chair of the Medical Executive Committee, management and, when requested, the Board of Directors, in the furtherance of the goals of the System, Hospital and Medical Staff;
- t. determine the qualifications and competence of department personnel who are not licensed independent practitioners but who provide patient care, treatment, and services;
- u. continuously monitor the professional performance of all individuals who have delineated clinical privileges in the Department; and
- v. integrate the Department into the Hospital's primary functions.

V.D. Division Heads and Section Heads

V.D.1 Designation

The Division Heads and Section Heads shall be the same individuals who hold those positions in the Henry Ford Medical Group the area encompassed by the Division or Section; and be willing and able to discharge the administrative responsibilities of the office.

V.D.2 Responsibilities

Each Division Head and Section Head shall:

- a. account to their respective Department Chair for the effective operation of the Hospital,

- Division or Section;
- b. develop and implement, in cooperation with the Department Chair programs to carry out the quality review, (including implementation and participation in the Henry Ford Hospital/Henry Ford Medical Group Quality Assessment and Improvement Plan), evaluation, and monitoring functions for the Division or Section;
 - c. exercise general supervision over all clinical work performed within the Division or Section;
 - d. conduct credentials review and submit reports and recommendations to the Department Chair regarding the clinical privileges to be exercised within the Division or Section by members of, or applicants to, the Medical Staff;
 - e. act as presiding officer at all Division or Section meetings; and
 - f. perform such other duties as may be requested by the Department Chair.

ARTICLE VI*

MEDICAL STAFF CATEGORIES

VI.A. Categories

Members of the Medical Staff are categorized as one of the following: Senior, Bioscientific, Associate, Attending, Affiliate, Adjunct, Honorary or Coordinating. Initial appointment for membership to all categories of the Medical Staff is probationary in accordance with section [VII.F.1](#) of these Bylaws. In limited circumstances, an applicant may apply for dual appointment (i.e., Adjunct and Affiliate categories).

VI.B. Senior Medical Staff

VI.B.1 Qualifications

The Senior Medical Staff category consists only of physicians, dentists and podiatrists who are accepted for full or part-time employment positions with Henry Ford Medical Group.

VI.B.2 Prerogatives

A Senior Medical Staff member is a member of the Henry Ford Medical Group. As an employee of the System, the Senior Medical Staff member is entitled to receive employment benefits as prescribed by the Medical Staff member's full or part-time status. Members of the Senior Medical Staff have professional liability coverage provided by the System for all activities authorized by the System. Senior Medical Staff members may apply for privileges to admit patients to Hospital, direct inpatient care (except dentists unless they are also oral surgeons) and care for patients in the Detroit Center outpatient clinics consistent with clinical privileges recommended by the Department Chair and approved in accordance with [Article IX](#) of these Bylaws. Senior Medical Staff members may: (1) engage in education and research activities; (2) serve on committees; (3) hold office in the Department and committees of which a member; (4) vote on all matters presented to the Medical Staff and of the Department and committees

of which a member and (5) vote for and be a member or officer of the Medical Executive Committee. Medical Staff membership shall terminate automatically upon the termination of a Medical Staff member's contract with the System or upon the Medical Staff member's termination from employment; whether voluntary or involuntary. Upon such termination, the individual shall not be entitled to the procedural rights set forth in [Article XIV](#) of these Bylaws.

VI.C. Bioscientific Medical Staff

VI.C.1 Qualifications

The Bioscientific Medical Staff category consists only of professional persons, other than physicians, dentists, and podiatrists who have attained a doctorate or equivalent academic status in a scientific discipline. Bioscientific Medical Staff members are recognized by state law as independent practitioners able to function in an unsupervised fashion and have been appointed to a Department in the Hospital, such as clinical psychologists, clinical chemists, medical physicists exercise physiologists, ethicist, audiologists, chiropractors and optometrists. The Board of Directors has recognized as exceptions to the requirement in (1) above, masters' level prepared speech pathologists, audiologists and medical physicists.

Members in the Bioscientific Medical Staff category must satisfy those qualifications set forth in section [VII.B](#) of these Bylaws and Department criteria for appointment and reappointment which are applicable and/or necessary to perform the duties/responsibilities for which they are applying and be accepted for full or part-time employment by the System in a position designated as a Bioscientific Staff position. Not all doctorate prepared employees automatically qualify for appointment to the Bioscientific Medical Staff; it is not the applicant's academic credentials but rather the description of the approved position which is determinative. Other professional persons may be included in this category as determined by the Medical Executive Committee or the Board of Directors based upon the dictates of quality of care and Hospital needs.

VI.C.2 Prerogatives

A Bioscientific Medical Staff member is a member of the Henry Ford Medical Group. As an employee of the System, the Bioscientific Medical Staff member is entitled to receive employment benefits as prescribed by the Medical Staff member's full or part-time status. Members of the Bioscientific Medical Staff have professional liability coverage provided by the System for all activities authorized by the System. Bioscientific Medical Staff members who have clinical privileges may apply for privileges to admit patients to Hospital, direct inpatient care and care for patients in the Detroit Center outpatient clinic consistent with clinical privileges recommended by the Department Chair and approved in accordance with [Article IX](#) of these Bylaws. Bioscientific Medical Staff members may: (1) engage in educational and research activities; (2) serve on committees; (3) hold office in the Department and committees of which a member; (4) vote on all matters presented to the Medical Staff and of the Department and committees of which a member; and (5) vote for and be a member or officer of the Medical Executive Committee. Medical Staff membership shall terminate automatically upon the termination of a Medical Staff member's contract with the System or upon the Medical Staff member's

termination from employment; whether voluntary or involuntary. Upon such termination, the individual shall not be entitled to the procedural rights set forth in [Article XIV](#) of these Bylaws.

VI.D. Associate Medical Staff

VI.D.1 Qualifications

The Associate Medical Staff category consists only of physicians, dentists, podiatrists and bioscientific persons who have been accepted for employment by the System for a specified period., in accordance with applicable Policies. The majority of Associate Medical Staff members are in a fellowship training program at the Hospital. Associate staff members are initially appointed for the length of the fellowship program not to exceed two years. The Department Chair may request extension of an Associate Medical Staff appointment for additional one year periods up to an additional four years.

VI.D.2 Prerogatives

As an employee of the System, the Associate Medical Staff member is entitled to receive employment benefits as prescribed by the Medical Staff member's full or part-time status. Members of the Associate Medical Staff shall have professional liability coverage provided by the System for all activities authorized by the System. Associate Medical Staff members may apply for privileges to admit patients to the Hospital, direct inpatient care (except dentists unless they are also oral surgeons) and care for patients in the Detroit Center outpatient clinics consistent with clinical privileges recommended by the Department Chair and approved in accordance with [Article IX](#) of these Bylaws.

Associate Medical Staff members may: (1) engage in educational and research activities; (2) serve on committees; (3) hold office in the Department and committees of which a member; (4) vote on all matters presented to the Medical Staff and of the Department and committee of which a member and (5) vote for the members of the Medical Executive Committee. Medical Staff membership automatically terminates, without the procedural rights set forth in [Article XIV](#) of these Bylaws if an Associate Staff member's employment with the System terminates or expires, if membership is terminated for any reason, or if membership is not continued upon expiration of an appointment period. A decision by the Department Chair to terminate membership or to not extend appointment in this category is final.

VI.E. Attending Medical Staff

VI.E.1 Qualifications

The Attending Medical Staff category consists only of physicians, dentists, podiatrists and bioscientific persons who have been selected to fill full or part-time positions approved in accordance with applicable Policies when a special System need exists. Attending Medical Staff members practice at the Hospital pursuant to an independent contractor or employment contract with the System, on either an exclusive or non-exclusive basis, in accordance with Policies. The System may contract either directly with the Attending Medical Staff member or with a party (the "Contractor") that provides the Attending Staff member's services. Members of the Attending Staff who are not employed by the System must

demonstrate satisfactory professional liability coverage in accordance with [Article XV](#) of these Bylaws.

VI.E.2 Prerogatives

An Attending Medical Staff member may or may not be an employee of the System and may or may not be entitled to receive benefits or have professional liability coverage provided by the System; these issues are dependent on individual negotiations with the Department Chair, the terms of the member's contract, and Policies. Employees in this category may not have an exclusive affiliation with the System. Attending Medical Staff members may apply for privileges to admit patients to the Hospital, direct inpatient care (except dentists unless they are also oral surgeons) and care for patients in the Detroit Center outpatient clinics consistent with clinical privileges recommended by the Department Chair and approved in accordance with [Article IX](#) of these Bylaws. Attending Medical Staff members may: (1) engage in educational and research activities; (2) serve on committees; (3) hold office in the Department and committees of which a member; (4) vote on all matters presented to the Medical Staff and of the Department and committees of which they are members; and (5) vote for the members of the Medical Executive Committee.

Medical Staff membership terminates automatically, without the procedural rights set forth in [Article XIV](#) of these Bylaws if an Attending Staff member's or the Contractor's contract with the System terminates or expires, or the Attending Staff member's relationship with the Contractor terminates or expires, or the System determines the special System need ceases to exist, or if membership is terminated for any reason or not continued upon expiration of appointment periods. A decision by the Department Chair to terminate or not extend appointment in this category is final.

VI.F. Affiliate Medical Staff

VI.F.1 Qualifications

The Affiliate Medical Staff category consists only of physicians, dentists, podiatrists and bioscientific persons who have a continuing relationship with a hospital that is affiliated with the System as so designated by the Board of Directors. Members of the Affiliate Medical Staff must demonstrate satisfactory professional liability coverage in accordance with [Article XV](#) of these Bylaws.

VI.F.2 Prerogatives

Affiliate Medical Staff members may apply for privileges to admit patients to Henry Ford Hospital, direct inpatient care (except dentists unless they are also oral surgeons) and care for patients in the Detroit Center outpatient clinics consistent with clinical privileges recommended by the Department Chair and approved in accordance with [Article IX](#) of these Bylaws.

Affiliate Medical Staff members may: (1) engage in educational and research activities; (2) serve on committees; (3) hold office in the Department and committees of which a member; (4) vote on all matters presented to the Medical Staff and of the Department and committees of which a member; member and (5) vote for the members of the Medical Executive Committee.

Medical Staff membership terminates automatically, without the procedural rights set forth in [Article](#)

[XIV](#) of these Bylaws if the Affiliate Staff member's relationship with the affiliated health care organization terminates or expires, or if the Board of Directors determines that the health care organization is no longer affiliated with the System..

VI.G. Adjunct Medical Staff

VI.G.1 Qualifications

The Adjunct Medical Staff category consists only of physicians, dentists, podiatrists and bioscientific persons who are members in good standing with admitting and clinical privileges at another area hospital and whose privileges at the Hospital are limited to use of a Special Facility or Special Equipment authorized from time to time by the Medical Executive Committee for use by the Adjunct Medical Staff. If an Adjunct Medical Staff member is requesting privileges to perform ambulatory surgery at an ambulatory surgery center operated by the Hospital, they must have admitting and clinical privileges at a hospital that is located within thirty minutes of the ambulatory surgery center. Members of the Adjunct Medical Staff must demonstrate satisfactory professional liability coverage in accordance with [Article XV](#) of these Bylaws.

VI.G.2 Prerogatives

Adjunct Medical Staff members may be granted privileges only with respect to the Special Facility or Special Equipment designated by the Medical Executive Committee, consistent with clinical privileges recommended by the Department Chair , and approved in accordance with [Article IX](#) of these Bylaws.

Adjunct Medical Staff members may: (1) engage in educational and research activities; (2) serve on committees in the Department of which they are members; (3) hold office in the Department and committees of which a member; (3) vote on all matters presented to the Medical Staff and of the Department and committees of which they are members; and (5) vote for members of the Medical Executive Committee.

Medical Staff membership terminates automatically, without the procedural rights set forth in [Article XIV](#) of these Bylaws, if the Medical Executive Committee determines that a given facility or equipment is no longer a Special Facility or Special Equipment to which Adjunct Medical Staff have access.

VI.H. Honorary Medical Staff

VI.H.1 Qualifications

The Honorary Medical Staff category consists only of physicians, dentists, podiatrists and bioscientific persons associated with academic institutions in the medical community who have attained distinction status by virtue of their academic achievements or special skills; retired members of the Henry Ford Medical Group; and those physicians, dentists, podiatrists and bioscientific persons of outstanding professional stature whose primary affiliation is not with the System.

VI.H.2 Prerogatives

An Honorary Medical Staff member does not have any clinical privileges or an employment relationship with the System. In special circumstances, they may apply for temporary privileges in accordance with section [IX.G](#) of these Bylaws. They may serve as a consultant, may serve in educational and research capacities and may be compensated by the System for these services. They may not vote, hold office or be a member of any committee, but may attend and participate in all of the professional programs of the Medical Staff. Members of the Honorary Medical Staff serve at the sole discretion of the Department Chair and a member shall not be entitled to the procedural rights set forth in Article [XIV](#) of these Bylaws for termination of Medical Staff membership for any reason nor for any action taken in accordance with [Article XIII](#) of these Bylaws. A decision by the Department Chair is final.

VI.I. Coordinating Medical Staff

VI.I.1 Qualifications

The Coordinating Medical Staff category consists only of physicians, dentists or podiatrists who are engaged in one of the medical specialties designated from time-to-time by the Medical Executive Committee as being eligible for Coordinating Medical Staff membership. Coordinating Medical Staff members are not required to demonstrate professional liability coverage in accordance with [Article XV](#) of these Bylaws.

VI.I.2 Prerogatives

Coordinating Medical Staff members are not granted clinical privileges and therefore may not admit patients, write orders, or provide or direct patient care in the Hospital. They may attend and participate in all the professional programs of the Medical Staff and are eligible for access to on-line information regarding services furnished at the Hospital to patients who are under their care in the office setting. Coordinating Medical Staff members are not eligible to vote on Medical Staff matters but can serve on committees.

ARTICLE VII**

MEDICAL STAFF MEMBERSHIP

VII.A. General

Membership on the Medical Staff and clinical privileges are only extended to professionally competent individuals who continuously meet the qualifications, expectations and requirements set forth in these Bylaws. Upon appointment to and membership on the Medical Staff, only such clinical privileges which have been granted by the Board of Directors in accordance with these Bylaws shall be conferred upon each individual member. An individual shall not admit nor provide services to patients unless they are a member of the Medical Staff or has been granted interval or temporary privileges in accordance with the procedures set forth in these Bylaws.

Medical Staff membership is only extended to individuals in connection with offers of employment by the System; to individuals who are granted access, on a limited basis, to certain facilities located at the Hospital; to individuals who have been requested to fulfill a special need of the System; to individuals who are former members of the Henry Ford Medical Group who have retired from active practice; or to individuals who have a continuing relationship with a health care organization affiliated with the System or are otherwise determined by the Medical Executive Committee as being eligible for membership, in accordance with these Bylaws .

VII.B. Qualifications for Membership

VII.B.1 General Qualifications

Individuals will be qualified for Medical Staff membership only if they meet the requirements of these Bylaws and applicable Policies. At a minimum, candidates must fulfill the following requirements:

- a. Candidates must document their licensure, experience, background, education and training, status and eligibility for board certification, demonstrated ability, judgment, and physical and mental health status with sufficiency to demonstrate that they are able to exercise safely the clinical privileges for which they have applied;
- b. Candidates must be board certified within the period of time specified by the applicable Department criteria for delineation of privileges, not to exceed the end of the calendar year which is the third year from date of eligibility. Notwithstanding the previous sentence, in the event a particular board certification examination is only given every other year, the period of time specified by the applicable Department criteria for delineation of privileges shall not exceed the end of the calendar year which is the fourth year from date of eligibility. (This provision does not apply to members appointed to the Medical Staff prior to January 1, 1987, in a Department which did not require Board certification prior to that date.). Department criteria for delineation of privileges may permit members of specified Medical Staff categories to submit alternative evidence of qualification; and
- c. Candidates must be determined to adhere strictly to the lawful ethics of their respective professions, to work cooperatively with others in a health care setting, to be willing to participate in and properly discharge Medical Staff responsibilities, and to be willing to commit to and regularly assist the Medical Staff in fulfilling its obligations related to patient care.

VII.B.2 Specific Qualifications

For each Department, other criteria for judging qualifications, such as professional degrees, certifications, graduate training and subsequent professional activities, skills and achievements are considered by the Department Chair in determining whether an applicant is qualified for Medical Staff membership.

VII.B.3 System Uniformity

It is the expectation of the Board of Directors that the Henry Ford Hospital and the Henry Ford West Bloomfield Hospital, both of which are operating divisions of the System, will utilize uniform

credentialing criteria, including decisions regarding the specific department or service in which a clinical activity will be performed, and quality-related criteria such as board (re)certification. To this end, the Medical Executive Committees of each hospital, taking into consideration the views of the applicable Department Chair and Henry Ford West Bloomfield Service Chief, will jointly recommend uniform credentialing criteria for adoption by the Board of Directors. The waiver set forth in section [VII.G](#) of these Bylaws may apply to any of these credentialing criteria.

VII.C. Effect of Other Affiliations

No individual is automatically entitled to Medical Staff membership or to exercise any clinical privilege merely because they hold a certain degree, is licensed to practice in Michigan or any other state, is a member of any professional organization, is certified by any clinical board, or had, or presently has, Medical Staff membership or privileges at the Hospital or at another health care organization affiliated with the System.

VII.D. Ability to Accommodate the Applicant

Appointments and privilege delineations shall consider the needs of the Hospital in meeting the present and future requirements of the community it serves with regard to:

1. the availability at the Hospital of adequate facilities and resources to support each privilege requested by the applicant;
2. the need for professional skills of the applicant in the Hospital's delivery of care to its patients, including the existing availability of sufficient services at the Hospital which are an alternative or redundant to the services offered by the applicant; and
3. Hospital contractual obligations, organizational planning objectives and goals.

Denial of appointment or clinical privileges on any of these bases shall not be considered an expression of any kind on the applicant's qualifications but rather is based on an inability to accommodate the applicant.

VII.E. Responsibilities of Membership

Each member of the Medical Staff must:

1. provide patient care at the level of quality and efficiency established by the respective Department Chair;
2. retain responsibility for the continuous care and supervision of each patient in the Hospital for whom they are providing services, or arrange for a suitable alternative to assure such care and supervision;
3. abide by these Medical Staff Bylaws and by all other applicable Policies;
4. use the physical facilities of the Hospital appropriately;
5. maintain the confidentiality of information gained during professional practice or peer review; disclosing same only if such information is necessary to the performance of professional duties or is required by law or specifically authorized by the Department Chair;

6. carry out in a diligent and ethical manner supervisory, Medical Staff, Department, committee and Hospital functions including peer review, patient care audit, utilization review, emergency service and proctoring;
7. prepare and complete in timely fashion all medical and other required patient records. Medical Staff Members shall record a history and physical exam no more than 30 days before or within 24 hours of admission, *and **always prior to the performance of any inpatient, ambulatory & invasive, surgery** except in emergency situations.* The history and physical shall be completed and documented by a physician, a podiatrist an Oromaxillofacial surgeon or other qualified licensed individual in accordance with hospital policy. The history and physical report must be signed by the individual who authored it. If a history and physical has been performed within 30 days before admission, outpatient procedure with sedation or prior to surgery, such as in the provider office note, a legible copy of this report may be printed from the electronic medical record (or external copy) and used in the patient's record, *provided* there is documentation within 24 hours of the admission or procedure of any changes, including documentation of no status changes placed in the progress notes (general note section). The history and physical, at a minimum should include documentation of vital signs and heart and lung examination. Additional elements of the history and physical examination will be based upon the condition of the patient and the judgment of the provider. Abbreviated history and physical, containing minimal documentation as described above, may be utilized in an ambulatory or outpatient setting. Staff notation must indicate supervision of resident services;
8. abide by the ethical principles of their profession;
9. attend and contribute to the medical, scientific and other educational activities which the Medical Staff, Hospital, or System sponsors and provides for the benefit of the Medical Staff members, medical students, interns, resident physicians, resident dentists, resident podiatrists, fellows, nurses, and other personnel;
10. attend and contribute to Medical Staff meetings and other professional and management meetings as these are arranged and scheduled for Departments. Divisions and Sections to which the Medical Staff member is assigned; and
11. promptly notify the Department Chair and the Medical Staff Office and Provider Affairs in writing of the lapse, revocation or suspension of the Medical Staff member's professional license, or the imposition of terms of probation or limitation of practice, by any state, or of loss of membership or loss or restriction of privileges at any hospital or other health care institution, or of the commencement of a formal investigation, or the filing of charges, by the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or any state, or of the filing of a claim against the individual alleging professional liability, or the lapse of required Board Certification, or other unprofessional or inappropriate conduct or of the change of any other information in the application for membership or reappointment or otherwise relevant to the Medical Staff member's appointment or employment, if applicable or any event which is a basis of administrative suspension or termination of privileges under section [XIII.C](#) of these Bylaws.

VII.F. Duration of Membership on Medical Staff

VII.F.1 Probationary Period

An initial appointment to the Medical Staff is probationary for a period of two years. During the probationary period, the Department Chair or a designee, shall observe and assess the new member, determine the particular type(s) of focused review to which the new member will be subject, receive information regarding the results of focused review, and modify the type of evaluation if appropriate. The purpose of the probationary period is to evaluate the new member's privilege-specific competence and compliance with the requirements for Medical Staff membership. The types of review designated by the Department Chair may include chart review, monitoring of clinical practice patterns, simulation, proctoring, external review, information from other members of the treatment team, as well as other forms of review provided for in Policies. It is incumbent on the new member to demonstrate compliance with the requirements for clinical practice set by the Department Chair. Moreover, the new member must demonstrate all of the qualifications for Medical Staff membership in the category of privileges requested to the satisfaction of the Department Chair. If appointment has not been earlier terminated, then at the conclusion of the two year probationary period, the Department Chair shall recommend that the probationary Medical Staff member be either:

- a. reappointed for up to two years in accordance with [Article X](#) and probationary status ended; or
- b. terminated from Medical Staff membership and terminated from employment, if applicable.

A recommendation to terminate or remove an individual from Medical Staff membership at any time during or at the end of the probationary period shall be at the sole discretion of the Department Chair to whom the probationary Medical Staff member is assigned. Such termination or removal or the imposition of any other corrective action during the probationary period does not entitle an individual to the procedural rights set forth in [Article XIV](#) of these Bylaws.

VII.F.2 Modification of Membership Status

When recommended by the Medical Executive Committee and approved by the Board of Directors, Medical Staff members who change Medical Staff category may be required to undergo an additional probationary period.

VII.F.3 Reappointment Period

Reappointments to the Medical Staff shall be for a period of up to two years.

VII.F.4 Removal for Low Utilization

The Medical Executive Committee may establish from time to time requirements for minimum utilization of Hospital facilities to provide an adequate basis for evaluating the quality of a Medical Staff member's practice. Medical Staff members who do not use the Hospital facilities for two years or satisfy the minimum utilization standard established by the Medical Executive Committee may be removed from the Medical Staff. Such removal shall be an administrative function and as such shall not entitle the Medical

Staff member to the procedural rights set forth in [Article XIV](#) of these Bylaws.

VII.G. Waiver of Qualifications for Medical Staff Membership

Any qualification for any category of Medical Staff membership contained in these Bylaws or criteria for privileges contained in a Department requirement not required by law or governmental regulation, may be waived in the sole discretion of the Medical Executive Committee with concurrence of the Board of Directors, upon determination that such waiver will serve the best interests of the Hospital and its patients.

ARTICLE VIII**

APPOINTMENT TO THE MEDICAL STAFF

VIII.A. General Procedure

The Medical Staff, through its designated Departments, , committees, and the Medical Executive Committee, considers each application for appointment to the Medical Staff and for clinical privileges utilizing the resources of the Medical Staff Office and Provider Affairs to investigate and validate the contents of each application, before adopting and transmitting its recommendations to the Board of Directors.

VIII.B. Application for Appointment

VIII.B.1 Content

All applications for appointment to the Medical Staff must be signed by the applicant and submitted on a form prescribed by the Medical Executive Committee. All questions asked on the application must be fully answered and all documentation requested must be submitted. The application requires the applicant to provide at least the following:

- a. detailed information concerning the applicant's professional education, training and experience, competency and licensure;
- b. the names of three individuals who have extensive experience in observing and working with the applicant and who can provide adequate references based on their current knowledge of the applicant's professional competency and ethical character. One of the three references shall be from the applicant's Chief of Service for postgraduate training if that training has been within five years of the date of application to the Medical Staff. One of the three references shall be from the applicant's Chief of Service/Department Head if the applicant has a current hospital affiliation. For non-physician applicants, at least one reference shall be from an individual in the same professional discipline as the applicant;
- c. information as to whether any action, including any investigation, has ever been undertaken and whether it is still pending and, if completed, the outcome, and whether it involves voluntary

or involuntary, censor, challenge, condition, debarment, denial, discharge, discipline, disqualification, exclusion, fine, Focused Professional Performance Evaluation (FPPE) (other than for initial appointment or for addition of a new privilege), investigation, limitation, modification, non-renewal, performance improvement plan, probation, relinquishment, reprimand, resignation, restriction, revocation, sanction, surrender, suspension, termination, withdrawn, or other disciplinary action (including relinquishment that was requested or bargained for) with respect to the applicant's membership status and/or clinical privileges at any other hospital or institution; membership or fellowship in any local, state, regional, national, or international professional organization; license to practice any profession in any jurisdiction; Drug Enforcement Administration or other controlled substances registration; specialty or subspecialty board certification professional school faculty position or membership and/or participation in Medicare or Medicaid;

- d. information pertaining to the applicant's history and current professional liability coverage, any liability claims, complaints, or causes of action arising out of professional practice that have been lodged against the applicant and the status or outcome of such matters;
- e. information as to whether the applicant has any criminal history;
- f. information pertaining to the applicant's physical and mental ability to exercise the clinical privileges for which they are applying and employment duties, if applicable;
- g. certification of the applicant's agreement to terms and conditions set forth in section [VIII.B.2](#) of these Bylaws regarding the effect of the application;
- h. an acknowledgment that the applicant has received and read the Medical Staff Bylaws and that they agree to be bound by the terms thereof, as they may be amended;
- i. information documenting compliance with the requirements for receipt of the clinical privileges for which they are applying; and
- j. information regarding the applicant's board certification or eligibility therefor.

The applicant must also identify the Medical Staff category, Department, facility location and clinical privileges for which the applicant wishes to be considered.

VIII.B.2 Effect of Application

By applying for appointment to the Medical Staff, each applicant thereby signifies willingness to appear for interviews; authorizes the Medical Staff or its designee to consult with members of medical staffs 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/or ethical qualifications, and authorizes such individuals to provide all such information; consents to the Hospital's inspection of all records and documents that may be material to an evaluation of the applicant's professional qualifications, personality, ability to cooperate with others, moral and ethical qualifications for membership, and physical, mental, and professional competence to carry out the clinical privileges requested and employment duties, if applicable, and directs individuals who have custody of such records and documents to permit inspection and/or copying. They agree that as a condition of continued membership they will submit to mental and physical examination and testing (including but not limited to drug, alcohol or infection screens) if requested in order to determine that no condition exists which interferes with the discharge of responsibilities; agrees to report in writing any changes which may

subsequently occur in the information submitted on the application form or in the application process to the Medical Staff Office and , Department Chair acknowledges that in the process of obtaining information, individuals and organizations may receive or furnish information which may be critical of the applicant, and the applicant releases from any liability, to the fullest extent permitted by law, all individuals and organizations providing information to Hospital or System representatives concerning the applicant and all Hospital and System representatives for their acts performed in connection with evaluating the applicant's credentials; and agrees to abide by these Bylaws and all Policies.

VIII.C. Nondiscrimination

Membership or denial of membership on the Medical Staff is not based upon race, sex, age, weight, height, religion, national origin, marital status, veteran status, disability, sexual orientation or gender identity or other protected class against whom discrimination is prohibited by law. An individual's selection or appointment to the Medical Staff shall not be granted or denied on the basis of licensure, registration or professional education as an allopathic or osteopathic physician or podiatrist.

VIII.D. Applicant's Burden

The applicant has the burden of producing accurate and adequate information for a proper evaluation of experience, background, training, demonstrated ability, physical and mental health status, and all other qualifications set forth in these Medical Staff Bylaws, and of their compliance with the expectations and requirements set forth in these Medical Staff Bylaws and for resolving any doubts about these matters. The provision of information containing misrepresentations or omissions and/or a failure to sustain the burden of producing adequate information is grounds for a denial of the application or subsequent termination of Medical Staff membership and/or employment, if applicable without the procedural rights set forth in [Article XIV](#) of these Bylaws.

VIII.E. Medical Staff Office and Provider Affairs

1. The resources of the Medical Staff Office and Provider Affairs are used to support the Credentials Committee by ascertaining whether all necessary documents are included, by verifying the identity of the applicant, and by verifying the submitted references, licensure, and other qualification evidence from primary sources whenever feasible. Upon receipt of a signed application that contains the requested information, Provider Affairs verifies information in accordance with Medical Staff credentialing policies.
2. Provider Affairs promptly notifies the applicant, Department Chair of any problems in obtaining or verifying the information. It is then the applicant's obligation to obtain the required information and to provide it to Provider Affairs. An application shall not be considered to be complete until all information has been collected and verified. If an application remains incomplete six months after it was initially received by Provider Affairs, the application will be deemed withdrawn with no evaluation of the applicant made. If an applicant whose incomplete application was deemed withdrawn wishes to pursue Medical Staff membership, they must complete a new application and proceed through the usual credentialing process.
3. When collection and verification is accomplished, Provider Affairs prepares an abbreviated curriculum vitae in accordance with the guidelines established by the Credentials Committee

and transmits the application and all supporting materials to the Chair of the Department to which application is being made.

VIII.F. Department Chair Action

Upon receipt of a complete application from Provider Affairs, the Department Chair reviews the application and supporting documentation, evaluates the applicant's qualifications, makes a recommendation regarding the application, countersigns the application, and transmits the application material together with their written recommendations to the Credentials Committee. The Department Chair may ask the applicant to appear for interviews or may request further documentation prior to making their recommendations to the Credentials Committee.

VIII.G. Credentials Committee Action

1. The Credentials Committee reviews the application, the supporting documentation, the recommendations submitted by the Department Chair and such other relevant information as may be available. The Credentials Committee may also consider additional information concerning the applicant from other sources, including the American Medical Association Physician Masterfile, the American Osteopathic Association Physician Database and the Federation of State Medical Boards Physician Data Center. The Credentials Committee may discuss any of the materials with the Department Chair or request further information from the applicant.
2. **Favorable recommendation:** If the recommendation of the Credentials Committee is favorable, then the Credentials Committee forwards its written recommendation, the application and supporting documentation to the Medical Executive Committee and notifies the applicant and/or Department Chair of the interval appointment.
3. **Unfavorable recommendation:** If the proposed recommendation of the Credentials Committee is going to be unfavorable then, the Credentials Committee must notify the Department Chair in writing, of its tentative unfavorable recommendation and may state the reasons therefor. Within seven days of actual receipt of written notice, the Department Chair may request that the Credentials Committee reconsider its tentative unfavorable recommendation. When the Department Chair has exercised the opportunity to request reconsideration, the Credentials Committee may request specific information from the Chair and may request them to appear at a meeting of the Credentials Committee. The Credentials Committee shall reassess the application package, determine whether it will support or reject the application, and transmit its favorable or unfavorable recommendation and the application package to the Medical Executive Committee. If the Department Chair does not request reconsideration and the application is not withdrawn, the Credentials Committee shall transmit its unfavorable recommendation and the application package to the Medical Executive Committee.
4. An applicant, whose application is not acted upon by the Credentials Committee within six months after it was signed, may be removed from consideration for Medical Staff membership. Such an applicant's application may, thereafter, be reconsidered only if all information therein which may change over time, including, but not limited to, hospital reports and personal references, have been resubmitted and reapplication is requested and endorsed by the Department Chair.

VIII.H. Medical Executive Committee Action

1. The Medical Executive Committee reviews the application and the supporting documentation and considers all recommendations and such other relevant information as may be available in reaching its decision as to a favorable or unfavorable recommendation of the application. The Medical Executive Committee may request further information from the applicant when there is doubt about an applicant's ability to perform the requested privileges.
2. **Favorable recommendation:** If the recommendation of the Medical Executive Committee is favorable, then the Medical Executive Committee or its designated committee forwards its written recommendation to the Board of Directors.
3. **Unfavorable recommendation:** If the proposed recommendation of the Medical Executive Committee is going to be unfavorable, then the Medical Executive Committee must notify the Department Chair and the Credentials Committee in writing, of its tentative unfavorable recommendation and the reasons therefor. Within seven days of actual receipt of written notice, the Department Chair may request that the Medical Executive Committee reconsider its tentative unfavorable recommendation. When the Department Chair has exercised the opportunity to request reconsideration, then the Medical Executive Committee or its designated committee shall reassess the application package and determine whether it will support or reject the application. If the Medical Executive Committee's reassessment is favorable, then the Medical Executive Committee will forward its written recommendation to the Board of Directors.
4. If the Department Chair does not request reconsideration and the application is not withdrawn or if the Medical Executive Committee's reassessment is unfavorable then the Medical Executive Committee shall notify the Department Chair of its final unfavorable recommendation and the Department Chair will notify the applicant of the decision not to appoint. The procedural rights to which the applicant is entitled, if any, regarding the unfavorable decision of the Medical Executive Committee are set forth in Article XIV of these Bylaws.

VIII.I. Board of Directors Action

1. At the next regular meeting of the Board of Directors, following the receipt of the recommendation of the Medical Executive Committee, the Board of Directors determines that the applicant either is probationally appointed or rejected for Medical Staff membership.
2. **Favorable action:** If the appointment is made by the Board of Directors, notice shall be given in accordance with section VIII.J of these Bylaws.
3. **Unfavorable action:** If the proposed action of the Board of Directors is going to be unfavorable, then the Board of Directors must give written notice to the Medical Executive Committee, the Credentials Committee, and the Department Chair of its tentative decision and the reasons therefor. Within seven days of actual receipt of written notice, the Medical Executive Committee may request that the Board of Directors reconsider its proposed unfavorable action. When the opportunity to request reconsideration has been exercised, then the Board of Directors shall reassess the application package and make its final decision. The Board of Directors shall honor a request for reconsideration at its next meeting. If the Medical Executive Committee does not request reconsideration, the proposed unfavorable action of the Board of

Directors shall become final.

VIII.J. Notice and Effect of Final Decision

1. Notice of the Board of Directors' final decision shall be given in writing through the Chair of the Medical Executive Committee to the Department Chair and the applicant.
2. A decision and notice to appoint must include: the Medical Staff category, the Department, the clinical privileges, and any special conditions attached to the appointment.
3. The procedural rights, if any, to a hearing or appeal from the decision of the Board of Directors are set forth in Article XIV of these Bylaws.

VIII.K. Time Period for Processing

Applications will be considered in a timely manner by all required by these Bylaws to act thereon. Provider Affairs performs its verification tasks within sixty days after it receives the signed application. The Department Chair acts on a complete application within thirty days after receipt of the application and returns it to Provider Affairs for transmission to the Credentials Committee. The Credentials Committee reviews the application at its next scheduled meeting and makes its recommendations to the Medical Executive Committee.

The Medical Executive Committee reviews the application at its next scheduled meeting after receipt of the Credentials Committee's recommendation and makes its recommendation to the Board of Directors. The Board of Directors acts on the application at its next scheduled meeting after receipt of the Medical Executive Committee recommendation.

The time periods specified herein are to assist those named in accomplishing their tasks and shall not be deemed to create any right for the applicant to have their application processed within those periods.

VIII.L. Interval Appointment With Clinical Privileges

1. An applicant whose credentials have been approved by the Department Chair and the Credentials Committee and who is available to begin practice at the Hospital prior to approval by the Medical Executive Committee and/or final approval by the Board of Directors shall be granted an interval appointment with clinical privileges. Interval appointments and temporary privileges combined may not exceed one hundred twenty days.
2. The granting of interval appointment with clinical privileges does not guarantee approval by the Medical Executive Committee or by the Board of Directors with regard to appointment, and if such approvals are not obtained, said applicant's interval appointment, privileges, and employment, if applicable, shall automatically terminate immediately. Moreover, should an applicant accept interval clinical privileges, the performance of those privileges will be subject to the supervision of the Department Chair or until the applicant is formally appointed by the Board of Directors, the application is denied, or the interval privileges are terminated.
3. For all purposes, including the procedural rights set forth in Article XIV of these Bylaws, if any, an individual with an interval appointment shall be considered in all respects, an applicant. An applicant is not entitled to the procedural rights set forth in Article XIV of these Bylaws because (a) a request for an interval appointment is refused, (b) the granting of an interval

appointment is made subject to conditions (such as proctoring), or (c) all or any portion of interval privileges are terminated or suspended

ARTICLE IX**

CLINICAL PRIVILEGES

IX.A. General

Each member of the Medical Staff must secure a delineation of privileges before they may offer or provide patient services in the Hospital. Clinical privileges shall be site specific. Except as set forth in sections [VIII.L](#) (interval appointment) [IX.F](#) (emergency privileges) and [IX.G](#) (temporary privileges) of these Bylaws, members of the Medical Staff may only exercise those privileges specifically granted by the Board of Directors.

IX.B. Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant and that request must be consistent with the category of appointment. Requests from an applicant for privileges, or from Medical Staff members for modification of privileges, must be supported by documentation of the requisite education, training, experience, qualifications, health status and current competence to exercise such privileges.

IX.C. Basis for Determination of Privileges

1. Each Department Chair recommends criteria for delineation of privileges for their respective Department. The criteria are subject to approval by the Medical Executive Committee. The Department Chair shall evaluate requests for clinical privileges (whether in connection with initial appointment, periodic reappointments, or a requested addition of privileges during an appointment) on the basis of the candidate's education, training, experience, observed clinical performance and judgment; health status; current competence to exercise such privileges; the results of quality review evaluation and monitoring activities, including relevant practitioner-specific data as compared to aggregate data and morbidity and mortality data, when available; Hospital, and/or Department needs; and any other criteria established by the Department Chair. Privilege determinations shall also take into account pertinent information concerning clinical performance obtained from other sources, especially from other institutions and health care settings where a candidate has exercised clinical privileges. Specific review is made as to any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration; voluntary or involuntary terminations of medical staff membership; and voluntary or involuntary suspensions, reductions, limitations, probations or the loss of clinical privileges in another health care setting.
2. The candidate has the burden of establishing their qualifications and competency in the clinical privileges requested. An applicant or Medical Staff member is not entitled to the procedural rights set forth in Article XIV of these Bylaws in the event requested privileges, including admitting privileges at an inpatient facility (whether in connection with initial

appointment or periodic reappointment), are denied for reasons other than professional qualifications or competency.

IX.D. Procedure

IX.D.1 Initial Delineation

All requests for initial delineation of clinical privileges and applications for appointment to the Medical Staff shall be processed pursuant to the procedures set forth in [Article VIII](#) of these Bylaws.

IX.D.2 Redelineation

Redelineation of clinical privileges are made simultaneously with and in the same manner as, the process for reappointment set forth in [Article X](#) of these Bylaws.

IX.D.3 Additional Privileges

A Medical Staff member may request an addition to clinical privileges during the term of their appointment by submitting a written request for the additional privileges to Provider Affairs, along with all information requested by Provider Affairs relating to the member's competence to exercise the requested privilege. A request for an additional privilege is processed pursuant to the procedures set forth in [Article VIII](#) of these Bylaws, but subject to the procedural rights provided in section [IX.C.2](#) of these Bylaws. An additional privilege granted pursuant to this section expires at the end of the member's then current term of appointment; the member may request renewal of the privilege in their application for reappointment.

IX.E. Probationary Nature of New Privileges

All clinical privileges granted in connection with initial Medical Staff appointment are subject to the probationary period described in section [VII.F.1](#) of these Bylaws. Additional privileges granted to a Medical Staff member in connection with either reappointment or a mid-appointment request for increased privileges are probationary and subject to focused review in the same manner as described in section [VII.F.1](#) of these Bylaws, except the Department Chair establishes the duration of the probationary period for the privileges, based on an evaluation of factors such as the member's relevant prior training and experience.

IX.F. Emergency Privileges

For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger. In the case of an emergency, any Medical Staff member, to the degree permitted by the member's professional license and regardless of Department or Henry Ford Medical Group status, or clinical privileges, shall be permitted to do, on Hospital premises, and shall be assisted by Hospital personnel in doing, everything possible to save life or prevent serious harm.

IX.G. Temporary Privileges

IX.G.1 Circumstances

Temporary clinical privileges may be granted (a) to meet an important patient care need or (b) in case of a disaster which requires activation of the Hospital's Emergency Medical Plan and causes the Hospital to be unable to meet the immediate patient needs. Such privileges are granted with the written concurrence of the Chief Executive Officer of the Hospital or a designee and the Chair of the Medical Executive Committee and only at the request of the Department Chair.

IX.G.2 Conditions

- a. Temporary privileges may be granted only when the information available reasonably supports a favorable determination regarding the requesting individual's licensure, qualifications, ability, and judgment to exercise the privileges requested and, in non-disaster situations, only after the individual has satisfied the requirement, if any, regarding professional liability coverage. In disaster situations, the Hospital must obtain the following in order to grant temporary privileges: (a) a valid government-issued photo identification issued by a state or federal agency (e.g. driver's license or passport) and (b) at least one of the following: (i) current picture hospital ID card that clearly identifies professional designation, (ii) a current license to practice, (iii) primary source verification of license, (iv) identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organization or group, (v) identification indicating that the individual has been granted authority by a federal, state or municipal entity to render patient care, treatment, and services in disaster circumstances, or (vi) identification by a current Hospital or Medical Staff member with personal knowledge regarding the practitioner's ability to act as a licensed independent practitioner during a disaster. The Department Chair is responsible for supervising the performance of the individual granted temporary privileges, or for designating a Medical Staff member who will assume this responsibility. Special requirements of consultation, reporting, and identification in disaster situations may be imposed by the Department Chair. In non-disaster situations, current licensure and current competence must be confirmed before temporary privileges are granted.
- b. In the case of a disaster, temporary privileges may be granted for the duration of activation of the Hospital's Emergency Medical Plan, provided primary source verification of licensure is obtained within seventy- two hours from the time the volunteer presents to the Hospital and the Hospital decides within that seventy-two hour period whether to continue the temporary privileges initially granted. Temporary privileges granted to meet other important patient care needs may only be granted for a limited duration not to exceed one hundred twenty days when combined with interval privileges and are limited to the specific purpose for which granted.

IX.G.3 Termination of Temporary Clinical Privileges

Temporary privileges may be terminated unilaterally at any time by the Chair of the Medical Executive Committee or the Chief Executive Officer of the Hospital or a designee or the Department Chair or a designee.

IX.G.4 Rights of Individual

An individual with, or applicant for, temporary privileges is not entitled to the procedural rights set forth in [Article XIV](#) of these Bylaws in the event all or any portion of the temporary privileges are terminated or because they are not granted.

ARTICLE X**

REAPPOINTMENT TO THE MEDICAL STAFF AND REDELINEATION OF CLINICAL PRIVILEGES

X.A. General

1. Prior to the expiration date of each Medical Staff member's appointment, Provider Affairs sends reappointment request forms to each Medical Staff member whose appointment is expiring. Reappointment to the Medical Staff and redelineation of clinical privileges is not automatic.
2. In order to be considered for reappointment to the Medical Staff, a member must complete and submit a "Reappointment Request Form" and "Delineation of Privileges Form" to the Department Chair in the time period designated by Provider Affairs. If a Medical Staff member fails to complete and submit these forms within the required period, the member's Medical Staff membership and privileges terminate automatically upon the expiration of the then current appointment.
3. The Reappointment Request Form requires information concerning any changes in the Medical Staff member's qualifications since their appointment or last reappointment. A request for changes in privileges since the applicant's last delineation must be supported by the type and nature of evidence that would be necessary for such privileges to be granted in an initial application for same.

X.B. Schedule for Review of Regular Appointments

Recommendations concerning reappointment to the Medical Staff are made by the Department Chair at the conclusion of each regular biennial Medical Staff period, with the exception of (a) those members of the Medical Staff who were last reappointed for a period less than two years, and (b) those members of the Medical Staff who were probationally appointed, whose renewal of membership is considered at the end of their probationary term, and thereafter in accordance with the biennial schedule.

X.C. Basis for Reappointment

Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted shall be based upon whether such member has met the qualifications specified in section [VII.B](#) of these Bylaws (including board certification status), carried out the responsibilities specified in section [VII.E](#) of these Bylaws, and met all of the qualifications, expectations and requirements set forth in all sections of these Bylaws and other Policies. Additionally, recommendations

shall be based upon consideration of the following:

1. Medical Staff members must be Board certified within the period of time specified by the corresponding Department criteria for delineation of privileges, not to exceed the end of the calendar year which is the third year from date of eligibility. Notwithstanding the previous sentence, in the event a particular board certification examination is only given every other year, the period of time specified by the corresponding Department criteria for delineation of privileges shall not exceed the end of the calendar year which is the fourth year from date of eligibility. (This provision does not apply to members appointed to the Medical Staff prior to January 1, 1987, in a Department which did not require board certification prior to that date.) Department criteria for delineation of privileges may permit members of specified Medical Staff categories to submit alternative evidence of qualification.
2. Medical Staff members must maintain board certification, without lapse, in accordance with the standards of the particular board including meeting all recertification requirements. (This provision does not apply to members appointed to the Medical Staff prior to January 1, 1987, in a Department which did not require board certification prior to that date.) This requirement does not apply to Medical Staff members who were initially appointed based on alternative evidence of qualification.
3. Professional performance as indicated in part by quality assessment reviews and professional liability history as provided by System's Risk Finance & Insurance Services and other System and Hospital departments.
4. Results of peer review, including Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation.
5. Completion of medical records on a timely basis in accordance with Policies.
6. Professional behavior that promotes teamwork and results in patient satisfaction. Any physical or mental health condition that might interfere with the Medical Staff member's ability to exercise the clinical privileges for which they have applied.
7. Information called for by the Reappointment Request Form and the factors listed in section [IX.C.1](#) of these Bylaws.
8. The member's use/nonuse of the Hospital facilities, in accordance with section [VII.E.4](#) of these Bylaws.
9. Meeting performance expectations as determined through annual reviews, performance appraisals and patient satisfaction surveys.
10. Any additional criteria established by the Medical Staff member's Department Chair.
11. The Medical Staff member's provision of accurate and adequate information to allow the evaluation of competency and qualifications.

X.D. Provider Affairs

1. Provider Affairs verifies information in the reappointment request forms in accordance with Medical Staff credentialing policies. Provider Affairs promptly notifies the Medical Staff member and Department Chair of any problems in obtaining or verifying the information. It is then the member's obligation to obtain the required information and to provide it to Provider Affairs. A request for reappointment shall not be considered to be complete until all

information has been collected and verified.

2. When collection and verification is accomplished, Provider Affairs transmits the request forms and all supporting materials to the Chair of the Department to which reappointment is sought.

X.E. Department Chair Action

The Department Chair reviews the complete request forms and the Medical Staff member's file, and transmits the request forms with their written recommendation to the Credentials Committee. The Department Chair may ask the member to appear for an interview or may request further documentation prior to making their recommendation to the Credentials Committee.

If the proposed recommendation of the Department Chair is going to be unfavorable to the Medical Staff member, Department Chair must discuss their unfavorable recommendation with the Medical Staff member to allow amending of the request forms or acknowledgment and acceptance of any conditions. If, after said discussion, the Department Chair recommendation is favorable, it will be transmitted to the Credentials Committee. In the event said discussion does not result in a favorable recommendation, the request will be denied and no further action will be taken. Medical Staff membership and employment, if applicable, will terminate. The Medical Staff member shall be entitled to the applicable procedural rights set forth in [Article XIV](#) of these Bylaws, except as otherwise provided elsewhere in these Bylaws.

X.F. Credentials Committee Action

The Credentials Committee reviews the request forms, the Department Chair's recommendation, and all other pertinent information available. The Credentials Committee may discuss any of the materials with the Department Chair or request further information from the member. The Credentials Committee transmits its recommendation, the request forms, and supporting documentation to the Medical Executive Committee.

X.G. Medical Executive Committee Action

1. The Medical Executive Committee reviews the Department Chair's and Credentials Committee's recommendations, along with all other relevant information available in reaching its decision as to a favorable or unfavorable recommendation of the reappointment.
2. If the recommendation of the Medical Executive Committee is favorable, then the Medical Executive Committee forwards its written recommendation to the Board of Directors.
3. If the recommendation of the Medical Executive Committee is unfavorable and is based on the member's professional qualifications or competence, the Chair of the Medical Executive Committee notifies the member of their procedural rights under Article XIV of these Bylaws. If the Medical Executive Committee's unfavorable recommendation is based on factors other than the member's professional qualifications or competence, or if a member who is entitled to procedural rights does not submit a timely request, then:
 - a. if the Board of Governors recommended non-reappointment, the application will be considered withdrawn and will not be submitted to the Board of Directors for action; or
 - b. if the Board of Governors recommended less than all of the privileges the member

requested, assignment to a different Department or category than requested, or imposition of special conditions on the member, the member will be deemed to have requested said changes and the request forms will be submitted to the Board of Directors.

X.H. Board of Directors Action

1. At the next regularly scheduled meeting of the Board of Directors following the receipt of the recommendation of the Medical Executive Committee, the Board of Directors determines that the member either is reappointed or not reappointed to the Medical Staff, following completion of the procedures set forth in section X.I of these Bylaws if applicable.
2. If the Board of Directors' action (a) is favorable, or (b) is unfavorable and is based on factors other than the member's professional qualifications or competence, that action is final and notice shall be given in accordance with section X.J of these Bylaws.
3. If the Board of Directors' action is unfavorable and is based on the member's professional qualifications or competence, the decision is not final until the member's procedural rights under Article XIV of these Bylaws are either exhausted or waived.

X.I. Conflict Resolution

Whenever the Board of Directors' proposed decision will be contrary to the Medical Executive Committee's recommendation, the matter shall be first submitted to an ad hoc committee appointed by the Board of Directors and composed of representatives of both the Board of Directors and Medical Executive Committee for review and recommendation before the Board of Directors makes its final decision and gives notice of that decision.

X.J. Notice and Effect of Final Decision

1. Notice of the Board of Directors' final decision shall be given in writing through the Chair of the Medical Executive Committee to the Department Chair and the member.
2. A decision and notice to reappoint must include: the Medical Staff category, the Department, the clinical privileges, and any special conditions attached to the reappointment.

X.K. Reappointment Recommendations

Recommendations of the Department Chair, Credentials Committee, and Medical Executive Committee shall be written and shall specify whether the Medical Staff member should be reappointed, the Medical Staff category and the Department to which they should be reappointed, and the clinical privileges which may be exercised. Recommendations by the Department Chair, Credentials Committee and Medical Executive Committee, and decisions by the Board of Directors, to deny a request for reappointment or to deny requested privileges shall state the reason for such recommendation or decision.

X.L. Special Definitions

As used in this Article X:

- A. "Favorable" means a recommendation by the Medical Executive Committee or a decision by the Board of Directors to reappoint to the Medical Staff, with all privileges requested by the member.
- B. "Unfavorable" means a Medical Executive Committee recommendation or Board of Directors decision that is not "favorable," as defined above.

ARTICLE XI

MEETINGS

XI.A. Medical Staff Meetings

Meetings of the Medical Staff may be called at any time by the Medical Executive Committee and are held at the time and place designated in the meeting notice.

XI.B. Department, Division or Section Meetings

1. Department, Division, or Section meetings are held regularly to review and evaluate patient care and treatment and for the conduct of any other business of a Department, Division, Section or Medical Center.
2. A special meeting of any Department, Division, or Section. may be called by the applicable Chair, Division Head or Section Head.

XI.C. Committee Meetings

1. Each committee shall provide for the schedule and the frequency of its meetings unless otherwise required by these Bylaws.
2. A special meeting of any committee may be called by the Chair of the Medical Executive Committee, Chief Executive Officer of the Hospital, or the Chair of the committee. Moreover, the Chair of the committee may take action as necessary without a meeting subject to ratification by the committee at its next meeting.

XI.D. Notice of Meetings

A written or printed notice stating the purposes(s), place, date and hour of any meeting of the Medical Staff shall be delivered either personally, by interdepartmental mail, or by electronic mail to each individual entitled to be present at such meeting no less than five days before the date thereof. Notice of Department, Division, or Section, and committee meetings may be given orally, electronically or in hard copy.

XI.E. Minutes

Minutes of all meetings shall be prepared in accordance with the requirements established by the Medical Executive Committee. Such requirements may include a record of attendance and the vote taken on each matter. Copies of such minutes, if required, shall be approved by the attendees, and made

available to the Medical Executive Committee. A permanent file of the minutes of each meeting shall be maintained.

XI.F. Quorum

XI.F.1 Medical Staff Meetings

The presence of ten percent of the voting members of the Medical Staff (which includes the Henry Ford Medical Group) at any meeting shall constitute a quorum for transaction of business.

XI.F.2 Department, Division or Section

The presence of twenty percent of the voting members of a Department, Division, or Section shall constitute a quorum at any meeting of such Department, Division, or Section.

XI.F.3 Committee Meetings

A majority of committee members shall constitute a quorum, provided that a majority of those present are members of the Henry Ford Medical Group.

XI.G. Manner in Which Meetings are Conducted

Meetings shall be conducted in accordance with a consensus decision making process. The presiding officer may consult the most recent Roberts Rules of Order to resolve procedural issues not addressed in these Bylaws. Except as otherwise specified in these Bylaws, the action of a majority of the members present and eligible to vote at a meeting at which a quorum is present shall be the action of the group.

XI.H. Attendance at Meetings

Members of the Medical Staff shall attend meetings in accordance with applicable Policies.

ARTICLE XII

CONFIDENTIALITY AND PROFESSIONAL PRACTICE REVIEW FUNCTIONS

XII.A. Confidentiality of Information

Information with respect to any Medical Staff member application or Hospital services, submitted, collected or prepared by any representative of the System, Hospital, Medical Staff, or Henry Ford Medical Group or provided by any other health care facility, organization, medical staff or individual, for the purpose of achieving, monitoring, evaluating maintaining or improving the quality, appropriateness, efficiency or necessity of patient care or appropriate professional conduct, shall to the fullest extent permitted by law, be privileged and confidential and shall not be disseminated to anyone other than

authorized representatives of the System, Hospital, Medical Staff, Henry Ford Medical Group, or other healthcare facilities engaged in official, authorized activities or the Medical Staff or applicant, if any, to whom the information relates. Such confidentiality shall also extend to information provided by third parties. This information shall not become part of any particular patient's file nor of the general Hospital or System records and is immune from subpoena as provided for by the Michigan Public Health Code, specifically Sections 20175 and 21515, the Michigan Mental Health Code, specifically Section 1143(a), Michigan Public Acts of 1967 and any other statutory or regulatory authority requiring or providing for professional review. Medical Staff members are subject to termination for breach of confidentiality obligations under these Bylaws.

XII.B. Activities and Information Covered

XII.B.1 Activities

The confidentiality provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with activities concerning, but not limited to, the following:

- a. applications for appointment and clinical privileges;
- b. periodic reappraisals for reappointment and redelineation of clinical privileges;
- c. corrective action;
- d. hearings and appellate reviews;
- e. quality assessment and improvement activities;
- f. utilization reviews; and
- g. other System, Hospital, Medical Staff, Henry Ford Medical Group, Service Line, Department, Division, Section, , committee and subcommittee activities including but not limited to Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation, related to monitoring and maintaining the quality, safety, appropriateness, and necessity of patient care and appropriate professional conduct.

XII.B.2 Information

The acts, communications, reports, recommendations, disclosures, and other information referred to in this Article may relate to a Medical Staff member's or applicant's professional qualifications, clinical ability, judgment, character, physical or mental health, professional ethics, ability to work cooperatively with others or any other matter that might affect patient care or the efficient functioning of an institution or organization.

XII.C. Review Functions of Medical Staff and Management

XII.C.1 Medical Staff Committees

The Medical Staff is organized in a manner to provide ongoing review of the professional practices of the Hospital, for the purposes of striving to reduce morbidity and mortality and to improve the care of patients. Such review includes the quality and necessity of care provided and the preventability of complications and deaths. To the extent any committee of the Medical Staff performs such functions, that committee is hereby designated as a committee assigned professional practice review functions. The committees so designated include, but are not limited to, the investigative, hearing and appeal bodies described in [Articles XIII](#) and [XIV](#) of these Bylaws and the Medical Executive and Credentials Committees.

XII.C.2 Others

Professional practice review functions are also performed in the various clinical Departments and Divisions of the Medical Staff and by the leaders thereof, the clinical programs of the Hospital, by the Chair of the Medical Executive Committee, by Management, and by the participants in the proceedings that are described in [Articles XIII](#) and [XIV](#) of these Bylaws, all of whom are assigned professional practice review functions.

XII.C.3 Hospital Employees

Employees of the Hospital are assigned and perform professional practice review functions by providing information, records, data and knowledge to, gathering information for, and otherwise assisting, individuals and committees in the performance of their professional practice review functions.

XII.C.4 Board's Authority and Functions

All professional practice review functions are carried out under the direction and authority of the Board of Directors, which itself carries out professional practice review functions, such as receiving and acting on the reports and recommendations of committees and individuals assigned such functions.

XII.D. Cumulative Effect

Provisions in these Bylaws relating to privilege and confidentiality shall be in addition to other protections provided by law, including but not limited to MCLA 331.531 and 331.533, and not in limitation thereof.

ARTICLE XIII

CORRECTIVE ACTION, SUMMARY ACTION AND

TERMINATION OF MEDICAL STAFF APPOINTMENT

XIII.A. Corrective Action

XIII.A.1 Leader-Initiated Corrective Action

a. Initiation:

Whenever the activities or professional conduct of any Medical Staff member are believed to be detrimental to patient safety or inconsistent with the efficient delivery of patient care; otherwise disruptive to the operation of the System, Hospital, or, Medical Staff;; in violation of these Bylaws, or the Policies; or the Medical Staff member exhibits signs of physical or mental impairment or the inability to perform their clinical privileges appropriately, one or more of the forms of corrective action described in section XIII.A.3 of these Bylaws may be initiated against such Medical Staff member by a Department Chair, the Chief Executive Officer of the Hospital, or the Chief Executive Officer of the System. The individual who initiates corrective action pursuant to this section XIII.A.1 may suspend or restrict the Medical Staff member's appointment and/or clinical privileges pending further review in accordance with section XIII.B.1 of these Bylaws.

b. Scope:

Nothing in this Article XIII shall be construed to limit the responsibility and rights of individuals listed in this section XIII.A.1 to take actions in the performance of their responsibilities.

Additionally, nothing in this Article XIII shall be construed to limit Henry Ford Medical Group or System leadership from making decisions regarding the contract or employment status of a Medical Staff member. Furthermore, nothing in this Article XIII shall preclude the option of addressing unacceptable behavior by a member of the Medical Staff with a Performance Improvement Plan, Focused Professional Practice Evaluation or other similar tool.

XIII.A.2 Request to Leadership to Initiate Corrective Action

a. Request:

In addition to the individuals listed in section XIII.A.1, any other member of the Medical Staff, any employee of the System, or any other individual may request that corrective action be initiated. A request for corrective action shall be in writing and shall be sent to the Medical Staff member's Department Chair. If said request seeks corrective action against a Department Chair, then it shall be sent to the Chair of the Medical Executive Committee. All requests for corrective action shall be supported by reference to the specific activities or conduct which constitute the grounds for the request and shall contain a copy of any documentation relied on in requesting the action. The Department Chair or Chair of the individual who receives the request shall review the circumstances pursuant to section XIII.A.2.c.

b. Notice:

The Department Chair or Chair of the Medical Executive Committee who receives a request pursuant to section XIII.A.2 of these Bylaws, shall notify the affected Medical Staff member in writing, via Special Notice, of the basis for the request and whether their appointment and/or clinical privileges and/or employment (with or without pay) are suspended or restricted pending review in accordance with section XIII.B.1 of these Bylaws, or b) that they are placed on administrative leave (with or without pay) pending final determination of the matter. The notice may contain a copy of the request. If the affected Medical Staff Member is in the Senior or Bioscientific staff category, a copy of the notice shall be sent to the Chief Executive Officer of the Henry Ford Medical Group.

c. Review of Request:

The Department Chair or Chair of the Medical Executive Committee who receives the request, shall review the activities or conduct which constitute the basis for the request. Any relevant factors or evidence including those which were found as a result of previous reviews conducted within or outside of the System related to the circumstances, may be considered. An ad hoc committee, the majority of whom are Medical Executive Committee members, may be appointed by the Department Chair or Chair of the Medical Executive Committee who received the request to review the activities or conduct which constitute the grounds for the request. The ad hoc committee's review may include an interview of the Medical Staff member who is the subject of the request. The ad hoc committee shall forward a written report to the Department Chair or Chair of the Medical Executive Committee who appointed the committee, as soon as practicable after the review has been completed. The Department Chair or Chair of the Medical Executive Committee may reject the request for corrective action or may initiate one or more of the forms of corrective action described in section XIII.A.3 of these Bylaws.

XIII.A.3 Available Forms of Corrective Action

Corrective action may include, without limitation, any or all of the following:

- a. a written warning that future corrective action will be taken if the member's behavior does not conform to the standards stated in the warning;
- b. a written reprimand stating disapproval of the member's behavior and directing that the behavior cease immediately;
- c. a requirement of proctoring or consultation (if the affected member is not required to obtain consent of the consultant or proctor before the member may provide patient care);
- d. a requirement of education to improve the member's knowledge, skills and ability in clinical subjects or in non-clinical subjects (such as anger management), which requirement does not affect current privileges;
- e. a requirement of a health assessment of the member by a health professional or facility selected by the Chair of the Medical Executive Committee and under such conditions (including reports to the Chair of the Medical Executive Committee) as the Chair of the Medical Executive Committee may establish. The Chair of the Medical Executive Committee may require the member to undergo appropriate treatment; or

- f. any other form of discipline that does not materially limit the member's right to provide direct patient care as previously authorized.
- g. Propose:
 - i. Reduction, limitation, suspension, or revocation of clinical privileges;
 - ii. Suspension or revocation of Medical Staff appointment; or
 - iii. Any other form of discipline that materially limits the member's right to provide direct patient care as previously authorized (such as proctoring or consultation in which consent of the proctor or consultant is required before patient care may be provided).

XIII.A.4 Notice of Proposed Action

The individual who is initiating the corrective action shall (following the examination and within ninety days of the request, if the action is being initiated in response to a request under section [XIII.A.2](#) of these Bylaws) notify the affected Medical Staff member of the corrective action in writing, via Special Notice, and the reasons therefor. If the corrective action is (a) a form described in section [XIII.A.3.a](#) through [XIII.A.3.f](#), or (b) a form described in section [XIII.A.3.g](#) and is based on factor(s) other than the Medical Staff member's professional qualifications or competence, the action is immediately effective and the Medical Staff member is not entitled to the procedural rights set forth in [Article XIV](#) of these Bylaws. If the corrective action is a form described in section [XIII.A.3.g](#), and is based on the Medical Staff member's professional qualifications or competence, the notice shall state that the Medical Staff member has the right to request a hearing on the proposed action within thirty days of receipt of said notice and shall contain a copy of the hearing rights set forth in [Article XIV](#) of these Bylaws. The notice may also provide that the Staff Member's appointment, clinical privileges, and/or employment (with or without pay) are suspended or restricted pending an examination in accordance with section [XIII.B.1](#) of these Bylaws, or that they are placed on administrative leave (with or without pay) pending final determination of the matter. The Chief Executive Officer of the System or Chief Executive Officer of the Hospital may modify the time limits provided in this section XIII.A.4 for good cause.

XIII.A.5 Time of Proposed Action

Proposed corrective action of a type described in section [XIII.A.3.g](#) of these Bylaws that is based on the Medical Staff member's professional qualifications and competence and is the subject of a notice under section [XIII.A.4](#), will take effect on the earlier of the following: a) the affected Medical Staff member affirmatively waives, in writing, their rights set forth in [Article XIV](#) of these Bylaws; b) a request for a hearing is not received from the Medical Staff member on a timely basis; or c) the procedural process set forth in [Article XIV](#) of these Bylaws is concluded and results in imposition of the action. If the action takes effect, the individual taking action shall give written notice via Special Notice to the affected Medical Staff member, and may give notice to the individual who requested the action, that the proposed action will take effect. The notice shall contain a description of the action and an effective date.

XIII.B. Summary Action

XIII.B.1 Suspension

An individual who initiates corrective action in accordance with section [XIII.A.1](#) of these Bylaws or who receives and is evaluating a request for corrective action received pursuant to section [XIII.A.2](#) of these Bylaws, may immediately suspend the appointment of the affected Medical Staff member and/or suspend or restrict all or a portion of the Medical Staff member's clinical privileges, for a period less than fourteen days during which time they shall examine (or cause an examination of) the matter. A suspension under this section shall be deemed an interim precautionary step in a professional review activity and does not constitute disciplinary action or a determination regarding the affected Medical Staff member's competence. A suspension under this section ends (a) 14 days after it is imposed or (b) when lifted by the individual who imposed it, whichever occurs first. A suspension under this section does not entitle the affected Medical Staff member to any of the procedural rights set forth in [Article XIV](#) of these Bylaws.

XIII.B.2 Immediate Final Action

The Chief Executive Officer of the System, the Chief Executive Officer of the Hospital or a Department Chair may immediately suspend the appointment of a Medical Staff member and/or suspend or restrict the Medical Staff member's clinical privileges whenever the Medical Staff member's conduct requires that immediate action be taken to protect the life or health of any person or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any person. If time permits, the concurrence of two of the listed individuals will be obtained to impose an immediate suspension; however, a single listed individual may immediately suspend privileges if they determine such action is needed to address an immediate threat. Such action shall become effective immediately upon imposition, and the individual taking action shall promptly give notice of the action in writing via Special Notice, to the affected Medical Staff member and to each of the following who did not take the action: Department Chair to whom the Medical Staff member is assigned, the Chief Executive Officer of the Hospital and the Chief Executive Officer of the System. The affected Medical Staff member shall be entitled to the procedural rights set forth in [Article XIV](#) of these Bylaws if the suspension is based on the Medical Staff member's professional qualifications or competence.

XIII.C. Administrative Suspension or Termination of Privileges or Medical Staff Membership

The following events may result in administrative suspension or termination of Medical Staff membership and/or privileges, as specified, without any of the procedural rights set forth in [Article XIV](#) of these Bylaws.

XIII.C.1 Professional License Violation

Whenever a Medical Staff member's license authorizing him/her to practice in this State is revoked, has

expired, or is suspended by the applicable licensing authority, the Medical Staff member's appointment and clinical privileges may be immediately terminated at the sole discretion of the Chief Executive Officer of the Hospital or Chief Executive Officer of the System. Whenever a Medical Staff member's license is limited or restricted, or the member has been placed on probation by any licensing entity, the Medical Staff member's appointment and clinical privileges may be terminated or curtailed at the sole discretion of the Chief Executive Officer of the Hospital or Chief Executive Officer of the System.

XIII.C.2 Drug Enforcement Administration Certificate of State Controlled Substances License

Whenever a Medical Staff member's DEA certificate or Michigan controlled substances license is revoked, has expired, is suspended or is the subject of an order of probation, the Medical Staff member shall immediately and automatically be divested of the right to prescribe medications covered by the certificate/license and the Medical Staff member's appointment and clinical privileges may be terminated or curtailed at the sole discretion of the Chief Executive Officer of the Hospital or Chief Executive Officer of the System.

XIII C.3 Board Certification

Whenever a Medical Staff member fails to obtain and/or maintain board certification as required by these Bylaws or Policies, the Medical Staff member's appointment and clinical privileges may be terminated as provided in the Policies, unless a waiver or extension of the board certification requirement has been granted in accordance with these Bylaws and Policies.

XIII.C.4 Medical Records

Whenever a Medical Staff member fails to complete medical records within the time limits established by the Policies, the Medical Staff member's appointment and clinical privileges (except with respect to their patients already in the Hospital), including the right to admit patients, may be suspended, without pay. The suspension shall remain in effect until all delinquent medical records are completed in accordance with Policies.

XIII.C.5 Criminal Offense

Whenever a Medical Staff member pleads guilty or no contest to, or is convicted of, a crime other than a minor traffic violation (chemical or alcohol-related driving offenses are not minor traffic violations) that the Chief Executive Officer of the Hospital or Chief Executive Officer of the System determines could bear upon their professional practice, the Medical Staff member's appointment and clinical privileges may be terminated or curtailed at the sole discretion of the Chief Executive Officer of the Hospital or Chief Executive Officer of the System.

XIII.C.6 Malpractice Insurance

Whenever a Medical Staff member fails to maintain professional liability insurance as required by the

Board of Directors, the member shall be suspended from practicing in the Hospital. If the member fails to provide the Hospital with adequate evidence of the required insurance within ninety days after being suspended, Medical Staff membership and clinical privileges shall terminate.

XIII.C.7 Government Program Suspension/Exclusion

Whenever a Medical Staff member is suspended or excluded from a government health care program, the member's membership and clinical privileges shall be terminated. [The terms of this section do not apply to a voluntary decision by a member not to participate in government health care program(s).]

XIII.C.8 Reappointment

Whenever a Medical Staff member fails to file a timely application for reappointment to the Medical Staff or renewal of clinical privileges, the member shall automatically cease to be a Medical Staff member and cease to hold clinical privileges upon expiration of the member's term of appointment.

XIII.C.9 Documentation of Credentials

Whenever a Medical Staff member fails to provide Provider Affairs with written evidence of current and continuous professional license and professional liability insurance, within thirty days of written request therefor, the member shall be suspended from practicing at the Hospital until such documentation is furnished. If a Medical Staff member fails to provide Provider Affairs with written evidence of current and continuous DEA registration and state controlled substances license (if applicable), within thirty days of written request therefor, the member's right to prescribe medications covered by such registration/license shall be suspended until such documentation is furnished.

XIII.C.10 Health Evaluation

A Medical Staff member, who fails to submit to a physical or mental health evaluation within ninety days of a written request therefor by the Medical Executive Committee, shall be suspended from practicing at the Hospital until the evaluation occurs. If the member fails to submit to the evaluation and furnish the Chair of the Medical Executive Committee with the results thereof within ninety days after being suspended, the member's Medical Staff membership and clinical privileges shall terminate. Additionally, all Medical Staff members are subject to any applicable policy approved by the Medical Executive Committee regarding physical and/or mental competency to perform granted privileges.

XIII.C.11 Communicable Disease Test Results

A Medical Staff member, who fails to provide satisfactory evidence of communicable disease test results as required by Policies, within thirty days of written request therefor, shall be suspended from practicing at the Hospital until such documentation is furnished. If the member fails to provide the Hospital with satisfactory evidence of test results within ninety days after being suspended, the member's Medical Staff membership and clinical privileges shall terminate.

XIII.C.12 Reports of Adverse Events

Whenever a Medical Staff member fails to file a report as required by section [VII.E.11](#) of these Bylaws, the Medical Staff member's appointment and clinical privileges may be terminated or curtailed at the sole discretion of the Chair of the Medical Executive Committee or the Chief Executive Officer of the Hospital.

XIII.C.13 Minimum Volume Requirements

The State of Michigan requires, as a condition to granting a certificate of need to furnish certain types of services, that each practitioner who performs the covered service in the Hospital perform a minimum volume of the service annually. If a Medical Staff member fails to satisfy a State-imposed minimum volume requirement, the relevant privilege may be terminated at the sole discretion of the Chair of the Medical Executive Committee or the Chief Executive Officer of the Hospital. If a Medical Staff member fails to satisfy the minimum utilization standards established pursuant to section [VII.F.4](#) of these Bylaws, the member's Medical Staff membership may be terminated at the sole discretion of the Chair of the Medical Executive Committee or the Chief Executive Officer of the Hospital.

XIII.C.14 Failure to Satisfy Medical Staff Category Requirements

Medical Staff membership is subject to automatic termination as provided in sections [VI.A](#), [VI.D.2](#), [VI.E.2](#), [VI.F.2](#), and [VI.G.2](#) of these Bylaws.

XIII.D. Notice of Administrative Termination

Whenever a Medical Staff member's appointment and/or clinical privileges are terminated in whole or in part, or otherwise curtailed under section [XIII.C](#) of these Bylaws, written notice of such termination shall be given by the individual taking action to the affected Medical Staff member, via Special Notice, and to the Chief Executive Officer of the Hospital and the Chair of the Medical Executive Committee. Receipt of said notice by the Medical Staff member shall not be required for the termination to become effective.

XIII.E. Transfer of Patients

In the event of an administrative leave or a termination or limitation of clinical privileges, the Medical Staff member's patients, as appropriate, shall be assigned to another Medical Staff member by the Department Chair or Chief Executive Officer of the Hospital.

XIII.F. Effect of Action

If the action taken under this Article XIII in any way limits a Medical Staff member's ability to perform their employment or contract duties with the System, their contract or employment will be suspended (with or without pay) or terminated, in accordance with the action initiated or taken.

XIII.G. Reporting

Any action taken under this Article XIII shall, when appropriate, be reported to the appropriate Local, State and Federal agencies.

ARTICLE XIV

HEARINGS AND APPELLATE REVIEW

XIV.A. Grounds for Initiation of a Hearing

XIV.A.1 Right to a Hearing

An applicant or Medical Staff member, as applicable, may request a hearing with respect to any one or more of the following proposed or final actions:

- a. action by the Medical Executive Committee or the Board of Directors to deny an applicant to the Affiliate or Adjunct category of the Medical Staff (a) initial Medical Staff appointment or (b) requested privileges, based on the applicant's professional qualifications or competence;
- b. denial of Medical Staff reappointment to the Affiliate, Adjunct, Senior, or Bioscientific, category of the Medical Staff based on the Medical Staff member's professional qualifications or competence, provided, however, denial of reappointment to any medical staff category upon completion of a probationary appointment for any reason is not grounds for initiation of a Hearing;
- c. corrective action recommended in accordance with section [XIII.A.3.g](#) of these Bylaws or summary action imposed pursuant to section [XIII.B.2](#) of these Bylaws, if such action is based on the Medical Staff member's professional qualification or competence provided, however, corrective action during a probationary appointment for any reason is not grounds for initiation of a Hearing; or
- d. denial of requested, renewal or increase of privileges based on the Medical Staff member's professional qualifications or competence.

XIV.A.2 No Right to a Hearing

An applicant or Medical Staff member is not entitled to request a hearing with respect to any of the following:

- a. denial of initial appointment to the Senior, Bioscientific, Associate, Attending, Honorary, or Coordinating Staff category;
- b. denial of reappointment to any Medical Staff category for any reason upon expiration of a probationary appointment;
- c. denial of initial appointment to the Affiliate or Adjunct Staff category based on factor(s) other than professional qualifications or competence;
- d. denial of Medical Staff reappointment to the Medical Staff based on factor(s) other than

- professional qualifications or competence;
- e. denial of requested privileges (initial, renewal or increase) based on factor(s) other than professional qualifications or competence;
 - f. corrective action imposed pursuant to sections [XIII.A.3.a](#) through [XIII.A.3.f](#) of these Bylaws;
 - g. corrective action imposed pursuant to section [XIII.A.3.g](#) of these Bylaws based on factor(s) other than the Medical Staff member's professional qualifications or competence;
 - h. any action taken with respect to the Graduate Trainee Staff, or a member of the Coordinating Staff Category, or Honorary Staff Category;
 - i. voluntary resignation of clinical privilege(s) or Medical Staff membership, including expiration of appointment pursuant to section [X.A.2](#) of these Bylaws;
 - j. imposition of an investigative suspension pursuant to section [XIII.B.1](#) of these Bylaws;
 - k. imposition of administrative suspension or termination pursuant to section [XIII.C](#) of these Bylaws;
 - l. denial of a request for, imposition of conditions or limitations on, or termination of, temporary privileges or an interval appointment;
 - m. denial of a request for, or imposition of conditions or limitations on, a leave of absence; or
 - n. any other grounds not expressly provided for in section [XIV.A.1](#) of these Bylaws.

XIV.B. Extent of Remedy

1. The hearing and appellate review set forth in this Article XIV shall be the sole and exclusive remedy by which a Medical Staff member or applicant may appeal any of the action(s) described in section XIV.A.1 of these Bylaws.
2. Medical Staff members who also have an employment or contractual relationship with the System, Hospital, or Henry Ford Medical Group may be subject to other Policies in situations where said employment or contract status is affected.
3. The outcome of the hearing and appellate review process shall be final and binding upon the System, Hospital and Medical Staff member or applicant.

XIV.C. Parties to the Hearing

For all hearings in accordance with this Article XIV, the affected Medical Staff member or applicant and the Department Chair(s), Chief Executive Officer of the Hospital or Chair of the Medical Executive Committee, whose action(s) prompted the hearing, shall be parties to the hearing. If the action which prompted the hearing was taken by the Medical Executive Committee or the Board, the Medical Executive Committee or the Board shall appoint a representative from its membership who shall be the party to the hearing on its behalf.

XIV.D. Procedure for Requesting a Hearing

XIV.D.1 Notice of Hearing Rights

The Chair of the Medical Executive Committee shall notify the affected applicant or Medical Staff member via Special Notice of a recommendation or action which entitles the individual to a hearing. The notice shall state the following:

- a. the adverse recommendation or action;
- b. the reason(s) for the adverse recommendation or action;
- c. the individual's right to request a hearing;
- d. a summary of the individual's hearing rights; and
- e. a time limit of thirty days from the date of the individual's receipt of the notice within which the individual may submit a written request for a hearing to the Chair of the Medical Executive Committee.

XIV.D.2 Request for Hearing

The affected Medical Staff member or applicant shall file a written request for a hearing with the Chair of the Medical Executive Committee within thirty days after they receive the notice of hearing rights described in section [XIV.D.1](#) of these Bylaws. They shall also send a copy of the request to the individual who took the action, if applicable. The request shall describe the proposed or final action for which the hearing is requested, describe clearly and in detail the reason for the objection to such proposed or final action, the relief sought and the address which the Medical Staff member or applicant chooses for any and all further correspondence to him/her regarding the matter. Failure to file a written request for hearing with the Chair of the Medical Executive Committee within thirty days shall be considered a waiver of the right to request a hearing and a waiver of any further review to which the affected Medical Staff member or applicant might otherwise have been entitled to on the matter and they shall be deemed to have accepted the proposed or final action involved and if proposed, the action shall then be effective immediately.

XIV.D.3 Notice of Hearing

If the affected Medical Staff member or applicant requests a hearing in accordance with section [XIV.D.2](#) of these Bylaws, the Chair of the Medical Executive Committee shall, within sixty days of receipt of the request, notify the parties of the names of the members the Hearing Committee and the time, place, and date of the hearing, which shall not be less than thirty days after the date of said notice.

XIV.D.4 Postponements and Extensions

Postponements and extensions of time beyond the times expressly permitted by this Article XIV may be requested by any party or by the Hearing Committee which will hear the matter and may be permitted by the Chair of the Hearing Committee, in their sole discretion.

XIV.E. Pre-Hearing Procedures

XIV.E.1 Committee Composition

The Chair of the Medical Executive Committee, acting on behalf of the Hospital, shall appoint a Hearing Committee of not fewer than three (3) members. One of the members shall be designated as Chair. No member of a Hearing Committee may be in direct economic competition with the applicant or Medical Staff member who requested the hearing or be a professional or business associate or family member of that individual. Members of the Hearing Committee should hold the same or similar professional degree as the applicant or Medical Staff member who requested the hearing.

XIV.E.2 Hearing Officer

The Chair of the Medical Executive Committee may appoint a hearing officer, who may not be legal counsel to the Hospital, to preside at the hearing. The Hearing Officer may not act as a prosecuting officer or as an advocate for any party to the hearing. The Hearing Officer will, at the request of the Hearing Committee, participate in the deliberations of the Hearing Committee, serve as a legal advisor to it, and assist in drafting the Hearing Committee's report, but shall not be entitled to vote. If a hearing officer is not appointed, the Chair of the Hearing Committee shall preside.

XIV.E.3 Pre-Hearing Conference

- a. Prior to or at the beginning of any hearing the presiding officer may require the representatives of the parties to participate in a conference to consider:
 - i. the framing and simplification of issues to be presented at the hearing;
 - ii. admission of facts or documents which will avoid unnecessary hearing testimony and proof;
 - iii. limitation by the presiding officer of the number of witnesses to be called by the parties in order to reduce repetitive testimony; and
 - iv. such other matters as may aid in the expeditious disposition of the matters before the Hearing Committee.
- b. The pre-hearing conference may be held by phone. The presiding officer may submit a summary of the decisions reached at the conference to the Hearing Committee and such summary will be used to control the subsequent course of the hearing.

XIV.F. Hearing Procedures

XIV.F.1 Failure to Appear

The personal presence at the hearing of the party requesting the hearing shall be required. Failure, without just cause (as determined by the Hearing Committee in its sole discretion) of the requesting Medical Staff member or applicant to appear and participate in such hearing, shall be deemed a voluntary acceptance of the proposed or final action, which, if proposed, shall then be effective

immediately.

XIV.F.2 Record of Hearing

A record of the hearing shall be made by a certified court reporter. All parties shall have a right to obtain a copy of the record.

XIV.F.3 Conduct of Hearing

The Hearing Officer or (if no Hearing Officer is appointed) the Chair of the Hearing Committee, or a designee, shall preside over the hearing to maintain decorum and to determine procedures regarding identification and exchange of witness lists, documentary evidence, and all matters pertaining to the conduct of the hearing in order to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence and to call witnesses and cross examine opposing witnesses. The presiding officer may permit or exclude proposed evidence in their sole discretion with or without consultation with other members of the Committee. The Medical Staff member or applicant shall have the burden of proving that there was no reasonable basis for the adverse recommendation/action that is the subject of the hearing.

XIV.F.4 Recessing Hearing

The Hearing Committee, may, without advance notice, recess the hearing and reconvene the hearing on the same or another day for the convenience of the participants or for the purpose of obtaining new or additional evidence, witnesses, or consultation.

XIV.F.5 Deliberation and Conclusion of Hearing

Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall thereupon conduct its deliberations outside the presence of the parties and the deliberations of the Hearing Committee shall not be considered part of the record. The decision of the Hearing Committee shall be based on the evidence produced at the hearing. Such evidence may consist of, but is not limited to, the following:

- a. oral testimony of witnesses;
- b. written statements presented in connection with the hearing;
- c. any material contained in System, Hospital, or Medical Staff personnel files of the affected Medical Staff member, which shall have been made part of the hearing record;
- d. any and all applications, references, medical records, exhibits, and other documents and records which shall have been made part of the hearing record; and
- e. any other relevant evidence.

XIV.F.6 Committee Decision

Within thirty days of the conclusion of the hearing, the Chair of the Hearing Committee shall distribute to the Chair of the Medical Executive Committee and the parties to the hearing, the Hearing Committee's

written recommendation regarding the proposed action including the basis for the Hearing Committee's recommendation. The report may recommend confirmation, modification or rejection of the original action. The report shall be sent to the affected Medical Staff member or applicant via Special Notice.

XIV.G. Medical Executive Committee Review Procedure

The Medical Executive Committee shall be provided with the Hearing Committee's report, the documents presented during the hearing before the Hearing Committee and the transcript of that hearing. The request for a hearing, and any written statements submitted in response to the request. The Medical Executive Committee, at its next regularly scheduled meeting, but not more than sixty days after receiving the Hearing Committee's Report and other materials, shall review the matter. Upon such review, the Medical Executive Committees shall confirm, reject, or modify the original action. The Chair of the Medical Executive Committee shall promptly notify the parties via Special Notice of the Medical Executive's decision which shall be final unless a request for an appellate review of such decision is received as provided in section [XIV.H.1](#) of these Bylaws. Failure to file a written request for appellate review within fourteen days of receipt of the Medical Executive Committee's decision shall be considered a waiver of the right to any further review to which the affected Medical Staff member or applicant might otherwise have been entitled on the matter and they shall be deemed to have accepted the decision of the Medical Executive Committee's which, if proposed, shall then be immediately effective.

If the hearing pertains to the denial of initial appointment to the Affiliate or Adjunct categories of the Medical Staff, the decision of the Hearing Committee shall be final and effective immediately, and the applicant shall not be provided further appeal.

XIV.H. Board of Directors Appellate Review Procedure

XIV.H.1 Request for Appellate Review

Within fourteen days after receipt of notice of the Medical Executive Committee's decision, any party may, by written notice to the Chief Executive Officer of the System, request an appellate review by the Board of Directors. The request shall be in writing and sent to the Chief Executive Officer of the System via Special Notice, and it shall include a detailed statement of the reasons for the request. A copy of the request shall also be sent to all of the other parties. Any other party to the hearing may submit a written statement in response to the request.

XIV.H.2 Composition Appellate Review Committee

Within thirty days after receipt of a request for appellate review, the Chair of the Board of Directors or his/her designee shall appoint an Appellate Review Committee, consisting of not less than three members of the Board of Directors and two members of the Henry Ford Hospital Medical Staff, none of whom have previously officially reviewed this matter, and shall designate a Chair thereof to consider the merit of the request for an appellate review, and to conduct such appellate review, if appellate review is granted.

XIV.H.3 Appellate Review Procedure

- a. Within thirty days after its appointment, the Appellate Review Committee shall determine whether to grant or deny appellate review. If appellate review is denied, the requesting party shall be so advised, and the decision of the Board of Governors shall then become final. If appellate review is granted, all parties shall be notified, and the Appellate Review Committee shall schedule a date for such review, including a time for each party to submit a written statement in support of their position. In its sole discretion, the Appellate Review Committee may allow each party to make an oral statement. The parties shall be notified in writing via Special Notice of the time, date and place of said review.
- b. The Appellate Review Committee and the parties shall be provided with copies of the initial request for a hearing, the documents presented during the hearing before the Hearing Committee, the transcript of that hearing, the Medical Executive Committee's decision, and written statements submitted in accordance with sections XIV.H.1 and XIV.H.3.a of these Bylaws.
- c. The appeal shall be confined to a review of the decision of the Medical Executive Committee to determine if such decision was supported by the evidence presented. New or additional matters not raised during the hearing before the Hearing Committee, nor considered by the Medical Executive Committee in its decision, shall only be considered under unusual circumstances and at the sole discretion of the Appellate Review Committee.
- d. Within thirty days after the conclusion of the appellate review, the Appellate Review Committee shall make its decision. The decision shall be in writing; shall state the basis for the decision; and shall be sent to the Chair of the Board of Directors and to the parties.
- e. The decision of the Appellate Review Committee shall be final and shall not be subject to further review.

XIV.I. Action Taken Against a Department Chair

XIV.I.1 Grounds for Initiation

Whenever the Board of Directors, the Chief Executive Officer of the System, the Chief Executive Officer of the Hospital, or the Medical Executive Committee has proposed or taken final action against a Department Chair which would entitle them to a hearing under section [XIV.A](#) of these Bylaws, then, they may request review of this action directly to the Board of Directors.

XIV.I.2 Request for Review

Within thirty days after the date of receipt of notice of the proposed or final action, the affected Department Chair may request review by the Board of Directors.

The request shall be in writing and delivered to the Chief Executive Officer of the System via Special Notice and shall state the proposed or final action, describe clearly and in detail the reason for the objection to such proposed or final action, the relief sought and the address which the Department Chair chooses for any and all further correspondence to them regarding the matter. A copy of the request shall also be sent to the individual who took the action. Failure to file a written request for review within thirty

days constitutes a waiver of the right to review and the affected Department Chair shall be deemed to have accepted the action which, if proposed, shall then be effective immediately.

XIV.I.3 Medical Staff Status

The Chief Executive Officer of the System shall determine whether the Department Chair shall be placed on administrative leave or otherwise restricted (with or without pay) during the review process.

XIV.I.4 Composition and Appointment of Review Committee

Upon receipt of a timely request for review, the Chair of the Board of Directors or a designee, shall appoint a Review Committee, consisting of not less than three members of the Board of Directors and two members of the Medical Staff (who have not previously officially reviewed the matter), and shall designate a Chair thereof.

XIV.I.5 Notice of Review

The Chair of the Review Committee shall schedule a review not less than thirty and not more than sixty days from the date of receipt of the request. The Chair of the Review Committee shall give the parties written notice of the time, place, and date of the review.

XIV.I.6 Record of Review

A record of the review shall be made by a Certified court reporter. All parties shall have a right to obtain a copy of the record.

XIV.I.7 Conduct of Review

The Chair of the Review Committee or a designee shall preside over the review to maintain decorum and to determine procedures regarding identification and exchange of witness lists, documentary evidence, and all matters pertaining to the conduct of the review in order to assure that all participants in the review have a reasonable opportunity to present relevant oral and documentary evidence and to call witnesses and cross examine opposing witnesses. The Chair may permit or exclude proposed evidence in their sole discretion with or without consultation with the other members of the Committee.

XIV.I.8 Recessing Review

The Review Committee may, without advance notice, recess the review and reconvene the review on the same or another day for the convenience of the participants or for the purpose of obtaining new or additional evidence, witnesses or consultation.

XIV.I.9 Deliberation and Conclusion of Review

At the conclusion of the proceedings, the Review Committee shall conduct, at a time convenient to itself, deliberations outside the presence of the parties. Then decision of the Review Committee shall be based on the evidence produced at the hearing.

XIV.I.10 Decision

The Review Committee shall render a written decision at the earliest practical date, not to exceed thirty days following conclusion of the review, and it shall promptly notify all parties. The parties shall be advised of the Review Committee's decision via Special Notice. The Chair of the Review Committee shall report the decision of the Review Committee to the Chair of the Board of Directors. The decision of the Review Committee shall be final.

XIV.J. Intra-Professional Resolution of Matters

The fair hearing and appellate procedures provided for in these Bylaws are for the purpose of intra-professional resolution of matters bearing on conduct or professional competency. Accordingly, no party shall be represented at the hearing by an attorney. The foregoing shall not be deemed to deprive any party of its right to the assistance of legal counsel for the purpose of preparing for the hearing nor shall it prevent legal counsel from being present outside the hearing room for consultation with the party.

XIV.K. Right to Only One Hearing and Review

Notwithstanding any other provision of these Bylaws, no Medical Staff member or applicant shall be entitled as a matter of right to more than one hearing and one review on any matter, without regard to whether such matter is the subject of recommendation(s) or action(s) of individual(s) and/or body(ies).

ARTICLE XV GENERAL PROVISIONS

XV.A. Medical Staff Rules and Regulations

The Medical Executive Committee and its committees shall adopt such rules and regulations, including those set forth in [Addendum I](#), as may be necessary for the proper conduct of the Medical Staff. The Medical Staff Rules and Regulations which are set forth in [Addendum I](#), are incorporated herein and made a part hereof by reference. All such rules and regulations adopted by the Medical Executive Committee and its committees shall be consistent with these Bylaws, and the Corporate Bylaws of the System.

XV.B. Department Rules and Regulations

Each Department Chair may formulate rules and regulations for the conduct of the affairs of the Department and the discharge of its responsibilities. Such rules and regulations shall be consistent with these Bylaws, including [Addendum I](#), Corporate Bylaws of the System, and the Policies.

XV.C. Professional Liability Coverage

Each individual granted membership in a category which does not include professional liability coverage by the System shall maintain in force professional liability coverage in not less than the minimum

amounts, if any, as may be determined by the Board of Directors, or shall provide other proof of financial responsibility in such a manner as the Board of Directors may establish.

XV.D. Construction of Terms and Headings

Words used in these Bylaws shall be read as gender neutral and as the singular or plural as the context and circumstances require. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

XV.E. Acceptance of Principles

All applicants and Medical Staff members, by application for membership in this Medical Staff, do thereby agree to be bound by the provisions of these Bylaws, a copy of which shall be made available to each applicant. A copy of each amendment to these Bylaws shall be made available to each Medical Staff member, promptly after adoption, either by hard-copy, electronic copy, or posting on the System or Hospital website. Failure of a Medical Staff member to receive said copies shall not relieve them of the responsibility to make themselves aware of and to abide by the then current version of these Bylaws. Any violation of these Bylaws shall subject the applicant or member to such corrective action as the Medical Executive Committee or Board of Directors shall direct.

ARTICLE XVI AMENDMENT OF BYLAWS

These Bylaws shall be reviewed at least annually by the Medical Executive Committee, and/or, at the Medical Executive Committee' request, by the Bylaws Committee.

Amendments may be proposed at any time by the Bylaws Committee or by the Medical Executive Committee. In addition, an amendment, including the addition or removal of the Medical Executive Committee's authority as set forth in these Bylaws, may be proposed by a written petition signed by at least thirty Medical Staff members entitled to vote thereon and delivered to the Chair of the Medical Executive Committee.

Before a proposed amendment is submitted to the Medical Staff for vote, it shall be transmitted to the Bylaws Committee to determine (1) whether any other amendments to the Bylaws should be initiated as a result thereof and/or (2) whether the amendment creates any inconsistencies with the remainder of the Bylaws and, if either of these is found, the Chair of the Bylaws Committee shall bring the same to the attention of the Medical Executive Committee for its consideration. The Chair of the Medical Executive Committee will determine whether this review by the Bylaws Committee occurs before or after the Medical Executive Committee votes on the proposed amendment.

All amendments recommended by the Medical Executive Committee will be submitted to the voting Medical Staff for vote. If the Medical Executive Committee does not recommend a proposed amendment made by a written petition of the Medical Staff, the proposed amendment nevertheless will be submitted to the Medical Staff for vote and if approved by the Medical Staff will be submitted to the Board of Directors. The Medical Executive Committee and/or the Bylaws Committee may include written

comments regarding the proposed amendment with the ballot sent to the voting Medical Staff members and/or with the submission to the Board of Directors. In the event of a documented need for an urgent amendment to the Rules and Regulations, necessary to comply with law or regulation, the Medical Executive Committee and Board of Directors may provisionally approve such amendment with notice to but without approval of the Medical Staff. The Medical Staff will be given the retrospective opportunity to review and comment on the amendment. If the number of Medical Staff members required to adopt an amendment object to the amendment, the controversy will be resolved in accordance with Section III A of these Bylaws.

Voting by the Medical Staff will be conducted electronically. However, paper ballots may be accepted in appropriate circumstances. The ballot will contain the deadline for casting votes. A proposed amendment will be approved by the Medical Staff if a majority of the votes cast are for approval of the amendment, provided at least 20% of eligible Medical Staff members vote.

Amendments shall only become effective when approved by the Medical Staff and the Board of Directors. The Medical Executive Committee shall arrange for the access to all adopted amendments by the members of the Medical Staff. Neither the Medical Staff nor the Board of Directors may unilaterally amend, alter or repeal these Bylaws.

The Medical Executive Committee may adopt such amendments to these bylaws, rules, regulations, and Policies that are, in its judgment, technical or clerical. Such amendments may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the Medical Staff or by the Board of Directors but must be reviewed by the Office of the General Counsel and approved by the Hospital CEO.

ARTICLE XVI

ADOPTION OF BYLAWS

These Bylaws shall replace any previous Bylaws and shall become effective when approved by the Medical Executive Committee, Medical Staff, and the Board of Directors.

Footnotes

1The waiver set forth in section [VII.G](#) of these Bylaws may apply to any category described in this Article.

2 The waiver set forth in section [VII.G](#) of these Bylaws may apply to any of the requirements set forth in this Article.

ADDENDUM I

MEDICAL STAFF BYLAWS

Rules and Regulations

Admissions & Discharge

- A. The name of the Medical Staff member* with admitting privileges and who has authorized or

- accepted responsibility for the patient shall be required on the Admission Request.
- B. A provisional diagnosis shall be required on the Admission Request for each admission.
 - C. All appropriate patients shall receive the “Important Message from Medicare (or CHAMPUS)” at the time of admission.
 - D. The following rules are specific for Oral Surgery patients:
 - 1. On admission to the hospital, an admission history and physical examination is to be performed and may be performed by an oral surgeon. Consultation with a Medical Staff Member on a continuing basis shall be required in complicated cases.
 - 2. Complete records, both dental and medical, shall be required for each patient and shall be part of the medical record.
 - E. Patients shall be discharged only upon written or verbal order of the responsible Medical Staff member*.
 - F. Referrals to initiate discharge planning evaluations and activities can come from the physician and/or other professional staff involved in patient care management. Referral sources include:
 - 1. The patient’s attending physician or house officer.
 - 2. Patient/Family Discharge Planning Self-Assessment Form generated at the time of admission.
 - 3. Inpatient Nursing Staff Assessment.
 - 4. Chart based information reviewed by Case Management/Social Work.
 - 5. Discharge planning unit conferences.
 - 6. Request from patient or family member.
 - G. When a patient is discharged, all outstanding/current/future inpatient orders will be discontinued. At the time of discharge, the patient’s order history and status will be reviewed by a Medical Staff member* and any outstanding (incomplete) orders can be changed to outpatient orders as deemed appropriate.

*“Medical Staff Member” when used in these Rules and Regulations, shall mean an individual granted the privilege to perform the described action. This shall include, when appropriate, a qualified designee and/or group practice members.

General Conduct of Care

- A. Quality patient care is the first priority of Henry Ford Hospital, its Medical Staff and the Henry Ford Medical Group. We strive to continuously improve the quality and value of services to all our internal and external customers, dedicating ourselves to excellence in all that we do. We seek and support new and innovative ways to add value to our services. We are a team and recognize the successful achievement of these principles will require our long-term commitment.
- B. Each patient admitted to an inpatient unit shall be given medical or dental care daily by a Medical Staff member*.
- C. No medical or dental procedure or intervention shall be performed without a written or verbal order from the Medical Staff member*.

- D. When there is a change in the Medical Staff member* responsible for the patient's care or the patient is transferred from one care environment to another, outstanding orders shall be reviewed by the Medical Staff member* assuming care and either continued or discontinued.
- E. No radioactive material shall be used for diagnostic or therapeutic purposes without the written order from the responsible Medical Staff member*. In all instances in which radioactive materials are used, the identity, amount, date of administration and specific preparation of the patient shall be recorded in the medical record.
- F. Abortions may only be performed when medically indicated subject to the limitations set forth below:
1. When continuation of the pregnancy may threaten the life of the woman or seriously impair her health. In determining whether or not there is such a risk to health, account may be taken of the woman's total environment, actual or reasonably foreseeable.
 2. When pregnancy has resulted from rape or incest. In this case the same medical criteria should be employed in the evaluation of the patient (up to 22 weeks).
 3. When continuation of the pregnancy is likely to result in the birth of a child with severe physical deformities or mental retardation (up to 22 weeks).
In each case under consideration for abortion, the review protocol on file with the Chair of the Department of Obstetrics and Gynecology shall be followed.
- G. For each patient scheduled for a surgical procedure and requiring general or spinal anesthesia in an operating room, a Medical Staff member anesthesiologist shall review the case at a reasonable interval prior to the procedure, shall recommend the anesthesia of choice and shall record this recommendation in the medical record.
- H. In accordance with the Emergency Medical Treatment and Labor Act (EMTALA), and the HFH EMTALA Policy, all patients who present for examination and treatment of a potential emergency medical condition or who are in active labor will receive a medical screening examination by a qualified physician or Advanced Practice provider.
- I. When the surgeon removes a specimen during an operative (surgical or dental) procedure, the surgeon must follow the then current operating room procedures for removal, identification and care of surgical specimens and the procedures for facilitating the delivery of specimens to pathology.
With the establishment of a tissue diagnosis for each specimen requiring the same, a report of the findings and diagnosis shall be prepared, signed by the staff pathologist and promptly entered in the case record.
- J. The System has developed a knowledge management platform to deliver the right information to the right person at the right time in support of patient safety and quality care, treatment and services. Documents (policies, procedures, protocols, guidelines, used in this document under the term "Policies") in the Henry Ford Health System (HFHS) Electronic Policy Management System shall be considered the official institutional references for:
- Medical policies governing the use of pharmaceutical agents.
 - All policies concerning the identification and control of nosocomial infections and including the statement of authorities and responsibilities for control of infections within the System.

- Policies concerning clinical care and outpatient services.
- Policies concerning safety measures.
- Policies concerning the care of patients with emotional illness and substance abuse problems.
- Policies concerning documentation of patient care and maintenance of the medical record.

*“Medical Staff Member” when used in these Rules and Regulations, shall mean an individual granted the privilege to perform the described action. This shall include, when appropriate, a qualified designee and/or group practice members.

ADVANCED PRACTICE PROVIDERS

A. General Description:

The category of Advanced Practice providers includes Certified Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, Certified Registered Nurse Anesthetists, and such other categories of health care professionals who may be designated by the Medical Executive Committee or Board of Directors from time to time.

B. Employment Status:

Employing of Advanced Practice providers is the responsibility of Department Chair, contingent upon receipt of position approvals from the appropriate committee and shall be in compliance with System and Hospital Policies. All Advanced Practice providers must at all times comply with System and Hospital Policies.

C. Scope of Practice:

1. Credentialing and Delineation:

The initial credentialing and delineation of scope of practice and each delineation of scope of practice thereafter shall be the joint responsibility of the Department Chair and the Medical Staff member who will be responsible for and the supervisor of the Advanced Practice provider. Advanced Practice providers shall be credentialed according to a process which is equivalent to the process used to credential Medical Staff members and is approved by the Medical Executive Committee or its designated committee and by the Board of Directors.

The delineation and the required biennial re-delineations shall be documented and acknowledged in writing and by the signatures of each individual Advanced Practice Provider, their respective supervising Medical Staff member and the Department Chair.

2. Reassignment:

The Department Chair or the Chair of the Medical Executive Committee may, in their sole discretion, upon notice to the Advanced Practice provider, reassign an Advanced Practice provider to another supervisor or supervising physician.

3. Termination:

An Advanced Practice provider's scope of practice shall be terminated in the event the Advanced Practice provider's license expires, is revoked, or is suspended.

An Advanced Practice provider's scope of practice may also be terminated by the Department Chair for an Advanced Practice provider's failure to comply with

statutory guidelines and/or restrictions of practice as established by the federal or state government.

Nothing contained in these Bylaws, including this Addendum I shall be interpreted to entitle an Advanced Practice provider to the procedural rights set forth in Article XIV of these Bylaws.

D. Report of Adverse Action:

Any event of licensure action, clinical privilege action, society membership action or medical malpractice payment adverse to an Advanced Practice provider shall, upon consultation with the General Counsel's Office be reported to the appropriate state or local authorities.

All Revision Dates

1/26/2023, 2/15/2022, 1/21/2021, 12/2/2020, 9/15/2017

Approval Signatures

Step Description	Approver	Date	
Secretary Board of Directors	Michelle Johnson Tidjani: EVP & General Counsel	1/26/2023	
System Policy Management Office	System Policy Management Offic	1/26/2023	
Site Liaison Review	Irina Tsuker: Quality/Risk Specialist II	1/26/2023	
Document Owner	Anna Basden: Mgr-MedAffrsClinQualityFacil	1/26/2023	

Standards

No standards are associated with this document