



Last Approved 10/18/2021
Effective 10/18/2021
Next Review 10/17/2024

Owner Quantressa Graham: Supv-Medical Staff Office
Area Medical Staff
Applicability Henry Ford West Bloomfield Hospital
Document Types Bylaws and Committee Charters

Tier 2: West Bloomfield Hospital Medical Staff Bylaws

Scope

The Medical Staff Bylaws pertain to the HFWBH Medical Staff and outline the procedures for credentialing, privileging, requirements, committees and processes.

Background

The Medical Staff Bylaws pertain to the HFWBH Medical Staff and outline the procedures for credentialing, privileging, requirements, committees and processes.

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 Trustees.
- B. **BIOSCIENTIFIC PERSON** means a professional person, other than a physician (unless they are full time researchers) or dentist, who has attained a doctorate or equivalent academic status in a scientific discipline and who is either: (1) recognized by state law as an independent practitioner able to function in an unsupervised fashion such as a clinical psychologist, clinical chemist, exercise physiologist, audiologist, veterinarian, optometrist, or podiatrist, or (2) a doctoral level scientist who is a full-time researcher. The Board of Trustees has recognized as exceptions to the requirements in (1) above masters level prepared speech pathologists, audiologists and masters or doctorate level prepared medical physicists. Other professional

persons may be recognized as bioscientific persons by the Board of Trustees based upon the dictates of quality of care and Hospital needs.

- C. **BOARD OF GOVERNORS** means the governing body of the Henry Ford Medical Group acting on its own or through its designated committee.
- D. **BOARD OF TRUSTEES** means the Board of Trustees of Henry Ford Health System acting on its own or through its designated committee.
- E. **BYLAWS** means these Bylaws of the Medical Staff of Henry Ford West Bloomfield Hospital, as amended, including any addenda attached hereto, unless specifically provided otherwise herein.
- F. **CHIEF EXECUTIVE OFFICER** means the person appointed by the Board of Trustees to act on its behalf in the overall management of the System or his/her authorized representative.
- G. **CHIEF MEDICAL OFFICER** means the individual appointed in accordance with Article III of these Bylaws and granted overall responsibility for oversight of medical services at Henry Ford West Bloomfield Hospital or his/her authorized representative.
- H. **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.
- I. **DENTIST** means those individuals who have been awarded the degree of doctor of dentistry or doctor of dental medicine.
- J. **DEPARTMENT CHAIR** means an individual appointed to head a clinical department of the Henry Ford Medical Group or his/her authorized representative.
- K. **DIVISION CHIEF** means an individual appointed to head a clinical division of the Henry Ford Medical Group or his/her authorized representative.
- L. **HENRY FORD HEALTH SYSTEM (or SYSTEM)** means the Corporate entity, including all of its operating divisions.
- M. **HENRY FORD HOSPITAL** means the hospital facility licensed and operated as "Henry Ford Hospital," which is an operating division of Henry Ford Health System.
- N. **HENRY FORD MEDICAL GROUP (or HFMG)**, which is an operating division of Henry Ford Health System, means those physicians, dentists and bioscientific persons who are (a) members of the Senior or Bioscientific staff category at Henry Ford Hospital and, in some cases, members of the Medical Staff at Henry Ford West Bloomfield Hospital, (b) employed by the System, and (c) collectively compose a multispecialty group practice to which the primary responsibility for the delivery of patient care and the conducting of educational and research activities within Henry Ford Health System has been delegated by the Board of Trustees.
- O. **HOSPITAL** means Henry Ford West Bloomfield Hospital, a hospital facility that is an operating division of Henry Ford Health System.
- P. **MANAGEMENT** means individuals on the administrative and corporate staffs of Henry Ford Health System.
- Q. **MEDICAL EXECUTIVE COMMITTEE** means the Medical Executive Committee of the Henry Ford West Bloomfield Hospital, established and operated in accordance with Article III of these Bylaws.

- R. **MEDICAL STAFF or STAFF** means the formal organization of all licensed doctors of medicine, doctors of osteopathy, dentists, and bioscientific persons with a doctorate or equivalent academic status who are privileged by appointment to attend to patients' needs at Henry Ford West Bloomfield Hospital. This designation includes selected members of the Henry Ford Medical Group. The specific categories of the Medical Staff are set forth in Article VI of these Bylaws.
- S. **PHYSICIAN** means an individual with a doctor of medicine or doctor of osteopathy degree who is licensed to practice medicine.
- T. **POLICIES** means all promulgations or statements of policy that apply at Henry Ford West Bloomfield Hospital, including rules, regulations, guidelines, policies, procedures, memoranda, and protocols issued or approved by the Hospital or System or their authorized representatives.
- 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, (b) sent by registered or certified mail, return receipt requested, or (c) sent by overnight delivery service, to the person to whom the notice is sent.
- W. **SERVICE CHIEF** means an individual appointed in accordance with Article V of these Bylaws to be responsible for the medical operations of a Service of the Medical Staff or his/her authorized representative.
- X. **WEST BLOOMFIELD CHIEF EXECUTIVE OFFICER** means the person appointed by the Board of Trustees to act on its behalf in the overall management of Henry Ford West Bloomfield Hospital or his/her authorized representative.

ARTICLE I

MEDICAL STAFF DESIGNATION

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

ARTICLE II

PURPOSES AND RESPONSIBILITIES

The purposes and responsibilities of the Medical Staff are:

- A. to oversee and account to the Board of Trustees 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 Trustees 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 Policies including those relating to patient care;
- E. to initiate and pursue corrective action for non-compliance with these Bylaws and 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 Policies relative to both institutional management and patient care through membership on the Board of Trustees and through membership on standing committees of the Board of Trustees.

ARTICLE III

MEDICAL STAFF GOVERNANCE

MEDICAL EXECUTIVE COMMITTEE AND CHIEF MEDICAL OFFICER

- A. Functions and Duties of the Medical Executive Committee
- B. The Medical Executive Committee serves as the executive body of the Medical Staff. The Medical Executive Committee is empowered to act for the Medical Staff in accordance with these Bylaws. Among its various duties and authorities, the Medical Executive Committee oversees and establishes (subject to any approval requirements established by the Board of Trustees) 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 continued professional development of the Medical Staff through continuing medical education and other related activities;
 4. the research activities of the Medical Staff;
 5. the ethical practices of the Medical Staff;
 6. the appointment and reappointment of individuals to the Medical Staff;
 7. the effective functioning of the Medical Staff;
 8. the reports submitted from Services and standing and special committees of the Medical Staff; and
 9. the arbitration of interdepartmental differences.

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 Trustees 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. Members of the Medical Executive Committee shall disclose any conflicts of interest in accordance with the System's compliance program. 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 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 or his/her designee and two members of the governing body for resolution.

- C. Composition of the Medical Executive Committee:
- D. The Medical Executive Committee is composed of nineteen (19) voting members and up to four (4) non-voting members.
- E. The voting members of the Medical Executive Committee are:
 - 1. *the Service Chief of each of the following Medical Staff Services: Anesthesiology, Radiology, Emergency Medicine, Pathology, Women's Health, Internal Medicine and Orthopaedics and the Section Chief of Hospitalist Medicine;*
 - 2. *the Chief of Surgical Services;*
 - 3. *a representative of each of the following System multi-disciplinary centers: Heart/Vascular, Henry Ford Cancer Institute, and Neurosciences;*
 - 4. *one (1) joint representative of the Services of Dermatology, Family Medicine, Psychiatry and Pediatrics;*
 - 5. *one (1) joint representative of the Services of Urology, Eye Care and Otolaryngology;*
 - 6. *the President;*
 - 7. *the Chief Medical Officer;*
 - 8. *the Chair of the Quality Committee; and*
 - 9. *two (2) representatives of the Active Medical Staff.*
- F. The non-voting members of the Medical Executive Committee are:
 - 1. *Hospital's Chief Executive Officer;*
 - 2. *Hospital's Chief Operating Officer;*
 - 3. *Hospital's Chief Nursing Officer; and*
 - 4. *one (1) representative of Midlevel Providers who practice at the Hospital.*

If an individual simultaneously holds more than one (1) of the positions listed in this Section III.B, the number of members of the Medical Executive Committee shall be reduced accordingly.

- G. The President chairs the Medical Executive Committee. The President will designate another physician member to chair the Medical Executive Committee in the President's absence.
- H. Selection of the Medical Executive Committee:

1. Ex-Officio Committee Members:

The Service Chiefs, President, Chief Medical Officer, Chair of the Quality Committee and the non-voting members listed in Sections III.B.3.a through III.B.3.c serve ex-officio, i.e. their membership on the Medical Executive Committee is by virtue of and co-terminus with their appointment to the applicable position.

2. Appointed Committee Members:

- a. The Medical Executive Committee will appoint a Leadership Selection and Development Committee four (4) months in advance of the endorsement. The Leadership Selection and Development Committee shall establish a process for obtaining nominations for membership. The Leadership Selection and Development Committee shall consider the nominee's practice location, clinical specialty, participation in Medical Staff and Hospital affairs, as well as the current composition of the Medical Executive Committee and the position being filled when recommending an individual to be included on a slate for membership on the Medical Executive Committee.
- b. The Leadership Selection and Development Committee shall be made up of the President who shall serve as Chair and six (6) other Medical staff members who will serve as voting members. The Leadership and Development Committee will reach unanimous approval of the slate.
- c. The slate shall be presented to the Medical Executive Committee for endorsement at least one (1) month prior to the expiration of the term of the incumbents. Individuals appointed pursuant to this Section serve for a three (3) year term. A person is ineligible to serve as an Appointed Committee Member for two (2) years after serving as an Appointed Committee Member for two (2) consecutive full terms.

I. Removal from the Medical Executive Committee:

1. Removal of Appointed Committee Members by the Medical Executive Committee.

- a. *The Medical Executive Committee may initiate removal from the Medical Executive Committee of an individual appointed pursuant to Section III.C.2.*
- b. *Initiation of removal 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).*
- c. *The member of the Medical Executive Committee who is the subject of the removal action shall be notified of initiation of the removal process in writing by the President and may address the Medical Executive Committee regarding the matter before a final vote on removal is taken.*
- d. *The affirmative vote of two-thirds (2/3) of the voting members of the Medical Executive Committee (excluding the individual who is the subject of vote) is required to affirm the removal.*

2. Removal of Ex-officio Committee Members:

An ex-officio member's service on the Medical Executive Committee terminates

automatically when he or she ceases to hold the applicable office listed in Section III.C.1.

3. Filling Vacancies in Appointed Medical Executive Committee Memberships:

Vacancies in appointed memberships on the Medical Executive Committee shall be filled by appointment, using the procedures stated in Section III.C.2 of these Bylaws. An individual selected to fill a vacancy shall serve for the remainder of the vacated term.

J. President of the Medical Staff:

1. Qualifications.

The President must be a member in good standing of the Senior, Bioscientific, Attending, Adjunct or Active Medical Staff and be actively involved in the Hospital, indicate a willingness and ability to serve, have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges, have demonstrated an ability to work well with others, be in compliance with professional conduct policies of the Hospital, be supportive of cooperation and collaboration within the Medical Staff and between the Medical Staff, senior management and the Board and have excellent administrative and communication skills. The President may not simultaneously be the Chief Medical Officer, a Service Chief or a Henry Ford Hospital Department Chair. The President may not simultaneously hold a leadership position on another hospital's medical staff or in a medical facility that is directly competing with the Hospital.

2. Selection.

- a. **The Leadership Selection and Development Committee shall develop a slate of candidates for Chief Medical Officer and Medical Executive Committee endorsement and consideration and vote by the Medical Staff.**
- b. **All** Members in good standing of the Senior, Bioscientific, Attending, Adjunct and Active Medical Staff are entitled to vote for President.
- c. **The President** will be selected by the affirmative vote of a majority of the votes cast, provided at least 20% of eligible Medical Staff members vote.

3. **Term.** The President serves for a two year term. The President may serve two consecutive full terms.

4. **Vacancies. In the event of a vacancy in the office of President, the Chief Medical Officer shall appoint an interim President who will serve the balance of the current term.**

5. Removal of President of the Medical Staff:

Removal of the President 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 of the President shall

be warranted for failure to meet the eligibility requirements or the responsibilities assigned within these bylaws, failure to comply with Policies, or demonstrating conduct or making statements that damage the Hospital. 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 Trustees.

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 when it is initiating the action, and in accordance with its own procedures when it is the Board of Trustees 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 President shall be notified of the initiation of the removal process and the reasons therefor in writing. He/She shall have the opportunity to appear before the body 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 body which initiated the action within 10 days after receipt of notice of the initiation of the removal action or the right to appear is deemed to be waived.
 - a. The affirmative vote of two-thirds of the voting members of the Medical Executive Committee when it initiated the action, and the number required by its own procedures when the Board of Trustees initiated the action, is required to affirm the removal.
 - b. The body 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 body which did not initiate the action.

6. Duties of President:

The President is the sole elected officer of the medical staff and is the medical staff's advocate and representative in its relationships to the Board and the administration of the Hospital. The President, jointly with the Medical Executive Committee, provides direction to and oversees Medical Staff activities related to assessing and promoting continuous improvement in the quality of Service Lines and all other functions of the medical staff as outlined in the Policies. Specific responsibilities and authority are to:

- a. Participate as invited by the CEO or the Board on Hospital or Board committees;
- b. Enforce Medical Staff bylaws, rules, regulations and Policies;
- c. Support and encourage Medical Staff leadership and participation on interdisciplinary clinical performance improvement activities;
- d. Submit to the Board the MEC's recommendations concerning appointment, reappointment, delineation of clinical privileges or specified services, and corrective action with respect to practitioners who are applying for appointment or privileges, or who are granted privileges or providing services in the Hospital;
- e. Review and enforce compliance with standards of ethical conduct and professional demeanor among the members of the Medical Staff in their relations with each other, the Board, Hospital management, other professional and support staff, and the community the Hospital serves;
- f. Communicate and represent the opinions and concerns of the Medical Staff and its individual members on organizational and individual matters affecting Hospital operations to hospital administration, the Medical Executive Committee, and the Board;
- g. Attend Board meetings and Board committee meetings as invited by the Board;
- h. Ensure that the decisions of the Board are communicated and carried out within the Medical Staff; and
- i. Perform such other duties, and exercise such authority commensurate with the office as are set forth in the Medical Staff bylaws.

K. Meetings of the Medical Executive Committee:

1. Types of Meetings:

There are two (2) types of meetings, regular and special, at both of which a quorum is required to transact business.

- a. *Regular meetings are held at least six (6) times per year at a time and place determined by the President.*
- b. *Special meetings may be called by the President and shall be called at the request of the Board of Trustees, the West Bloomfield Chief Executive Officer, the Chief Medical Officer 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

Committee or other sanctions.

2. Quorum Requirements:

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

3. Manner in which Medical Executive Committee Meetings are Conducted:

- a. *Meetings of the Medical Executive Committee shall be conducted in accordance with the quality management process. The presiding officer may consult the most recent Robert's Rules of Order to resolve procedural issues that are not addressed in these Bylaws.*
- b. *A written agenda for each regular and special meeting shall be prepared in advance of the meeting and sent to each member of the Medical Executive Committee at least twenty-four (24) hours prior to the convening time of the meeting.*
- c. *Any Medical Staff member wishing to submit an issue for the Medical Executive Committee's agenda must submit his/her request to the President.*
- d. *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.*

4. Telephone Conference Meetings:

With the approval of the President and subject to requirements for ensuring confidentiality, a member of the Medical Executive Committee may participate in a meeting by means of 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.E.4 constitutes presence in person at the meeting.

L. Voting by Medical Executive Committee:

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.

2. By Ballot:

All matters submitted to vote of the Medical Executive Committee outside a meeting, by mail or email ballot, are decided by the affirmative vote of a majority of the members of the Medical Executive Committee eligible to vote; unless otherwise stated in these Bylaws.

M. Chief Medical Officer:

The Chief Medical Officer has overall responsibility for oversight of medical services at Henry Ford West Bloomfield Hospital and with whom the Governing Body shall directly consult on all matters related to the quality of medical care provided to patients at the Hospital and any other matters of mutual concern. The Chief Medical Officer, who shall be a member of Hospital's Senior Medical Staff, is appointed by the Chief Executive Officer of Henry Ford West Bloomfield Hospital in consultation with the Chief Executive Officer of the Henry Ford Medical Group, subject to approval by the Board of Trustees.

ARTICLE IV

MEDICAL STAFF GOVERNANCE: COMMITTEES

A. Standing Committees:

The Credentials Committee, Bylaws Committee and Quality Committee are standing committees of the Medical Staff. The Medical Executive Committee may create additional standing medical staff committees. Unless otherwise specified, the chair of each standing committee is recommended by the Chief Medical Officer and approved by the Medical Executive Committee. The members of each committee and term of each member are recommended by its chair and approved by the Chief Medical Officer, unless otherwise provided in these Bylaws. Committee Chairs will periodically review performance by committee members and suggest removal of members and appointment of new members with the Chief Medical Officer. Members of Committees shall disclose any conflicts of interest in accordance with the System's compliance program.

B. Credentials Committee:

1. Composition:

A majority of the members of the Credentials Committee are voting members of the Medical Staff from a broad range of Medical Staff Services. The President of the Medical Staff shall be a member of the Credentials Committee. The Credentials Committee may include individuals who are not members of the Medical Staff. .

2. Duties: The duties of the Credentials Committee include:

- a. *Review and evaluate the qualifications of each applicant for initial appointment, reappointment, modification of appointment, and for clinical privileges;*
- b. *Submit reports, in accordance with Articles VIII through X, regarding the qualifications of each applicant for Medical Staff membership or clinical privileges;*
- c. *Review periodically, on its own motion or as questions arise, information available regarding the professional and clinical competence of Medical Staff members, their care and treatment of patients and, as a result of such review, make recommendations regarding the Medical Staff category, clinical privileges, reappointments and changes in the assignment of*

Medical Staff members;

- d. *Review reports on specific members of the Medical Staff that are referred by the Medical Executive Committee, by any other Medical Staff committee, or by the Chief Medical Officer;*
- e. *Select the appropriate method(s) of focused review of probationary Medical Staff members and members who are granted a new clinical privilege and evaluate the results of such reviews.*

C. Bylaws Committee:

1. Composition:

The Bylaws Committee consists of at least two (2) voting members of the Medical Staff, the President, the Chief Medical Officer, the Chief Nursing Officer, , the Chair of the Quality Committee, the Chair of the Credentials Committee, a representative of the System General Counsel's Office and others recommended by the Chief Medical Officer. The Medical Executive Committee designates one (1) member of the Bylaws Committee to serve as its chair for a term designated by the Medical Executive Committee.

2. Duties:

The Bylaws Committee performs the functions described in Article XVI of these Bylaws and any other tasks related to the Bylaws assigned by the Medical Executive Committee.

D. Quality Committee:

1. Composition:

The Medical Staff Quality Committee consists of seven (7) voting members: two (2) hospital-based representatives, two (2) outpatient specialty representatives, two (2) surgical specialty representatives, and a Midlevel Provider representative. One of the seven (7) voting members must be in private practice greater than 50% of the time. The Chief Medical Officer, in consultation with the President, Service Chief of Medicine, Service Chief of Surgery, and Chair of Credentials Committee will recommend committee members. The President, Chief Medical Officer, Chief Nursing Officer and a representative from the Department of Quality are ex-officio members without vote.

Voting Members shall serve for three (3) year terms except for the initial committee members. The initial members will have staggered terms with one (1) member from each representative group assigned an initial term of two (2) years and the other member assigned an initial term of three (3) years. Members may serve up to two (2) consecutive full (either two or three year) terms. Reappointment will be determined by Medical Executive Committee at the end of the term.

The Chief Medical Officer in consultation with the President, Service Chief of Medicine, Service Chief of Surgery, and Chair of Credentials Committee will

recommend the Committee Chair annually, with approval by Medical Executive Committee. To be eligible for appointment as Chair, the member must have served on the committee at some point in time for at least one year and not be functioning as a Service Chair, except for the first Chair of the committee. The Chair may serve up to four (4) consecutive terms.

2. Duties:

The Medical Staff Quality Committee will be designated as a quality assurance and peer review committee by the Quality Committee of the Board of Trustees pursuant to the Patient Safety and Quality Improvement Act of 2005 and the following MI statutes: MCL 333.21513; 333.21515; 333.20175(8); 330.1143a; 331.531; 331.533 and 333.531-534. and be responsible for overseeing the evaluation and improvement of all dimensions of Medical Staff and Midlevel Provider performance. The Committee's duties will include:

- a. *Based on recommendations of the Clinical Departments and institutional committees responsible for peer review, review and approve:*

Appropriate medical staff wide and clinical service specific methods to assess competency.

- *Criteria for case identification via screens or referrals.*
 - *Benchmarks or targets for each indicator.*
 - *Attribution of practitioner performance indicator data to the appropriate practitioner for performance feedback.*
- b. *Approve ongoing requests for additions or deletions to practitioner performance related indicators or criteria.*
- c. *Approve requests from the institutional committees responsible for peer review for focused professional practice evaluations (FPPE) based on initial patterns identified by OPPE.*
- d. *Assure that practitioner performance measures meet the appropriate regulatory requirements.*
- e. *In coordination with the Credentials Committee, define the appropriate content and format for practitioner performance feedback reports.*
- f. *Design mechanisms for reporting the results of practitioner performance evaluation to the physician, Medical Executive Committee and the Board of Trustees.*
- g. *Determine support needed to implement and sustain the practitioner performance improvement process and make recommendations to the administration and Medical Executive Committee accordingly.*
- h. *Identify system or process problems or review those referred by the institutional committees responsible for peer review and refer them to the appropriate committee for resolution and feedback.*

The Quality Committee shall develop a Charter, in accordance with the Bylaws, that identifies its goals, processes (including a Case Review Process) and meeting schedule.

E. Special Committees:

Special committees may be created 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 Medical Executive Committee.

F. Joint Conference

A Joint Conference is a Medical Staff-Hospital body that may be convened as needed to address specific issues related to the Hospital, including conflicts between the Medical Staff and Chief Executive Officer and/or Board. A Joint Conference shall be composed of equal representation from the Board and the Medical Staff. The Medical Staff shall be represented by the President and additional members designated by the Medical Executive Committee.

G. Committee Designations:

The Medical Executive Committee designates the function, size, composition, terms, and responsibilities of the committees it establishes, 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 Trustees. Committee descriptions and membership rosters shall be maintained in the Medical Staff Office. Unless otherwise specified, the chair of each committee is recommended by the Chief Medical Officer and approved by the Medical Executive Committee. Except as otherwise required in these Bylaws, the members of each committee are recommended by its chair and approved by the Chief Medical Officer.

H. Procedural Matters:

1. Terms and Removal:

Unless otherwise specified in a specific committee's description, or these Bylaws, a committee member is appointed for an initial term of three (3) years, and serves until the end of this period and until his/her successor is appointed, unless he/she resigns or is removed from the committee prior to the expiration of the term. The Chair in consultation with the Chief Medical Officer may extend a committee member's term when it would be in the best interest of the committee and the Hospital. Any committee member may be removed by the Chair of the committee in consultation with the Chief Medical Officer. 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.

2. 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.

3. Conduct and Records of Meetings:

Committee meetings are conducted and documented in the manner specified for

such meetings in Article XI of these Bylaws.

ARTICLE V

MEDICAL STAFF STRUCTURE: SERVICES AND SECTIONS

A. Services:

The Medical Staff is organized into Services that correspond to the Departments which exist from time to time within the Henry Ford Hospital, excluding those Departments whose services are not offered at the Hospital. Each Service operates under the leadership of a Service Chief.

B. Education and Research:

In order to organize and coordinate the System's medical education and research activities, there is a System Office of Medical Education and a System Research Administration Office. Each System office operates under the guidance of a director who reports to an individual designated by the Board of Governors. The Chief Medical Officer may appoint a Director of Medical Education to oversee educational activities at the Hospital and serve as a liaison to the System Medical Education Office

C. Appointments to Services:

Each member of the Medical Staff who has clinical privileges will be appointed to at least one (1) Service.

D. Service Chiefs:

1. Qualifications:

Each Service Chief must be a member of the Hospital's Senior Medical Staff, have demonstrated ability in at least one (1) of the areas covered by the Service, be board certified (unless otherwise determined by the Department Chair in extraordinary circumstances), use the Hospital as his/her primary or significant practice site, and be willing and able to discharge the function of the office faithfully and diligently.

2. Selection and Term:

Service Chiefs are appointed by, and serve at the mutual agreement of the Chief Medical Officer and the applicable Department Chair. The Department Chair may serve as the Service Chief if the Department Chair satisfies all of the requirements stated in Section V.D.1 of these Bylaws. Service Chiefs shall be reviewed annually.

3. Removal and Resignation:

Should a Service Chief elect to relinquish such appointment, such relinquishment must be accomplished through a formal written notice submitted to the Chief Medical Officer and Department Chair. Service Chiefs may be removed by the Chief Medical Officer in consultation with the Department Chair at any time. Such removal

shall not entitle the individual to the procedural rights set forth in Article XIV of these Bylaws. The Medical Staff membership of the person completing, relinquishing or being removed from the administrative position of Service Chief will not be prejudiced by virtue of such change in status; however, the grounds for said removal may be considered, if relevant, for other action in accordance with these Bylaws.

4. Responsibilities of Service Chiefs:

Each Service Chief, 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 Service;*
- 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, recommend members for reappointment upon completion of his/her probationary period or recommend that a member not be appointed upon completion of his/her probationary period;*
- f. *continuously monitor the professional performance of all individuals who have delineated clinical privileges in the Service;*
- g. *initiate or recommend corrective action in order to discipline a Medical Staff member in appropriate situations;*
- h. *supervise the training, improvement, discipline and schedules of Service 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 his/her clinical privileges or other duties or responsibilities;*
- i. *participate in the annual budget process for the Service, including a list of major capital acquisition items and recommended resources for the Service;*
- j. *develop and implement Policies that guide and support the Service's provision of services (subject to applicable approval requirements);*
- k. *recommend to the relevant Hospital authority off-site sources for needed patient care services not provided by the Service or the Hospital;*
- l. *manage the medical and non-medical affairs of the Service 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-Service operations;*
- m. *integrate the Service into the Hospital's primary functions;*

- n. *schedule and preside over regular meetings of the Medical Staff members assigned to the Service and maintain written records of such meetings;*
- o. *require that each member of the Service adheres to the Hospital and State of Michigan requirements for continuing medical education, and to these Bylaws and the Policies, and arrange adequate orientation and continuing education for Service personnel;*
- p. *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 Service, in furtherance of continuing education, quality assessment and patient safety;*
- q. *effect the clear understanding and application of objectives of the Service and the Hospital by Service members and personnel;*
- r. *implement and participate in Hospital quality assessment and improvement initiatives and activities;*
- s. *collaborate with the nursing staff in the interrelated matters of nursing and medical practice;*
- t. *advise and assist the Chief Medical Officer, West Bloomfield Chief Executive Officer and, when requested, the Board of Trustees, in the furtherance of the goals of the System, Hospital, and Medical Staff; and*
- u. *determine the qualifications and competence of Midlevel Providers and other Service personnel who are not licensed independent practitioners but who provide patient care, treatment, and services.*
- v. *determine the requirements for members of the Service to be on-call for the Service and insure appropriate coverage of the Hospital by the Service.*

E. Section Chiefs:

1. Qualifications:

Medical Staff Services are generally divided into Sections that correspond to the Divisions within HFH Departments. However, the Hospital Medical Executive Committee may determine that a Section should be combined with another Section (s) within that Service. Each Section Chief must be a member of the Hospital's Senior Medical Staff, unless the Service Chief and Chief Medical Officer determine otherwise, and be a member of the particular Section, be qualified by training, experience, interest and demonstrated ability in the area encompassed by the Section, use the Hospital as his/her primary or significant practice site, and be willing and able to discharge the administrative responsibilities of the office.

2. Selection, Term and Removal:

Section Chiefs are appointed jointly by Chief Medical Officer and the applicable Service Chief in consultation with the Department Chair. In the event of removal, such removal does not entitle the individual to the procedural rights set forth in Article XIV of these Bylaws. The Medical Staff membership of the person

relinquishing or being removed from the administrative position of Section Chief shall not be prejudiced as a result thereof; however, the grounds for said removal may be considered, if relevant, for other actions in accordance with these Bylaws.

3. Responsibilities:

Each Section Chief shall:

- a. *Account to the applicable Service Chief regarding operation of the Section;*
- b. *Develop and implement, in cooperation with the Division Head, programs to carry out the quality review (including implementation and participation in the Hospital's quality assessment and improvement initiatives and activities, evaluation, and monitoring functions for the Section;*
- c. *Exercise general supervision over all clinical work performed within the Section;*
- d. *Conduct credentials review and submit reports and recommendations to the Service Chief regarding the clinical privileges to be exercised within the Section by members of, or applicants to, the Medical Staff;*
- e. *Act as presiding officer at all Section meetings; and*
- f. *Perform such other duties as may be requested by the Service Chief, Department Chair or the applicable Division Head.*

ARTICLE VI¹

MEDICAL STAFF CATEGORIES

A. Categories:

Members of the Medical Staff are categorized as one (1) of the following: Senior, Bioscientific, Associate, Attending, Active, Coordinating, Adjunct or Honorary. Initial appointment for membership to all categories of the Medical Staff is probational in accordance with Section 7.6.1 of these Bylaws.

B. Senior Medical Staff:

1. Qualifications:

The Senior Medical Staff category consists only of physicians and dentists who are members of the Senior Medical Staff at Henry Ford Hospital.

2. Prerogatives:

Senior Medical Staff members may (1) serve on committees, and (2) vote on all matters presented at general and special meetings of the Medical Staff and of the Service and committees of which a member. Medical Staff membership terminates automatically, without the procedural rights set forth in Article XIV of these Bylaws, if a Senior Medical Staff member ceases to be employed by the System or ceases to be a member of the Senior Medical Staff at Henry Ford Hospital.

C. Bioscientific Medical Staff:

1. Qualifications:

The Bioscientific Medical Staff category consists only of bioscientific persons who are members of the Bioscientific Medical Staff at Henry Ford Hospital.

2. Prerogatives:

Bioscientific Medical Staff members may (1) serve on committees, and (2) vote on all matters presented at general and special meetings of the Medical Staff and of the Service and committees of which a member. Medical Staff membership terminates automatically, without the procedural rights set forth in Article XIV of these Bylaws, if a Bioscientific Medical Staff member ceases to be employed by the System or ceases to be a member of the Bioscientific Medical Staff at Henry Ford Hospital.

D. Associate Medical Staff:

1. Qualifications:

The Associate Medical Staff category consists only of physicians, dentists and bioscientific persons who have been accepted for employment by Henry Ford Health System for a specified period in a position that has been approved in accordance with applicable Policies. The majority of Associate Medical Staff members are in a fellowship training program at a System hospital. Associate Medical Staff members are initially appointed for the length of the fellowship program, not to exceed two (2) years. The Service Chief may request extension of an Associate Medical Staff appointment for additional one (1) year periods up to an additional four (4) years.

2. Prerogatives:

Associate Medical Staff members may (1) serve on committees, and (2) vote on all matters presented at general and special meetings of the Medical Staff and of the Service and committees of which a member. Medical Staff membership automatically terminates, without the procedural rights set forth in Article XIV of these Bylaws, if an Associate Medical Staff member's employment with the System terminates or expires, if membership is terminated by the Service Chief, or if membership is not continued upon expiration of an appointment period. A decision by the Service Chief to terminate membership or not to extend appointment in this category is final.

E. Attending Medical Staff:

1. Qualifications:

The Attending Medical Staff category consists only of physicians, dentists, and bioscientific persons who have been selected to fill full-time 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.

2. Prerogatives:

Attending Medical Staff members may (1) serve on committees, and (2) vote on all matters presented at general and special meetings of the Medical Staff and of the Service and committees of which a member. Medical Staff membership terminates automatically, without the procedural rights set forth in Article XIV of these Bylaws if the 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. A decision by the Service Chief to terminate or not extend appointment in this category is final.

F. Active Medical Staff:

1. Qualifications:

The Active Medical Staff category consists only of physicians who are not members of Henry Ford Medical Group and are engaged in one of the primary care medical specialties designated from time-to-time by the Board of Trustees as being eligible for Active Medical Staff membership. Active Medical Staff members must demonstrate satisfactory professional liability coverage in accordance with Article XV of these Bylaws.

2. Prerogatives:

Active Medical Staff members may (1) serve on committees, (2) vote on all matters presented at general and special meetings of the Medical Staff and of the Service and committees of which a member, and (3) vote for the Active Medical Staff representatives on the Medical Executive Committee in accordance with Section III.C.3 of these Bylaws.

Active Medical Staff members who have not satisfied their medical staff requirements including their designated computer training programs for electronic medical record use and other purposes, On-going Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), Quality Assurance Data Requirements (including minimum volume requirements) may be converted to Coordinating Staff. Such conversion 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

G. Coordinating Medical Staff:

1. Qualifications:

The Coordinating Medical Staff category consists only of physicians, dentists and

bioscientific persons who are engaged in one of the Services designated from time-to-time by the Hospital 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.

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. A Coordinating Medical Staff member may be appointed to a committee, with the member's consent.

H. Adjunct Medical Staff:

1. Qualifications:

The Adjunct Medical Staff category consists only of physicians, dentists, 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 Hospital 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, he/she must have admitting and clinical privileges at a hospital that is located within thirty (30) 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.

2. Prerogatives:

Adjunct Medical Staff may be granted privileges only with respect to the Special Facility or Special Equipment designated by the Hospital Medical Executive Committee. . . Adjunct Medical Staff are not eligible to vote or to serve on committees. Should the Hospital Medical Executive Committee determine that a given facility or equipment is no longer a Special Facility or Special Equipment to which Adjunct Medical Staff have access, the clinical privileges of the Adjunct Medical Staff member with respect to that facility or equipment terminate automatically and, if the member holds no other clinical privilege, then Medical Staff membership also terminates automatically. A member of the Adjunct Medical Staff shall not be entitled to the procedural rights set forth in Article XIV of these Bylaws as a result of such automatic termination of privileges or membership.

I. Honorary Medical Staff:

1. Qualifications:

The Honorary Medical Staff category consists only of physicians, dentists, 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 Medical Staff, and those physicians of outstanding professional stature whose primary affiliation is not with the System.

2. Prerogatives:

An Honorary Medical Staff member does not have any clinical privileges or an employment relationship with the System. In special circumstances he/she may apply for temporary privileges in accordance with Section iX.F of these Bylaws. He/ She may not vote or be a member of any committee, but may attend and participate in all the professional programs of the Medical Staff. Members of the Honorary Medical Staff serve at the sole discretion of the Service Chief and shall not be entitled to the procedural rights set forth in Article XIV of these Bylaws for termination of Medical Staff membership.

ARTICLE VII²

MEDICAL STAFF MEMBERSHIP

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 Trustees in accordance with these Bylaws shall be conferred upon each individual member. An individual shall not admit nor provide services to patients unless he/she is a member of the Medical Staff or has been granted interval or temporary privileges in accordance with the procedures set forth in these Bylaws.

B. Qualifications for Membership:

1. General Qualifications:

Individuals will be qualified for Medical Staff membership only if they meet the requirements of these Bylaws. 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, 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 Service 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 Service criteria for delineation of privileges shall not exceed the end of the calendar year which is the fourth year from date of eligibility. Members of the Senior and Bioscientific Medical Staffs at Henry Ford Hospital who are exempted from Henry Ford Hospital's board certification requirement also are not subject to this Section of the Bylaws or Service requirements for board certification. Service criteria for delineation of privileges may permit members of specified Medical Staff categories to submit alternative evidence of qualification.

- 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.*

2. Specific Qualifications:

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

3. System Uniformity:

It is the expectation of the Board of Trustees that the Henry Ford West Bloomfield Hospital and Henry Ford 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 the Hospital and of Henry Ford Hospital, taking into consideration the views of the applicable Department Chair and Service Chief, will jointly recommend uniform credentialing criteria for adoption by the Board of Trustees. The waiver set forth in Section VII.G of these Bylaws may apply to any of these credentialing criteria.

C. Effect of Other Affiliations:

No individual is automatically entitled to Medical Staff membership or to exercise any clinical privilege merely because he/she holds 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.

D. Ability to Accommodate the Applicant:

Appointments and privilege delineations shall take into account 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.

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 Service Chief;
2. retain responsibility for the continuous care and supervision of each patient in the Hospital for whom he/she is 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 in the course of 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 Service Chief;
6. carry out in a diligent and ethical manner supervisory, Medical Staff, Service, 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 must complete a history and physical examination within twenty-four (24) hours of admission and always prior to the performance of inpatient, ambulatory, and invasive surgery requiring anesthesia, except in an emergency situation. The history and physical shall be completed and documented by a physician, an oromaxillofacial surgeon or other qualified licensed individual in accordance with Policies. The history and physical examination may be completed no more than thirty (30) days before admission or registration; in this case an updated history and physical note documenting significant changes in the patient's condition since the initial history and physical must be completed and documented in the medical record within twenty-four(24) hours of admission or registration. 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 should be based upon the condition of the patient and the judgment of the provider. Abbreviated history, and physical, containing minimum documentation (defined above), may be utilized in an ambulatory or outpatient setting. The history and physical shall be completed and documented by a Doctor of Medicine or Osteopathy, Podiatry, Oromaxillofacial surgeon or other qualified licensed individual in accordance with State Law and hospital policy. The admitting staff physician is responsible for completion of authentication of the history and physical

examination. Exception: Behavioral health patient history and physicals completed and authenticated by a medical physician (not admitting staff psychiatrist).

8. abide by the ethical principles of his/her 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, 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 the Service and Section, if any, to which the Medical Staff member is assigned; and
11. promptly notify the Service Chief and Medical Staff Services 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 of any event which is a basis for automatic suspension or termination of privileges under Section XIV.C of these Bylaws.

F. Duration of Membership on Medical Staff:

1. Probationary Period:

An initial appointment to the Medical Staff is probationary for a period of two (2) years. During the probationary period, the Service Chief 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 Service Chief 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 the Policies. It is incumbent on the new member to demonstrate compliance with the requirements for clinical practice set by the Service Chief. 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 Service Chief. If appointment has not been earlier terminated, then at the conclusion of the two (2) year probationary period, the Service Chief shall recommend that the probationary Medical Staff member be either:

- a. *reappointed for up to two (2) years in accordance with Article X and*

probationary status ended; or

- b. *terminated from the Medical Staff and this recommendation will be acted on in accordance with the procedures stated in Article X.*

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 Service Chief 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.

2. Modification of Membership Status:

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

3. Reappointment Period: Reappointments to the Medical Staff shall be for a period of up to two (2) years.

4. Removal/Transfer for Low Utilization:

The Board of Trustees 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 satisfy the minimum utilization standard may be removed from the Medical Staff or transferred to Coordinating Staff. Such removal and/or transfer 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.

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 Service 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 Trustees, upon determination that such waiver will serve the best interests of the Hospital and its patients.

H. Leave of Absence:

1. Request for Leave of Absence

Any member of the Medical Staff in good standing may request a leave of absence from the Medical Staff for a period not to exceed one (1) year by written request to the President, stating the reason(s) for the leave. The Medical Executive Committee will grant or deny the request. The Medical Executive Committee may impose conditions and/or limitations on the leave of absence. All records for which the member is responsible must be timely completed. Members on leave of absence may not exercise privileges, and will not be eligible to vote, hold office, or serve on committees, and will not be assessed dues or required to attend meetings. A

member may not appeal denial of a request for leave of absence or imposition of conditions and/or limitations on a leave of absence.

2. Reinstatement:

At least forty-five (45) days prior to expiration of the leave of absence, or at any earlier time, the member may request reinstatement of privileges by submitting a written notice to that effect to the President. In addition, the member shall submit a written summary of the member's relevant activities during the leave. In the event of a leave of absence due to illness, the member shall submit a letter from the member's attending physician stating that the member is physically and mentally able safely to resume full professional practice. A request for reinstatement shall be submitted and processed in the manner specified for reappointment to the Medical Staff. Failure, without good cause, to request reinstatement at least forty-five (45) days prior to the expiration date of the leave of absence or to provide a requested summary of activities or other requested information shall result in automatic termination of Medical Staff membership. If the Board (a) denies a request for reinstatement from a leave of absence based on the member's professional qualification or competence, (b) reinstates the member but with reduced privileges based on the member's professional qualification or competence, or (c) takes any other action listed in Section XIV.A of these Bylaws with respect to the member, the member shall be entitled to procedural rights, to the extent provided in Article XIV of these Bylaws.

3. Expiration of Appointment:

If a member's term of appointment will expire during a leave of absence, the member may apply for reappointment during the leave in accordance with Article X of these Bylaws. The Board may condition reappointment on the member submitting, at the time of requested reinstatement, acceptable evidence of the member's ability to perform the privileges granted or satisfying other requirements specified by the Board; imposition of such a condition will not entitle the member to procedural rights in accordance with Article XIV of these Bylaws. Reappointment of a member does not guarantee that the member's request for reinstatement from leave of absence will be granted. If a member on leave of absence does not submit a timely application for reappointment, Medical Staff membership will expire; the individual may later apply for Medical Staff membership and will be treated as a new applicant.

ARTICLE VIII³

APPOINTMENT TO THE MEDICAL STAFF

A. General Procedure:

The Medical Staff, through its designated Services, Credentials Committee, and Medical Executive Committee, considers each application for appointment to the Medical Staff and for clinical privileges utilizing the resources of Medical Staff Services and Provider Affairs or its designee(s) to investigate and validate the contents of each application, before adopting and

transmitting its recommendations to the Board of Trustees.

B. Pre-application:

If the Medical Executive Committee adopts a pre-application form, a practitioner who wishes to become a member of the Medical Staff must request a pre-application form from Medical Staff Services and Provider Affairs. The pre-application form will elicit information regarding the basic requirements for Medical Staff membership, such as training, licensure, plans for practice within the Hospital's service area, and desired Medical Staff category. If the potential applicant's responses to the pre-application form are satisfactory to the Service Chief and consistent with the Hospital's staffing plans, the Service Chief directs Medical Staff Affairs and Physician Practice Development to furnish the practitioner an application and a copy of these Bylaws.

C. Application for Appointment:

1. Content:

All applications for appointment to the Medical Staff must be legible, preferably typed, 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 (3) persons 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 (1) of the three (3) references shall be from the applicant's Chief of Service (Program Director) for postgraduate training if that training has been within five (5) years of the date of application to the Medical Staff. One (1) of the three (3) 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 (1) reference shall be from a person 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, which involves voluntary or involuntary, censor, challenge, condition, debarment, denial, discharge, discipline, disqualification, exclusion, fine, FPPE (other than for initial appointment or addition of 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) of any of the following with respect to the applicant: 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 he/she is applying;*
- g. *certification of the applicant's agreement to terms and conditions set forth in Section VIII.C.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 he/she agrees 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 he/she is applying; and*
- j. *information regarding the applicant's board certification or eligibility therefore.*

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

2. Effect of Application:

By applying for appointment to the Medical Staff, each applicant thereby signifies his/her 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 persons 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 directs individuals who have custody of such records and documents to permit inspection and/or copying. He/She agrees that as a condition of continued membership he/she 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 Medical Staff Services and Provider Affairs and the Service Chief; acknowledges that in the

process of obtaining information, individuals and organizations may receive or furnish information which may be critical of him/her, 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.

D. 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, physical handicap, sexual orientation or gender identity. 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.

E. Applicant's Burden:

The applicant has the burden of producing accurate and adequate information for a proper evaluation of his/her experience, background, training, demonstrated ability, physical and mental health status, and all other qualifications set forth in these Medical Staff Bylaws, and of his/her 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 without the procedural rights set forth in Article XIV of these Bylaws.

F. Medical Staff Services and Provider Affairs Action:

1. The resources of Medical Staff Services 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, Medical Staff Services and Provider Affairs verifies information in accordance with Medical Staff credentialing policies.
2. Medical Staff Services and Provider Affairs promptly notifies the applicant and Service Chief 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 Medical Staff Services and 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 (6) months after it was initially received by Medical Staff Services and 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, he/she must complete a new application and proceed through the usual credentialing process.
3. When collection and verification is accomplished, Medical Staff Services and 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 Chief of the Service to which application is being made.

G. Service Chief Action:

Upon receipt of a complete application from Medical Staff Services and Provider Affairs, the Service Chief reviews the application and supporting documentation, evaluates the applicant's qualifications, makes a recommendation regarding the application as described in Section VIII.L of these Bylaws, countersigns the application, and transmits the application material together with his/her written recommendation to the Credentials Committee. The Service Chief may ask the applicant to appear for interviews or may request further documentation prior to making his/her recommendation to the Credentials Committee.

H. Credentials Committee Action:

1. The Credentials Committee reviews the application, the supporting documentation, the recommendation submitted by the Service Chief 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 Service Chief or request further information from the applicant.
2. 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. If the applicant requests an interval appointment and the Service Chief approves the request, the President may grant an interval appointment in accordance with Section VIII.O of these Bylaws and notifies the applicant and Service Chief of the appointment.
3. If the recommendation of the Credentials Committee is unfavorable, then the Credentials Committee transmits its recommendation and the application package to the Medical Executive Committee and notifies the Service Chief of the recommendation.

I. 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.
2. If the recommendation of the Medical Executive Committee is favorable, then the Medical Executive Committee forwards its written recommendation to the Board of Trustees.
3. If the recommendation of the Medical Executive Committee with respect to an applicant to the Active or Adjunct Medical Staff is unfavorable and is based on the applicant's professional qualifications or competence, the President notifies the applicant of his/her procedural rights under Article XIV of these Bylaws. If the

Medical Executive Committee's unfavorable recommendation is based on factors other than the applicant's professional qualifications or competence, or is made with respect to an applicant to any category other than the Active or Adjunct Medical Staff, or if an applicant who is entitled to procedural rights does not submit a timely request for due process, then:

- a. *if the Medical Executive Committee recommended non-appointment, the application will be considered withdrawn and will not be submitted to the Board of Trustees for action; or*
- b. *if the Medical Executive Committee recommended less than all of the privileges the applicant requested, assignment to a different Service or category than requested, or imposition of special conditions on the applicant, the applicant will be deemed to have requested said changes and the application will be submitted to the Board of Trustees.*

J. Board of Trustees Action:

1. At the next regular meeting of the Board of Trustees following the receipt of the recommendation of the Medical Executive Committee, the Board of Trustees determines that the applicant either is probationally appointed or rejected for Medical Staff membership.
2. If the Board of Trustees' action (a) is favorable, or (b) is unfavorable and is based on factors other than the applicant's professional qualifications or competence, or (c) is unfavorable and is taken with respect to an applicant to any category other than the Active or Adjunct Medical Staff, that action is final and notice shall be given in accordance with Section VIII.K of these Bylaws.
3. If the Board of Trustees' action on an application to the Active or Adjunct Medical Staff is unfavorable and is based on the applicant's professional qualifications or competence, the decision is not final until the applicant's procedural rights under Article XIV of these Bylaws are either exhausted or waived.

K. Notice and Effect of Final Decision:

1. Notice of the Board of Trustees' final decision shall be given in writing through the Chief Medical Officer to the Service Chief and the applicant.
2. A decision and notice to appoint must include: the Medical Staff category, the Service, the clinical privileges, and any special conditions attached to the appointment.

L. Appointment Recommendations:

Recommendations of the Service Chief, Credentials Committee, and Medical Executive Committee shall be written and shall specify whether the applicant should be appointed to the Medical Staff, the Medical Staff category and Service to which he/she should be appointed, and the clinical privileges which may be exercised. Recommendations by the Service Chief, Credentials Committee and Medical Executive Committee, and decisions by the Board of Trustees, to deny an application or to deny requested privileges shall state the reason for such recommendation or decision.

M. Special Definitions:

As used in this Article VIII:

1. "Favorable" means a recommendation by the Medical Executive Committee or a decision by the Board of Trustees to grant membership on the Medical Staff, with all privileges requested by the applicant.
2. "Unfavorable" means a Medical Executive Committee recommendation or Board of Trustees decision that is not "favorable," as defined above.

N. Time Period for Processing:

1. Applications will be considered in a timely manner by all required by these Bylaws to act thereon. Medical Staff Services and Provider Affairs performs its verification tasks within sixty (60) days after it receives the signed application. The Service Chief acts on a complete application within thirty (30) days after receipt of the application and forwards the application packet to the Credentials Committee. The Credentials Committee reviews the application and makes its recommendations to the Medical Executive Committee at the Credentials Committee's next scheduled meeting after receipt of the Service Chief's recommendation. The Medical Executive Committee reviews the application and makes its recommendation to the Board of Trustees within thirty (30) days after receiving the Credentials Committee's recommendation. The Board of Trustees acts on the application at its next scheduled meeting following receipt of the Medical Executive Committee's recommendation.
2. 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 his/her application processed within those periods.

O. Interval Appointment With Clinical Privileges:

1. An applicant whose credentials have been approved by the Service Chief and the Credentials Committee and who is available to begin practice at the Hospital prior to approval by the Medical Executive Committee and by the Board of Trustees may request and be granted an interval appointment with clinical privileges by the Chief Medical Officer (acting as authorized designee of the West Bloomfield Chief Executive Officer), with the concurrence of the Service Chief, if the application satisfies the requirements for interval appointment stated in the Medical Staff credentialing policies. Interval appointments and temporary privileges combined may not exceed one hundred twenty (120) days.
2. The granting of interval appointment with clinical privileges by the Chief Medical Officer does not guarantee approval by the Medical Executive Committee or by the Board of Trustees with regard to appointment, and if such approvals are not obtained, said applicant's interval appointment and privileges 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 Service Chief until the candidate is formally appointed by the Board of Trustees, his/her 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 IX⁴

CLINICAL PRIVILEGES

A. General:

Each member of the Medical Staff must secure a delineation of privileges before he/she may offer or provide patient services in the Hospital. Clinical privileges shall be site-specific. Except as set forth in Sections VIII.O (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 Trustees.

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.

C. Basis for Determination of Privileges:

1. Each Service Chief recommends criteria for delineation of privileges for his/her respective Service. The criteria are subject to approval by the Medical Executive Committee. The Service Chief shall evaluate requests for clinical privileges (whether in connection with initial appointment, periodic reappointment, 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 Service needs; and any other criteria established by the Service Chief. 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 his/her qualifications and competency in the clinical privileges he/she requests. An applicant is entitled to the procedural rights set forth in Article XIV of these Bylaws in the event a requested privilege is denied only if he or she is an applicant to the Active or Adjunct Medical Staff and the denial is based on the applicant's professional qualifications and competence. A Medical Staff member is entitled to the procedural rights set forth in Article XIV of these Bylaws in the event a requested privilege is denied only if the denial is based on the Medical Staff member's professional qualifications or competence.

D. Procedure:

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.

2. Redelineation:

Redelineation of clinical privileges is made simultaneously with, and in the same manner as, the process for reappointment set forth in Article X of these Bylaws.

3. Additional Privileges:

A Medical Staff member may request an addition of clinical privileges during the term of his/her appointment by submitting a written request for the additional privileges to Medical Staff Services and Provider Affairs, along with all information requested by Medical Staff Services and 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 current term of appointment; the member may request renewal of the privilege in his/her application for reappointment.

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 Service Chief establishes the duration of the probationary period for the privileges, based on the Service Chief's evaluation of factors such as the member's relevant prior training and experience.

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 his/her professional license and regardless of Service 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.

G. Temporary Privileges:

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 immediate patient needs. Such privileges are granted with the written concurrence of the West Bloomfield Chief Executive Officer and either the Chief Medical Officer or the applicable Service Chief.

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 (1) 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, or (iv) identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC, 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 Service Chief 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 Service Chief. 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 (72) hours from the time the volunteer presents to the Hospital and the Hospital decides within that 72- hour period whether to continue the temporary privileges initially granted. Temporary privileges granted to meet other*

important patient care needs may be granted for an initial period of thirty (30) days and may be extended for up to two (2) additional thirty (30) day periods, not to exceed one hundred twenty (120) days when combined with interval privileges and are limited to the specific purpose for which granted.

3. Termination of Temporary Clinical Privileges:

Temporary privileges may be terminated unilaterally at any time by the West Bloomfield Chief Executive Officer, the Chief Medical Officer, or the Service Chief.

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 his/her temporary privileges are terminated or because they are not granted.

H. Effect of Contracts on Privileges:

It is recognized that certain clinical activities at the Hospital may be operated under exclusive contracts. The right to provide services within those clinical areas shall be controlled by the specific agreements to which the Hospital is a party. Medical Staff members granted privileges pursuant to these Bylaws shall not be deemed to have obtained the right to exercise those privileges in a manner contrary to the Hospital's contractual arrangements.

ARTICLE X⁵

REAPPOINTMENT TO THE MEDICAL STAFF AND REDELINEATION OF CLINICAL PRIVILEGES

A. General:

1. Prior to the expiration date of each Medical Staff member's appointment, Medical Staff Services and Provider Affairs mails reappointment request forms to the 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 to the Service Chief a "Reappointment Request Form" and "Delineation of Privileges Form" at least sixty (60) days prior to the expiration of his/her membership period. 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 expiration of the current appointment.
3. The Reappointment Request Form requires information concerning any changes in the Medical Staff member's qualifications since his/her 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.

B. Schedule for Review of Regular Appointments:

Recommendations concerning reappointment to the Medical Staff are made by the Service Chief 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 (2) 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.

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. Information called for by the Reappointment Request Form, and the factors listed in Section IX.C.1 of these Bylaws.
2. Medical Staff members who are not expressly exempted from the requirements of Section VII.B.1.b must maintain board certification, without lapse, in accordance with the standards of the particular board including meeting all recertification requirements.
3. Professional performance as indicated in part by quality assessment reviews and professional liability history as provided by the 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.
6. Professional behavior that promotes teamwork and results in patient satisfaction.
7. Any physical or mental health condition that might interfere with the Medical Staff member's ability to exercise the clinical privileges for which he/she has applied.
8. Meeting performance expectations as determined through annual reviews, performance appraisals and patient satisfaction surveys.
9. The member's use/non-use of Hospital facilities, in accordance with Section VII.F.4 of these Bylaws.
10. Any additional criteria established by the Medical Staff member's Service Chief.
11. The Medical Staff member's provision of accurate and adequate information to allow the evaluation of competency and qualifications.

D. Medical Staff Services and Provider Affairs Action:

1. Medical Staff Services and Provider Affairs verifies information in the reappointment request forms in accordance with Medical Staff credentialing policies. Medical Staff

Services and Provider Affairs promptly notifies the Medical Staff member and Service Chief 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 Medical Staff Services and 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, Medical Staff Services and Provider Affairs transmits the request forms and all supporting materials to the Chief of the Service to which reappointment is sought.

E. Service Chief Action:

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

F. Credentials Committee Action:

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

G. Medical Executive Committee Action:

1. The Medical Executive Committee reviews the Service Chief'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 Trustees.
3. If the recommendation of the Medical Executive Committee is unfavorable and is based on the member's professional qualifications or competence, the President notifies the member of his/her 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 for due process, then:
 - a. *if the Medical Executive Committee recommended non-reappointment, the application will be considered withdrawn and will not be submitted to the Board of Trustees for action; or*
 - b. *if the Medical Executive Committee recommended less than all of the privileges the member requested, assignment to a different Service 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 Trustees.

H. Board of Trustees Action:

1. At the next regularly scheduled meeting of the Board of Trustees following the receipt of the recommendation of the Medical Executive Committee, the Board of Trustees 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 Trustees' 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 Trustees' 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.

I. Conflict Resolution:

Whenever the Board of Trustees' 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 Trustees and composed of representatives of both the Board of Trustees and Medical Executive Committee for review and recommendation before the Board of Trustees makes its final decision and gives notice of that decision.

J. Notice and Effect of Final Decision:

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

K. Reappointment Recommendations:

Recommendations of the Service Chief, 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 Service to which he/she should be reappointed, and the clinical privileges which may be exercised. Recommendations by the Service Chief, Credentials Committee and Medical Executive Committee, and decisions by the Board of Trustees, to deny a request for reappointment or to deny requested privileges shall state the reason for such recommendation or decision.

L. Special Definitions: As used in this Article X:

1. "Favorable" means a recommendation by the Medical Executive Committee or a decision by the Board of Trustees to reappoint to the Medical Staff, with all privileges requested by the member.
2. "Unfavorable" means a Medical Executive Committee recommendation or Board of

Trustees decision that is not "favorable," as defined above.

ARTICLE XI

MEETINGS

A. Medical Staff Meetings:

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

B. Service and Section Meetings:

1. Service and Section meetings are held regularly to review and evaluate patient care and treatment and for the conduct of any other business of a Service or Section.
2. A special meeting of any Service or Section may be called by the applicable Service Chief or Section Chief.

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 Chief Medical Officer or the chair of the committee.

D. Notice of Meetings:

A written or printed notice stating the purpose(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 person entitled to be present at such meeting no less than five (5) days before the date thereof. Notice of Service, Section, and committee meetings may be given orally or in writing.

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 signed, approved by the attendees, and made available to the Medical Executive Committee. A permanent file of the minutes of each meeting shall be maintained.

F. Quorum:

1. Medical Staff Meetings:

The presence of ten percent (10%) of the voting members of the Medical Staff at any meeting of the Medical Staff shall constitute a quorum for transaction of business.

2. Service and Section Meetings:

The presence of ten percent (10%) of the voting members of a Service or Section shall constitute a quorum at any meeting of such Service or Section.

3. Committee Meetings: A majority of committee members shall constitute a quorum.

G. Manner in Which Meetings are Conducted:

Meetings shall be conducted in accordance with the Quality Management 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.

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

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 or maintaining the quality, appropriateness, or necessity of patient care or appropriate professional conduct, shall to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than authorized representatives of the System, Hospital, Medical Staff, or Henry Ford Medical Group or the Staff member or applicant, if any, to whom the information relates. 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), and any other statutory or regulatory authority requiring or providing for professional review.

B. Activities and Information Covered:

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, Department, Division, Service, Section, committee and subcommittee activities related to monitoring and maintaining the quality, appropriateness, and necessity of patient care and appropriate professional conduct, including but not limited to, Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation.*

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.

C. Review Functions of Medical Staff and Management.

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.

2. Others:

Professional practice review functions are also performed in the various clinical Services and Sections of the Medical Staff and by the leaders thereof, the clinical programs of the Hospital, by the Chief Medical Officer, 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.

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.

D. Board's Authority and Functions:

All professional practice review functions are carried out under the direction and authority of the Board of Trustees, 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.

E. Cumulative Effect:

Provisions in these Bylaws relating to confidentiality shall be in addition to other protections provided by law and not in limitation thereof.

ARTICLE XIII

CORRECTIVE ACTION, SUMMARY ACTION AND TERMINATION OF MEDICAL STAFF APPOINTMENT

A. Corrective Action:

1. Leader-Initiated Corrective Action:

1. *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 his/her clinical privileges appropriately, one (1) 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 Service Chief, the Chief Medical Officer, the West Bloomfield Chief Executive Officer, the System Executive Vice President for Medical Affairs, or the System Chief Executive Officer. The individual who initiates corrective action pursuant to this Section XIII.A.1.a may suspend or restrict the member's appointment and/or clinical privileges pending further review in accordance with Section XIII.B.1 of these Bylaws.

2. *Scope:*

Nothing in this Article XIII shall be construed to limit the responsibility and rights of the individuals listed in Section XIII.A.1.a of these Bylaws 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

2. Requests to Leadership to Initiate Corrective Action:

a. *Request:*

In addition to the individuals listed in Section XIII.A..1.a of these Bylaws, 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 Service Chief. If said request seeks corrective action against a Service Chief, then it shall be sent to the Chief Medical Officer. If said request seeks corrective action against the Chief Medical Officer, then it shall be sent to the West Bloomfield Chief Executive Officer. 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 individual who receives the request shall review the circumstances pursuant to Section XIII.A..2.c.

b. *Notice:*

The individual, or his/her designee, 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 his/her appointment and/or clinical privileges are suspended or restricted pending a review in accordance with Section XIII.B.1 of these Bylaws. The notice may contain a copy of the request. A copy of the notice shall be sent to the President and Chief Medical Officer.

c. *Review of Request:*

The person, who received the request, or his /her designee, 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 or investigations conducted within or outside of the System related to the circumstances, may be considered. An ad hoc committee may be appointed by the person 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 review. The ad hoc committee shall forward a written report to the individual who appointed the committee, as soon as practicable after the review has been completed, who may reject the request for corrective action or may initiate one (1) or more of the forms of corrective action described in Section of these Bylaws.

3. Available Forms of Corrective Action:

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

- a. *Issue 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. *Issue a written reprimand stating disapproval of the member's behavior, and directing that the behavior cease immediately.*
- c. *Require 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. *Require 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. *Require a health assessment of the member by a health professional or at a facility selected by the Chief Medical Officer and under such conditions (including reports to the Chief Medical Officer) as the Chief Medical Officer may establish, and/or require the member to undergo appropriate treatment.*
- 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 Staff appointment;
 - 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).

4. Notice of Proposed Action:

The Chief Medical Officer shall [following the review and within ninety (90) 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.vii and is based on factor(s) other than the member's professional qualifications or competence, the action is immediately effective and the 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 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 (30) 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 or clinical privileges are suspended or restricted pending a review in accordance with Section XIII.B.1 of these Bylaws. The Chief Medical Officer may modify the 90-day time limit provided in the first sentence of this Section XIII.A..4 in his/her sole discretion.

5. Time of Proposed Action:

Proposed corrective action of a type described in Section XIII.A..3.a.vii of these Bylaws that is based on the member's professional qualifications or competence and is the subject of a notice under Section XIII.A..4 of these Bylaws will take effect on the earlier of the following: (a) the affected Medical Staff member affirmatively waives, in writing, his/her 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 Chief Medical Officer 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.

B. Summary Action:

1. Suspension:

A person 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 of no longer than fourteen (14) days, during which time he/she shall review (or cause a review of) the matter. A suspension under this subsection 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. An investigative suspension ends (a) fourteen (14) days after it is imposed or (b) when lifted by the individual who imposed it, whichever occurs first. An investigative suspension does not entitle the affected Medical Staff member to any of the procedural rights set forth in Article XIV of these Bylaws.

2. Immediate Final Action:

The System Chief Executive Officer, the System Executive Vice President for Medical Affairs, the West Bloomfield Chief Executive Officer, the Chief Medical Officer, or a Service Chief, 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 (2) of the listed individuals will be obtained to impose an immediate suspension; however, a single listed individual may immediately suspend privileges if he/she determines such action is needed to

address an immediate threat. Such action shall become effective immediately upon imposition, and the person 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: Service Chief to whom the Medical Staff member is assigned, the Chief Medical Officer, and the West Bloomfield Chief Executive Officer. 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.

3. Automatic Suspension or Termination of Privileges or Medical Staff Membership:

The following events shall result in automatic 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.

a. 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 shall be immediately and automatically terminated. Whenever a Medical Staff member's license is limited or restricted, or he/she 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 Medical Officer or the West Bloomfield Chief Executive Officer.

b. Drug Enforcement Administration Certificate or 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 Medical Officer or the West Bloomfield Chief Executive Officer.

c. Board Certification:

Whenever a Medical Staff member fails to obtain and/or maintain board certification as required by these Bylaws, 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.

d. 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 Medical Officer or the West Bloomfield Chief Executive Officer determines could bear upon his/her professional practice, the Medical Staff member's appointment and clinical privileges may be terminated or curtailed at the sole discretion of the Chief Medical Officer or the West Bloomfield Chief Executive Officer.

e. 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 his/her patients already in the Hospital), including his/her right to admit patients, may be suspended, upon the expiration of five (5) days after he/she is given written notice in accordance with Section XIII.D of these Bylaws. The suspension shall remain in effect until all delinquent medical records are completed. If the member fails to complete medical records within four (4) months after the date suspension is imposed under this Section XIII.C.5, unless the Medical Executive Committee determines, in its sole discretion, that there is good cause for the delinquency that is beyond the Medical Staff member's control, Medical Staff membership and clinical privileges shall terminate automatically.

f. Malpractice Insurance:

Whenever a Medical Staff member fails to maintain professional liability insurance as required by the Board of Trustees, the member shall be automatically suspended from practicing in the Hospital. If the member fails to provide the Hospital with adequate evidence of the required insurance within ninety (90) days after being suspended, Medical Staff membership and clinical privileges shall terminate automatically.

g. Federal Program Suspension or Exclusion:

Suspension or exclusion of a Medical Staff member from a federal health care program shall cause an automatic termination of the member's Medical Staff membership and clinical privileges. (The terms of this Section do not apply to a voluntary decision by a member not to participate in federal health care program(s).)

h. Dues:

If the Medical Staff establishes a dues requirement and a member fails to pay Medical Staff dues within thirty (30) days after the due date, the member's clinical privileges shall be suspended automatically until dues are paid in full. If a member fails to pay Medical Staff dues for more than thirty (30) days after the due date, the member's Medical Staff membership and clinical privileges shall terminate automatically.

i. Leave of Absence:

Failure to submit a timely request for reinstatement from a leave of absence or failure to provide a summary of activities during a leave of absence or other information requested or required will result in automatic termination of Medical Staff membership and clinical privileges as provided in Section 7.7 of these Bylaws.

j. 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.

k. Documentation of Credentials:

Whenever a Medical Staff member fails to provide Medical Staff Services and Provider Affairs with written evidence of current and continuous professional license and professional liability insurance, within thirty (30) days of written request therefor, the member shall automatically be suspended from practicing at the Hospital until such documentation is furnished. If a Medical Staff member fails to provide Medical Staff Services and Provider Affairs with written evidence of current and continuous DEA registration and state controlled substances license (if applicable), within thirty (30) days of written request therefor, the member's right to prescribe medications covered by such registration/license shall automatically be suspended until such documentation is furnished.

l. Health Evaluation:

A Medical Staff member who fails to submit to a physical or mental health evaluation within ninety (90) days of a written request therefor by the Medical Executive Committee, shall be automatically suspended from practicing at the Hospital until the evaluation occurs. If the member fails to submit to the evaluation and furnish the Chief Medical Officer with the results thereof within ninety (90) days after being suspended, the member's Medical Staff membership and clinical privileges shall terminate automatically. Medical Staff members shall also be required to comply with any applicable Fit For Duty Policy adopted by the Medical Executive Committee.

m. 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 (30) days of written request therefor, shall be automatically 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 (90) days after being suspended, the member's Medical Staff membership and clinical privileges shall terminate automatically.

n. Reports of Adverse Events:

Whenever a Medical Staff member fails to file a report as required by Section 7.5.11 of these Bylaws, the Medical Staff member's appointment and clinical privileges may be terminated or curtailed at the sole discretion of the Chief Medical Officer or West Bloomfield Chief Executive Officer.

o. 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 either the Chief Medical Officer or the West Bloomfield Chief Executive Officer. .

p. Failure to Satisfy Medical Staff Category Requirements:

Medical Staff membership is subject to automatic termination as provided in Sections VI.B.2, VI.C.2, VI.D.2, VI.E.2, VI.E.2, and VI.F.2 of these Bylaws.

4. Notice of Automatic 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 person taking action to the affected Medical Staff member, via Special Notice, and to the Chief Medical Officer and the West Bloomfield Chief Executive Officer. Receipt of said notice by the Medical Staff member shall not be required in order for the termination to become effective.

5. Transfer of Patients:

In the event of 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 Service Chief or Chief Medical Officer.

6. 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

A. Grounds for Initiation of a Hearing:

1. Right to a Hearing:

An applicant or Medical Staff member, as applicable, may request a hearing with respect to any one (1) or more of the following proposed or final actions:

- a. *Action by the Medical Executive Committee or the Board of Trustees to deny an applicant to the Adjunct or Active 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 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.1.3.7 of these Bylaws or summary action imposed pursuant to Section XIII.2.2 of these Bylaws, if such action is based on the Medical Staff member's professional qualifications or competence, provided, however, corrective action during a probationary appointment for any reason is not grounds for initiation of a Hearing*
- d. *Denial of requested renewal or increase of privileges based on the Medical Staff member's professional qualifications or competence.*
- e. *Denial of a request for reinstatement from a leave of absence or reinstatement from a leave of absence with reduced privileges, if the denial of reinstatement or reduction in privileges is based on the Medical Staff member's professional qualifications or competence.*

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 initial appointment to the Adjunct or Active Staff category based on factor(s) other than professional qualifications or competence.*
- c. *Denial of Medical Staff reappointment based on factor(s) other than professional qualifications or competence, or at the expiration of a probationary appointment*
- d. *Denial of requested privileges (initial, renewal or increase) based on*

factor(s) other than professional qualifications or competence.

- e. *Corrective action imposed pursuant to Sections XIII.A.3.a through XIII.A.3.f of these Bylaws.*
- f. *Corrective action imposed pursuant to Section XIII.A.3.f of these Bylaws based on factor(s) other than the Medical Staff member's professional qualifications or competence.*
- g. *Any action taken with respect to the Graduate Trainee Staff or a member of the Coordinating Staff or Honorary Staff.*
- h. *Voluntary resignation of clinical privilege(s) or Medical Staff membership, including expiration of appointment pursuant to Section X.A.2 of these Bylaws.*
- i. *Imposition of an investigative suspension pursuant to Section XIII.B.1 of these Bylaws.*
- j. *Imposition of automatic suspension or termination pursuant to Section XIII.C of these Bylaws.*
- k. *Denial of a request for, imposition of conditions or limitations on, or termination of, temporary privileges or an interval appointment.*
- l. *Denial of a request for, or imposition of conditions or limitations on, a leave of absence.*
- m. *Any other grounds not expressly provided for in Section XIII.A.1 of these Bylaws.*

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 System, Hospital, or Henry Ford Medical Group 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, Henry Ford Medical Group, and Medical Staff member or applicant.

C. Parties to the Hearing:

For all hearings in accordance with this Article XIV, the affected Medical Staff member or applicant and the Service Chief(s), President, Chief Medical Officer, West Bloomfield Chief Executive Officer, System Executive Vice President for Medical Affairs, or System Chief Executive Officer, 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 the Committee's or Board's behalf.

D. Procedure for Requesting a Hearing:

1. Notice of Hearing Rights:

The Chief Medical Officer 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.*
- e. *A time limit of thirty (30) 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 Chief Medical Officer.*

2. Request for Hearing:

The affected Medical Staff member or applicant shall file a written request for a hearing with the Chief Medical Officer within thirty (30) days after he/she receives the notice of hearing rights described in Section 14.4.1 of these Bylaws. He/She shall also send a copy of the request to the person 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 Chief Medical Officer within the 30-day deadline constitutes a waiver of the right to a hearing and any further review to which the affected Medical Staff member or applicant might otherwise have been entitled on the matter and he/she shall be deemed to have accepted the proposed or final action involved and if proposed, the action shall then be effective immediately.

3. Notice of Hearing:

If the affected Medical Staff member or applicant timely requests a hearing in accordance with Section XIV.D.2 of these Bylaws, the Chief Medical Officer shall, within sixty (60) days of receipt of the request, notify the parties of the names of the members of the Hearing Committee; and the time, place, and date of the hearing, which hearing shall not be less than thirty (30) days after the date of said notice.

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, and may be permitted by the Chair of the Hearing Committee, in his/her sole discretion.

E. Pre-Hearing Procedures:

1. Composition and Appointment of Hearing Committee:

The Chief Medical Officer, 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.

2. Hearing Officer:

The Chief Medical Officer may, with the concurrence of the West Bloomfield Chief Executive Officer, 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.

3. Pre-Hearing Conference:

- a. *Prior to or at the beginning of any hearing the presiding officer may, in his/her discretion, 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;
 - 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.*

F. Hearing Procedures:

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.

2. Committee Procedures:

At least a majority of the members of the Hearing Committee shall be present when the hearing takes place. No member of the Hearing Committee may vote by proxy.

3. Record of Hearing:

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

4. Conduct of Hearing:

The Hearing Officer or (if no Hearing Officer is appointed) the Chair of the Hearing Committee or his/her 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 his/her 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.

5. 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.

6. 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.

7. Committee Decision:

Within thirty (30) days of the conclusion of the hearing, the Chair of the Hearing Committee shall distribute to the Chief Medical Officer 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.

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 Medical Executive Committee, at its next regularly scheduled meeting, but not more than thirty (30) days after receiving the hearing materials, shall review the matter. Upon such review, the Medical Executive Committee shall confirm, reject, or modify the original action. The Chief Medical Officer shall promptly notify the parties in writing of the Medical Executive Committee's decision, which shall be final unless a request for an appellate review of such decision is received as provided in Section XIV.H.2 of these Bylaws. The affected Medical Staff member or applicant shall be notified of the Medical Executive Committee's decision via Special Notice. Failure to file a written request for appellate review within fourteen (14) 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 he/she shall be deemed to have accepted the decision of the Medical Executive Committee which, if proposed, shall then be immediately effective.

H. Board of Trustees Appellate Review Procedure:

1. Request for Appellate Review:

Within fourteen (14) 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 Trustees. 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.

2. Composition Appellate Review Committee:

Within thirty (30) days after receipt of a request for appellate review, the Chair of the Board of Trustees or his/her designee shall appoint an Appellate Review Committee, consisting of not less than three (3) members, 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.

3. Appellate Review Procedure:

- a. *Within thirty (30) 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 Medical Executive Committee 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 his/her 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.3.1.*

- 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 (30) 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 Trustees and to the parties.*
- e. *The decision of the Appellate Review Committee shall be final and shall not be subject to further review.*

I. 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

J. 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 (1) hearing and one (1) review on any matter, without regard to whether such matter is the subject of recommendation(s) or action(s) of a combination of individual(s) and/or body(s).

ARTICLE XV

GENERAL PROVISIONS

A. Medical Staff Rules and Regulations:

The Medical Executive Committee 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 shall be consistent with these Bylaws and the Corporate Bylaws of the System and are effective when approved by the Board of Trustees.

B. Service Rules and Regulations:

Each Service Chief may formulate rules and regulations for the conduct of the affairs of the Service 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.

C. Construction of Terms and Headings:

Words used in these Bylaws shall be read as the masculine or feminine gender 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.

D. 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 provided 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 him/her of the responsibility to make himself/herself 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 Trustees shall direct.

ARTICLE XVI

AMENDMENT OF BYLAWS

A. Proposal of Amendments:

1. Source of Proposals:

These Bylaws shall be reviewed annually by the Medical Executive Committee and/or, at the Medical Executive Committee's request, by the Bylaws Committee, and amendments may be initiated at any time by the Bylaws Committee or the Medical Executive Committee. In addition, 10% or more of the voting members of the Medical Staff may propose an amendment to these Bylaws, in writing, to the President.

2. Review of Proposals:

All proposed amendments to the Bylaws will be forwarded to the Chair of the Bylaws Committee. The Bylaws Committee shall, within ninety (90) days, determine (1) whether any other amendments to the Bylaws should be initiated as a result of the proposed amendment and (2) whether the proposed 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.

B. Voting on Amendments:

1. Medical Executive Committee Action:

Upon receipt of the Bylaws Committee's evaluation, the Medical Executive Committee will vote on the proposed amendment.

The Medical Executive Committee may adopt such amendments to these bylaws,

rules, regulations, and policies that are, in the committee's judgment, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Board but must be approved by the hospital CEO.

2. Medical Staff Action:

All amendments recommended by the Medical Executive Committees will be submitted to the voting Medical Staff for vote. If the Medical Executive Committees 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 Trustees. 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 Trustees.

Voting by the Medical Staff may 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.

3. Board of Trustees Action:

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

ARTICLE XVII

ADOPTION OF BYLAWS

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

Related Documents

Medical Staff Policy Manual

References/External Regulations

CMS, TJC

¹ The waiver set forth in Section VII.G of these Bylaws may apply to any category described in this Article VI.

² The waiver set forth in Section VII.G of these Bylaws may apply to any of the requirements set forth in this Article VII.

³ The waiver set forth in Section VII.G of these Bylaws may apply to any of the requirements set forth in this Article VIII.

⁴ The waiver set forth in Section VII.G of these Bylaws may apply to any of the requirements set forth in this Article IX.

⁵ The waiver set forth in Section VII.G of these Bylaws may apply to any of the requirements set forth in this Article X.

All Revision Dates

10/18/2021, 5/11/2018

Approval Signatures

Step Description	Approver	Date
HFWB Medical Executive Committee	Kelly Ratowski: Dir-Office of Provider Affairs	10/18/2021
System Policy Management Office	System Policy Management Offic	8/23/2021
Site Liaison Review	Lauren Patterson: Quality/ Accreditation Spec II	8/23/2021
Document Owner	Kelly Ratowski: Dir-Office of Provider Affairs	8/23/2021

Standards

No standards are associated with this document