

**MEDICAL STAFF BYLAWS OF
ST. JOHN HOSPITAL & MEDICAL CENTER**

2004-2005

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**BYLAWS OF THE MEDICAL STAFF OF ST. JOHN HOSPITAL
AND MEDICAL CENTER**

PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of medical care in the hospital, it is mandatory for the medical staff to accept and assume this responsibility subject to the ultimate authority of the hospital Board of Trustees. Therefore, in order to promote optimal professional care of patients, the physicians practicing in Saint John Hospital and Medical Center, have organized themselves in conformity with these Medical Staff Bylaws, Rules and Regulations, and policies, and the Articles of Incorporation, Bylaws and Policies of the Hospital.

ARTICLE I

The NAME of this organization shall be "The Medical Staff of Saint John Hospital and Medical Center".

**ARTICLE II
DEFINITIONS**

In these By-laws, and in the Rules and Regulations adopted in conformity herewith, the following terms are defined.

HOSPITAL means Saint John Hospital and Medical Center, 22101 Moross Road, Detroit, Michigan 48236, County of Wayne, State of Michigan.

BOARD OF TRUSTEES is the governing body of the corporation known as St. John Hospital and Medical Center Corporation.

MEDICAL STAFF is and includes every physician who has been granted the privilege to practice in this hospital.

PHYSICIAN is a person licensed to practice medicine, or osteopathic medicine, in the State of Michigan.

DENTIST is a person licensed to practice dentistry under the laws of the State of Michigan.

PODIATRIST is a person licensed to practice podiatry under the laws of the State of Michigan.

CHIEF OPERATING OFFICER is the Executive Vice President of the hospital.

VICE PRESIDENT FOR MEDICAL AFFAIRS is a physician appointed by the Board of Trustees, responsible to the Chief Operating Officer for the administrative functioning of the medical staff.

SPECIALIST is a physician who is certified by a recognized national specialty board, or is eligible for such certification, or who holds other specialty qualifications acceptable to the Executive Committee and the Board of Trustees.

**ARTICLE III
PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF**

The Purposes of the Medical Staff are:

1. To constitute a formal organization or professional collegial body of all practitioners who are privileged to attend patients or to provide other diagnostic, therapeutic, teaching or research services in the hospital.
2. To strive for the best possible professional care for all in- and outpatients of Saint John Hospital and Medical Center, irrespective of sex, race, creed, age, physical handicap or national origin.
3. To maintain a high level of professional performance of all members of the Medical staff through the continuous review and evaluation of all clinical activities.
4. To maintain at the highest level of competence, a continuing education and research program. In general, these programs are directed to and for the benefit of the staff, the residents, undergraduate students and to promote the general health of the community which the hospital serves.
5. To provide methodical parameters of approach in matters of medical administrative nature. These matters will involve the Medical Staff, the Board of Trustees and the Administration.
6. To achieve the above-mentioned purposes by developing and maintaining Bylaws, Rules and Regulations of the Medical Staff of Saint John Hospital and Medical Center.
7. To further, in respect of the scope, nature and quality of medical care available, the goals and mission of Saint John Hospital and Medical Center as set forth in its articles of incorporation and corporate bylaws.

The Responsibilities of the Medical Staff are:

1. To cooperate with and participate in the hospital's quality assessment program through continuing activities for assessing and improving the effectiveness and efficiency of the medical care provided in the hospital, including evaluation of institutional performance and continued evaluation of practitioner performance with particular reference to the delineation of clinical privileges.
2. To make recommendations to the Board of Trustees concerning appointments, reappointments, clinical privileges, specified services for the allied health professionals and also recommendations for any corrective action deemed necessary.
3. To enforce compliance with the Bylaws, Rules and Regulations of the Medical Staff, as well as departmental rules and regulations, and hospital Policies.

4. To exercise the authority granted by these Bylaws as necessary to fulfill the foregoing and subsequent responsibilities in a proper and timely manner.
5. To comply with the terms of the Code of Conduct of St. John Health.
6. To abide by Policies adopted from time to time by the Board of Trustees, Executive Committee of the Medical Staff, or Medical Staff, and policies adopted from time to time by individual departments.

ARTICLE IV STAFF MEMBERSHIP

SECTION 1 - GENERAL CONSIDERATIONS FOR APPOINTMENTS

Subsection 1.

Appointments shall take into account the needs of Saint John Hospital in planning to meet the present and future requirements of the community it serves:

- a) To maintain a continuity of service by the medical staff in light of projected resignations, transfers to inactive status and deaths of members of the medical staff;
- b) To provide new skills as they may be developed by the constant and rapid evolution of medical science;
- c) To meet the needs of quality assessment programs of the hospital, including participation in teaching programs at all levels, committee assignments, supervisory or administrative responsibilities, etc.

Subsection 2.

Professionals under contract with the Hospital shall be required to apply for membership on the medical staff in the same manner as other applicants; and must conform to the Medical Staff Bylaws, Rules and Regulations as well as their contracts.

Subsection 3.

The Hospital's ability to provide facilities and supportive services for the applicant for medical staff membership and his patients, shall be duly considered.

- a) The Board of Trustees, upon recommendation of the Executive Committee of the Medical Staff, may from time to time determine that facilities and supportive services for a specified department or section within a department are not adequate to permit an increase in the number of physicians practicing in such department or section.

Such determination shall specify a period not longer than 12 months, during which no appointments to the identified department or section will normally be made. The Board of Trustees, upon recommendation of the Executive Committee, may extend such period.

- b) During the period specified in such determination, no applications for appointment to the Medical Staff by physicians seeking to practice in the identified department or section shall be received or considered, and the procedures set forth in Section 3 of this Article shall not apply.

c) Upon the expiration of the specified period or periods, the Vice President for Medical Affairs shall furnish an application for appointment to each physician refused consideration pursuant to the fore-going who has signified his continued interest in appointment upon facilities and supportive services in the identified department or section again becoming available. All applications received at the expiration of the specified period shall be considered without reference to or priority in respect of the time appointment was initially sought.

d) Notwithstanding the foregoing, in rare and unusual cases an application for appointment involving privileges in an identified department or section may be considered. Such cases will pertain only to physicians of exceptional qualifications and/or the needs of the Hospital in respect of a particularly needed medical or teaching skill. Action of the Board of Trustees with respect to any such application shall be based upon documented demonstration of the special circumstances making such action appropriate.

SECTION 2 - QUALIFICATIONS

Subsection 1.

Applications for membership on the medical staff shall be considered for those physicians and surgeons who will promote quality care for patients at St. John Hospital and Medical Center, as evidenced by the following:

- A. License to practice medicine in the State of Michigan. Possession of a license to practice as a physician in the State of Michigan shall constitute a condition precedent to application but shall not be of itself determinative of the applicant's suitability for medical staff membership. Applications may be processed contingent upon obtaining a license to practice medicine in the State of Michigan.
- B. Current U.S. Drug Enforcement Administration License (DEA).
- C. Known professional competence based on background, education, training and references.
- D. Moral integrity.
- E. Ability to maintain harmonious and productive interpersonal relationships with other physicians and hospital personnel.
- F. An ability, willingness and interest to participate in and contribute to the hospital's educational programs and the medical committee assignments.
- G. An ability to provide quality care to patients, including providing adequate coverage for patients.
- H. Board Certification: All new applicants to S. John Hospital and Medical Center (SJH&MC) who apply after January 1, 1995 must verify candidacy for board certification at the time of the initial application. The candidacy must be for certification in a specialty recognized by the American Board of Medical Specialties, The Bureau of Osteopathic Specialists, The American Dental Association, or the American Board of Podiatric Surgery, and The American Medical Association Council on Medical Education, or the Osteopathic equivalent. The specific board certification requirements that are referred to in this section must reflect the specific practice of the applicant; viz., gastroenterology boards for a specialist practicing gastroenterology - not for internal medicine boards. Where there are two boards required to achieve final certification, each board certification must be considered in sequence.

For those specialties that do not allow recent graduates to become candidates until a certain number of years have passed, their candidacy will have to be verified at the time of provisional reappointment. Physicians in any specialty who cannot demonstrate candidacy or the potential for candidacy at the time of application, will not be eligible to become members of the medical staff.

All physician candidates must have achieved board certification in the primary specialty of the applicant's residency program, within five years after initial application to the Medical Staff. In the event a member of the medical staff does not achieve board certification within five years after initial application to the Medical Staff, the member's membership on the medical staff of SJH&MC shall terminate automatically.

Recertification: Where board certification has been given in time limited fashion, all new applicants to SJH&MC who apply after January 1, 1995, must re-certify in the specialties in which the member primarily practices, at the time designated by such individual boards. In addition, a prerequisite for reappointment to the medical staff is the timely re-certification in those specialties in which the member primarily practices.

- I. Current professional liability insurance with minimum limits of \$100,000 per occurrence and \$300,000 annual aggregate.

Membership on the medical staff shall be considered a privilege and not a right; and because facilities and supportive services may not be available for all physicians desirous of medical staff membership, not all physicians meeting minimum qualifications can necessarily be appointed.

Subsection 2.

No applicant shall be denied consideration because of race, creed, age, physical handicap, sex or national origin; or on the basis of license, registration or professional education as a doctor of medicine or a doctor of osteopathy.

Subsection 3.

Applicants for active membership must practice within a reasonable distance of the Hospital, must be able to render continuous care and supervision of their patients and agree to accept and faithfully discharge staff and other committee assignments, and to provide emergency care and consultation for patients admitted to the Hospital.

Subsection 4.

The applicant shall agree to abide by the Bylaws, Rules and Regulations of the Medical Staff, as well as abide by the code of ethics adopted by the American Medical Association or the American Association of Osteopathic Physicians and Surgeons.

SECTION 3 - PROCEDURE FOR APPOINTMENT

Subsection 1.

A physician desiring to become a member of the medical staff shall complete and sign the application supplied to the applicant. The Vice President for Medical Affairs shall also furnish the applicant with a copy of the Bylaws and Rules and Regulations of the Medical Staff of Saint John Hospital and Medical Center at the time of making application. The application shall contain information relative to the applicant's education, training, and professional experience, including all hospital's at which the applicant has been a member of the medical staff; the names of at least three (3) professional references-one reference must be from the Chief of the department and/or program director who had major responsibility for training or clinical supervision while in practice; and the

applicant's consent to the inspection of all pertinent records, excluding those of patients, and his consent to communication by the Hospital or committees of its medical staff with any individual or institution having information pertinent to the application. The applicant shall submit the application to the Vice President for Medical Affairs, who shall obtain the necessary references, proof of licensure and other evidence of qualification deemed pertinent. The application shall be considered complete upon receipt of proof of licensure, of letters from all professional references set forth in the application, verification (if requested) of each medical staff appointment set forth in the application and interviews with the Chiefs of the departments and sections in which the applicant is seeking privileges.

Dentists, allied scientists and paramedical professional personnel desiring to become associated with the medical staff shall submit a comparable application form containing information pertinent to the profession and function of the applicant.

Subsection 2.

Within thirty (30) days after the application is complete the Vice President for Medical Affairs shall transmit the application form and all supporting materials to the Credentials Committee for evaluation. The Credentials Committee shall examine the evidence of the character, professional competence, qualifications, and ethical standing of the applicant and shall determine through information contained in the reference given by the applicant and from other sources available to the Committee, whether satisfactory documentation has been provided. The Credentials Committee shall also obtain a recommendation from the Department Credentials Committee and the chief of every department and every section in which the applicant seeks clinical privileges. The chief and the Department Credentials Committee shall provide the Credentials Committee with recommendations concerning the qualifications of the applicant and also the recommendations as to clinical privileges to be granted. The Department Credentials Committee's recommendation shall be based upon such qualification criteria as may be established by each department and included in such department's rules, regulations and policies.

Subsection 3.

Within thirty (30) days after its receipt of the completed application, the Credentials Committee shall make a written report and recommendation to the Executive Committee. If the recommendation is for appointment, the clinical privileges to be granted shall also be recommended. Along with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and other documentation considered in arriving at its recommendation. Within thirty (30) days after receiving the report of the Credentials Committee, the Executive Committee shall consider such report and make a recommendation to the Board of Trustees that the applicant be accepted or rejected, except that the Executive Committee may in its discretion defer its recommendation for not more than an additional sixty (60) days. A favorable recommendation shall refer to the staff category or categories, to the department, and to the clinical privileges to be conferred; and shall be forwarded to the Board of Trustees.

Subsection 4.

In case the recommendation is for denial the Vice President for Medical Affairs shall immediately transmit the recommendation to the Quality Committee of the Board, which shall communicate any concerns it may have to the Executive Committee within thirty (30) days. Unless reconsidered by the Executive Committee, its recommendation shall become final on the 60th day and the applicant shall be notified. The applicant shall be given, along with the notification, the reason(s) for the recommendation, notice that the applicant has the right to request a hearing on the proposed recommendation if requested (30) days from the date of the notification, and a copy of Article VIII of these Bylaws (or summary of the hearing rights conferred thereby), and shall have the right to a hearing and of appeal in accordance with Article VIII of these Bylaws, by making written request to the Vice President for Medical Affairs within thirty (30) days from date of notification of denial. Failure to request

such a hearing shall constitute waiver of the right thereto and any appeal. A recommendation for denial shall not be forwarded to the Board of Trustees until the applicant's right to a hearing has been waived or concluded.

Subsection 5.

At its next regular meeting following receipt of the recommendation of the Executive Committee pursuant to Subsection 3, or following waiver or exhaustion of the applicant's hearing and appeal rights, the Board of Trustees shall take final action on the recommendation. The Vice President for Medical Affairs shall notify the applicant of such final action within ten (10) days.

Subsection 6.

The new appointee when notified of the appointment shall also be informed that his work for the first year will be closely supervised by the appropriate department chief who will make periodic reports to the Executive Committee.

Subsection 7. The foregoing procedures of this section may be modified so that initial applicants, whose qualifications are without uncertainty or need for special inquiry, can be processed more expeditiously. Any such modification shall be accomplished by means of a policy approved by the Executive Committee, the Quality Committee of the Board and the Board of Trustees that defines criteria for such process and permits (but does not necessarily require) review at each of the levels now provided in the foregoing application process. Declination of the use of such an expedited process, as established, shall not be an adverse action for legal reporting, or internal hearing and appeal process.

SECTION 4 - REAPPOINTMENT AND BIENNIAL REVIEW

Subsection 1.

Appointees to the Provisional Active Staff shall be reappointed annually for a minimum of two (2) years. All other categories shall be subject to biennial review and reappointment as provided in Article VII, Section 3.

Subsection 2.

All applicants seeking reappointment shall meet the Qualifications set forth in Article IV.

Subsection 3.

A physician desiring to be reappointed as a member of the medical staff shall complete and sign the form supplied to the applicant by the Vice President for Medical Affairs. The Senior Vice President for Medical Affairs shall furnish the applicant with a copy of the Bylaws, Rules and Regulations of the Medical Staff of St. John Hospital and Medical Center, at the time of making application for reappointment. The reappointment application shall contain information relative to the applicant's professional experience, including all hospitals at which the applicant has been a member of the medical staff; the applicant's consent to the inspection of all pertinent records, excluding those of patients, and his/her consent to communication by the Hospital or committees of its medical staff with any individual or institution having information pertinent to the application. The applicant shall submit the application to the Vice President for Medical Affairs, who shall obtain the necessary references, proof of licensure and other evidence of qualification deemed pertinent. The application shall be considered complete upon receipt of proof of licensure, verification of medical staff appointment set forth in the application, and verification of professional experience information. Dentists, allied scientists and paramedical professional personnel desiring to become associated with the medical staff shall submit a comparable reappointment form containing information pertinent to the profession and function of the applicant.

Subsection 4. Within thirty (30) days after the application for reappointment is complete the Vice President for Medical Affairs shall transmit the application form and all supporting materials to the Credentials Committee for evaluation. The Credentials Committee shall examine the evidence of the character, professional competence, qualifications, and ethical standing of the applicant and shall determine through information provided from other sources available to the Committee, whether satisfactory documentation has been provided. The Credentials Committee shall also obtain a recommendation from the Department Credentials Committee and the chief of the department and each section in which the applicant seeks clinical privileges. The chief and the Department Credentials Committee shall provide the Credentials Committee with recommendations concerning the qualifications of the applicant and also the recommendations as to clinical privileges to be granted.

Subsection 5. Within thirty (30) days after its receipt of the completed application for reappointment the Credentials Committee shall make a written report and recommendation to the Executive Committee. If the recommendation is for appointment, the clinical privileges to be granted shall also be recommended. Along with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and other documentation considered in arriving at its recommendation. Within thirty (30) days after receiving the report of the Credentials Committee, the Executive Committee shall consider such report and make a recommendation to the Board of Trustees that the applicant be accepted or rejected; except that the Executive Committee may in its discretion defer its recommendation for not more than an additional sixty (60) days. A favorable recommendation shall refer to the staff category or categories, to the department, and to the clinical privileges to be conferred; and shall be forwarded to the Board of Trustees.

Subsection 6. In case the recommendation is for denial, the Vice President for Medical Affairs shall immediately transmit the recommendation to the Quality Committee/Professional Affairs Committee, which shall communicate any concerns it may have to the Executive Committee within thirty(30) days. Unless reconsidered by the Executive Committee, its recommendation shall become final on the 60th day and the applicant shall be notified. The applicant shall be given, along with the notification, the reason(s) for the recommendation, notice that the applicant has the right to request a hearing on the proposed recommendation if requested (30) days from the date of the notification, and a copy of Article VIII of these Bylaws (or summary of the hearing rights conferred thereby), and shall have the right to a hearing and of appeal in accordance with Article VIII of these Bylaws, by making written request to the Vice President for Medical Affairs within thirty (30) days from date of notification of denial. Failure to request such a hearing shall constitute waiver of the right thereto and any appeal. A recommendation for denial shall not be forwarded to the Board of Trustees until the applicant's right to a hearing has been waived or concluded.

Subsection 7. At its next regular meeting following receipt of the recommendation of the Executive Committee, pursuant to Subsection 5., or following waiver or exhaustion of the applicant's hearing and appeal rights, the Board of Trustees shall take final action on the recommendation. The Vice President for Medical Affairs shall notify the applicant of such final action within ten (10) days.

Subsection 8. If an application for reappointment has not been fully processed by the expiration date of the medical staff member's appointment, the medical staff member shall maintain membership status and clinical privileges until such time as the processing is completed unless the medical staff member has failed to timely provide documentation or cooperation, in which case the medical staff member shall be notified in writing and privileges will terminate automatically.

SECTION 5 - ADJUNCT PROFESSIONAL STAFF

The Board of Trustees on the recommendation of the Executive Committee may appoint as advisors to the medical staff, professional persons engaged in paramedical specialties.

Candidates for this staff category shall be limited to doctoral level scientists whose fields of expertise are required by the medical staff for patient care. This would include, for example, psychologists, bacteriologists, biochemists, etc. Wherever required by law, such applicants must possess appropriate licensure or national credentials relative to their specialty.

Members of the Adjunct Professional Staff shall be assigned to one of the departments that shall delineate the member's privileges. These privileges shall be submitted to the Credentials Committee who, after appropriate action, shall submit their recommendations to the Executive Committee. Members of the Adjunct Professional Staff shall not be permitted to admit patients. They may attend general medical staff meetings by invitation of the Executive Committee, president of the medical staff or department chairmen.

SECTION 6 - PARAMEDICAL PROFESSIONAL SERVICES PERSONNEL(PPSP)

Personnel rendering professional services are assigned to individual departments and perform specified professional patient care services under medical staff supervision or direction. Privileges are determined for each individual by the department, with approval of the Credentials Committee and the Executive Committee. Candidates for this category would include, for example, nurse anesthetists, physician assistants, nurse practitioners, speech therapists, etc. Individuals in this category cannot admit or independently treat patients. PPSP's have only the appellate rights as set forth in Article VII, Section 6.

ARTICLE V DIVISIONS OF THE MEDICAL STAFF

SECTION 1 - MEDICAL STAFF

The medical staff shall be divided into Honorary, Consulting, Active, Ambulatory Active, Inactive, Associate, Visiting, and Unaffiliated divisions. All appointment to the medical staff shall designate the divisions in which the appointment is made.

SECTION 2 - HONORARY STAFF

The Honorary staff shall consist of physicians and dentists who are appointed to Honorary Staff positions on the medical staff. These may be:

- (1) Physicians and dentists who have retired from active service with the hospital.
- (2) Other physicians who have made noteworthy contributions to the hospital, or who by reason of outstanding reputation or achievement are considered worthy of appointment to the Honorary staff. The Honorary staff shall have no assigned duties, no voting privileges and shall not pay dues.

The Staff category "Honorary with Distinction" shall include those physicians who have made significant contributions to the medical staff of St. John Hospital; which physician fulfills this category shall be determined by the Executive Committee of the Medical Staff.

SECTION 3 - CONSULTING STAFF

Subsection 1.

The Consulting staff shall consist of selected recognized specialists who have signified willingness to accept such appointment.

Subsection 2.

Members of the Consulting staff shall have the privilege of serving as consultants to other members of the medical staff, and the privilege of attending private patients.

Subsection 3.

Consulting staff shall not pay dues, shall not be required to attend meetings, nor have the right to vote.

SECTION 4 - ACTIVE STAFF

Subsection 1.

The Active staff shall be limited to physicians and oral Surgeons. Its members have the primary responsibility for the work of the medical staff. They have the privilege of admitting patients.

Subsection 2.

There shall be three subdivisions of the Active Staff: Interim Provisional Active, Provisional Active and Active.

- (A) Interim Provisional Active: Shall consist of those physicians recommended to the Board for appointment (but not yet appointed) who have demonstrated professional competence in their specialties through the *Expedited Process* for initial applicants and are certified or eligible for certification in their specialties. Appointments to Interim Provisional Active shall not exceed 90 days.
- (B) Provisional Active. Shall consist of those physicians newly appointed to the Medical Staff who have demonstrated professional competence in their specialties to the satisfaction of the Credentials Committee and are board certified or a candidate or eligible for certification in their specialties.

All board candidates or board eligible physicians must achieve board certification by three (3) years after achieving board candidacy or eligibility status.

- (C) Active: Promotion to Active Staff will be considered at the time of completion of the board certification process or the time period for achieving board certification, as outlined in Article IV, Section 2. In the case of physicians whose board certification is complete at the time of appointment to the staff, promotion to Active Staff will be considered at two years. If, during or at the end of these specified periods, a member of this division has not satisfied the requirements for promotion, his/her staff appointment shall be terminated by the Board of Trustees in accordance with the provisions of Article VII, Section 5 of these Medical Staff Bylaws.

Subsection 3.

Only members of the Active Staff shall be eligible to vote and hold office.

Subsection 4.

Members of the Active staff shall be required to attend staff meetings as provided in Article XI of these Bylaws, and shall be required to participate on at least one (1) committee.

Subsection 5. All members of the Active Staff shall pay dues.

SECTION 5 – AMBULATORY ACTIVE STAFF

Subsection 1.

The Ambulatory Active staff shall consist of members of the medical staff other than Honorary, Active or Consulting members who are privileged to admit not more than six (6) patients annually to the hospital or perform no more than six(6) outpatient procedures at the Hospital; otherwise, an Ambulatory Active staff member shall be required to seek membership on the Active Staff. A condition for appointment to the Ambulatory Active staff is membership on the active staff of some other hospital in the community that includes quality assessment activities as a responsibility of the medical staff.

Subsection 2.

Members of the Ambulatory Active staff shall not be eligible to vote or hold office.

Subsection 3.

Members of the Ambulatory Active staff shall be subject to biennial review and reappointment.

Subsection 4.

Members of the Ambulatory Active staff shall be required to pay dues.

Subsection 5.

Members of the Ambulatory Active staff shall not be required to attend medical staff meetings.

SECTION 6 - INACTIVE STAFF

Subsection 1.

The Inactive staff shall consist of members of the medical staff who because of illness, leave of absence or other reasons are no longer attending patients in the hospital.

Subsection 2.

Members of the Inactive staff shall not be eligible to vote or hold office.

Subsection 3.

The members of the Inactive staff shall not be expected to carry out medical staff duties, but will be required to pay annual medical staff dues.

Subsection 4.

Membership on the Inactive staff shall be limited to a one-year term. Upon written request, an Inactive medical staff member may request a leave of absence for up to one(1) year. At the end of the one-year leave of absence, the Inactive medical staff member shall either apply to the Active Staff in accordance with these Bylaws or no longer be a member of the medical staff.

SECTION 7 - ASSOCIATE STAFF

The Board of Trustees on the recommendation of the Executive Committee may appoint Podiatrists and Dentists to the Associate staff. Members of the Associate Staff shall have the requisite licensure as required by the State of Michigan. Members of the Associate staff shall not be permitted to admit patients.

SECTION 8 - VISITING STAFF

Subsection 1. The Visiting Staff shall consist of physicians who do not admit patients to the Hospital but desire to follow a referred patient's hospitalization. A Visiting Staff member shall meet the requirements under Section 1 and Section 2, Subsections A,B,C,D,E of Article IV.

Subsection 2. A Visiting Staff member shall not have clinical privileges.

Subsection 3. Members of the Visiting Staff shall not be required to pay dues.

Subsection 4. Members of the Visiting Staff shall not be eligible to vote or hold office.

SECTION 9 - UNAFFILIATED STAFF

Subsection 1.

The Unaffiliated staff shall consist of physicians who utilize special equipment or the facilities of the Hospital, or who provide limited services at the request of the Hospital, as recommended by the Executive Committee from time to time and approved by the Board of Trustees. The Unaffiliated staff shall meet the requirements under Sections 1 and 2 of Article IV and must submit evidence of professional liability coverage.

Subsection 2.

The clinical privileges of a member of the Unaffiliated staff shall be determined by the Department of the member's specialty and are limited to the use of the special equipment or facility requested by the member or the Hospital. Members of the Unaffiliated staff may not admit patients to the Hospital as inpatients.

Subsection 3.

Members of the Unaffiliated staff shall not be required to pay dues.

Subsection 4.

Members of the Unaffiliated staff shall not be eligible to vote or hold office.

SECTION 9 - REAPPOINTMENT OR DISAFFILIATION:

Subsection 1. Reappointment to the staff shall be based upon the member's professional competence, participation in committee assignments, attendance at section and department meetings and medical staff quarterly meetings, acceptance of teaching assignments, completion of continuing medical education requirements, prompt completion of records, fulfillment of emergency room assignments and other requirements and responsibilities established by the Executive Committee.

Subsection 2. Disaffiliation from the staff shall be based upon the failure of a member to meet the requirements outlined above in Subsection 1 and 2 of these Bylaws. Such termination of staff appointment shall be carried out by the Board of Trustees in accordance with the provisions of Article VII, Section 5 of these Bylaws

**ARTICLE VI
DEPARTMENTS**

SECTION 1 - CLASSIFICATION

There shall be the following departments:

- (1) Department of Anesthesiology
- (2) Department of Emergency Medicine
- (3) Department of Family Medicine
- (4) Department of Medicine with Sections of:
 - (a) Internal Medicine
 - (b) Cardiology
 - (c) Dermatology
 - (d) Endocrinology
 - (e) Gastroenterology
 - (f) Hematology
 - (g) Oncology
 - (h) Neurology
 - (i) Psychiatry
 - (j) Infectious Diseases
 - (k) Allergy
 - (l) Pulmonary
 - (m) Nephrology
 - (n) Rheumatology
 - (o) Physical Medicine
 - (p) Radiation Oncology
- (5) Department of Obstetrics and Gynecology
- (6) Department of Pathology
- (7) Department of Pediatrics
- (8) Department of Radiology, with Section of Nuclear Medicine
- (9) Department of Surgery with Sections of:
 - (a) Cardiovascular Surgery
 - (b) General Surgery
 - (c) Hand Surgery
 - (d) Neurosurgery
 - (e) Orthopedics
 - (f) Ophthalmology
 - (g) Oral Surgery
 - (h) Otolaryngology
 - (i) Pediatric Surgery
 - (j) Peripheral Vascular Surgery
 - (k) Plastic Surgery
 - (l) Thoracic Surgery
 - (m) Urology Surgery

SECTION 2 - ORGANIZATION OF DEPARTMENTS

Subsection 1.

Each department shall be organized as a division of the staff as a whole. Each shall have a department chief who shall be responsible to the Vice President for Medical Affairs and the Executive Committee, and each shall have a vice chief(s) who is responsible to the chief of the department.

Subsection 2.

Each department shall hold meetings in accordance with Article X of these Bylaws.

**ARTICLE VII
PRIVILEGES**

SECTION 1 - GRANTING PRIVILEGES

Privileges are granted to individual members of the medical staff by the Board of Trustees upon recommendation of the Executive Committee made with reference to recommendations by the Credentials Committee. In any case where the Board of Trustees does not accept the recommendations of the Executive Committee, the matter shall be referred to the Quality Committee of the Board for review and recommendation before final action by the Board of Trustees.

Only a member of the medical staff with admitting privileges shall be permitted to admit patients to the Hospital; only an appropriately licensed practitioner, with clinical privileges shall be directly responsible for a patient's diagnosis and treatment within the area of his privileges; each patient's general medical condition shall be the responsibility of a physician member of the medical staff; each patient admitted to the Hospital shall receive a baseline history and physical examination by a physician who is a member of the medical staff or an employee of the Corporation; and other direct medical care of patients shall be provided by members of the house staff under the appropriate degree of supervision by a member of the medical staff. When members of the medical staff desire to delegate the performance of certain practices related to medicine to specified professional personnel, the Executive Committee of the medical staff shall review and make a recommendation (Article IV, Sections 7 & 8).

SECTION 2 - CRITERIA FOR PRIVILEGES

Privileges shall be based on training, experience, qualifications, and demonstrated competence.

The Credentials Committee shall designate a particular category of privilege(s) for staff membership for each member of the medical staff. Specific delineation of privileges pertaining to each department shall be listed in the rules and regulations and conform to the following outline:

Category I - Privileges granted to those medical staff members for which adequate training has been documented by their appropriate specialty board. Also, to those medical staff members who submit evidence of training equivalent to that required for board certification and who in the opinion of the Credentials Committee can be considered for this category.

Category I-A - Category I medical staff members who have been granted advanced privileges beyond that required for Category I can be considered for this category.

Category II - Privileges granted as merited by their training to those medical staff members who do not qualify for Category I.

Category II-A - Privileges granted to those medical staff members who desire extended privileges beyond the purview of their respective specialties and who have submitted evidence of appropriate training.

SECTION 3 - REVIEW OF PRIVILEGES

The Credentials Committee, with the assistance of departmental review committees developed as outlined in Article X, Section 1, Subsection 2(c) of these Bylaws, shall conduct a thorough biennial review of each member of the medical staff, and make appropriate recommendations to the Executive Committee regarding continued fitness for medical staff membership and any appropriate changes in privileges.

SECTION 4 - EMERGENCY MEDICINE

Members of the Department of Emergency Medicine shall not have admitting privileges by virtue of appointment to that department.

SECTION 5 - SUSPENSION OR REVOCATION OF APPOINTMENT OR PRIVILEGES

Subsection 1.

The Executive Committee may at any time recommend to the Board of Trustees temporary or permanent, complete or partial suspension or revocation of the staff appointment or the clinical privileges of any member of the medical staff. Prior to recommending any such action the Executive Committee shall give the staff member in question written notice that he has the opportunity to appear before the committee and to present any facts pertinent to the action under consideration. This appearance shall be informal and shall not constitute a hearing. Failure to make such an appearance shall not constitute a waiver of the hearing rights hereinafter provided.

Subsection 2.

In the event the Executive Committee decides to recommend that a member's appointment be revoked or his privileges suspended, the member shall be notified of such decision within ten (10) days. Notification shall be accompanied by a statement of the reasons on which the recommendation is based, notice that the member has the right to request a hearing on the proposed recommendation if requested within thirty (30) days from the date of the notification, and a copy of Article VIII of these Bylaws (or summary of the hearing rights conferred thereby). Before the recommendation is transmitted to the Board of Trustees, the member may request a hearing in accordance with Article VIII of these Bylaws, by written notice to the Vice President of Medical Affairs within thirty (30) days after being notified of the decision of the Executive Committee. Failure to request such a hearing shall constitute waiver of the right thereto and any appeal.

Subsection 3.

At its next regular meeting following receipt of the recommendation of the Executive Committee, or following waiver or exhaustion of the member's hearing and appeal rights, the Board of Trustees shall take final action on the recommendation of the Executive Committee.

Subsection 4

When final action has been taken by the Board of Trustees the Vice President for Medical Affairs shall transmit the decision including a written statement of the basis for an adverse action, to the medical staff member in question within ten (10) days.

Subsection 5.

A medical staff member shall also have the right to request mediation by his local medical society in connection with any proposed recommendation of the Executive Committee pursuant to this section. It shall be understood that the recommendations of such a society shall not be binding on either party.

SECTION 6 – CORRECTIVE ACTION FOR PARAMEDICAL PROFESSIONAL SERVICES PERSONNEL (PPSP)

Subsection 1.

Corrective or Administrative action may be instituted as to a PPSP for any grounds specified in the Bylaws.

Subsection 2.

Initiation of Corrective Action for PPSP Hospital Employees: Any medical staff member who believes a PPSP does not meet the requirements of the Bylaws with respect to PPSP employed by the Hospital, shall report the belief to the President. Any action on a matter shall be taken in a manner consistent with established Hospital personnel policies and procedures. The action in accordance with such personnel policies shall be final.

Subsection 3.

PPSP Corrective Action for Non-Employees of Hospital: (a) Any two of the following: the President of Hospital or designee; the Chair of a Department or Division; President; or President-Elect of the Medical Staff who reasonably believe that PPSP does not meet the requirements set forth in the Bylaws may jointly initiate corrective action by suspending the privileges of a PPSP with a written notice to the PPSP of such action if immediate action is required, or if immediate action is not required, issuing a written notice of the pending of the corrective action to the PPSP. If not involved in the corrective action, a copy of the written notice shall be promptly given to the Executive Committee, the President of the Hospital, and where applicable, the Sponsoring member of the PPSP; and (b) All requests for corrective action in accordance with Section 6 shall be in writing when submitted to the Executive Committee and supported by reference to specific activities or conduct which constitutes the grounds for the request.

Subsection 4.

Investigation and Hearing: Within thirty (30) days of a suspension or request for Corrective Action, the Executive Committee shall appoint a qualified person or persons (“Investigator”) to conduct an investigation on behalf of the Executive Committee. The Investigator shall then provide an opportunity for the persons initiating corrective action, witnesses to any events and the affected PPSP to appear and make informal presentations of the respective positions and/or observations. Minutes shall be kept of this informal hearing. Following its investigation the Investigator shall then make any one or more of the following recommendations:

- Rejecting correction action
- Imposing a probationary period
- Issuing a written warning
- Issuing suspension or revocation of PPSP status
- Issuing a letter of admonition or reprimand
- Other action deemed appropriate

The report of the investigation, the minutes of any hearing, and the recommendation of the Investigator shall then be provided to the affected PPSP, the Credentials Committee, Executive Committee, and Board of Trustees. The affected PPSP may submit a written statement for consideration by the Executive Committee. The Credentials Committee may issue its own written statement concerning the Investigator’s recommendation to the Executive Committee.

Subsection 5.

Executive Committee: The Executive Committee shall make its recommendation to the Board of Trustees upon receipt of the Investigator’s recommendation, the informal hearing minutes and any written statements which the initiators of the corrective action, the affected PPSP, or the Credentials Committee elect to provide. If the Executive Committee’s recommendation is for corrective action then the Sr. Vice President for Medical Affairs will forward that recommendation to the Board of Trustees who shall review the record and take action. At any step in the process, the Executive Committee or the Board may refer the matter back to the Executive Committee or Credentials Committee with directions for further review, report and/or the conducting of any further hearing procedure the Board deems appropriate. The Board’s action shall be final.

Subsection 6.

Notice to the PPSP: When the Board’s action is determined, the Sr. Vice President for Medical Affairs shall notify the affected PPSP in writing within thirty (30) days. The action shall be final.

SECTION 7 - TEMPORARY WITHDRAWAL OF PRIVILEGES

The Chief Operating Officer or Vice President for Medical Affairs may, upon recommendation of a department chief and two (2) members of the Executive Committee, and where there is a potential threat to the orderly administration of the Hospital or the well-being of its patients, temporarily withdraw the privileges of any member of the medical staff. When the privileges of a member of the medical staff are temporarily withdrawn, a meeting of the Executive Committee shall be called as soon as possible, but no later than ten (10) days after such withdrawal of privileges. The Executive Committee shall approve or disapprove the action referred to above. It may vacate, modify, or continue the temporary withdrawal of privileges and may in its discretion make any recommendation to the Board of Trustees in relation to the matter it deems appropriate. The physician in question shall have the right to appear before the Executive Committee prior to its rendering a decision. This appearance shall be informal and shall not constitute a hearing. Failure to make such an appearance shall not constitute a waiver of the hearing rights hereinafter provided. If the decision of the Executive Committee is to continue the suspension, the member shall have the same hearing rights as are provided in Section 5 of this Article.

SECTION 8 - TEMPORARY PRIVILEGES

The Vice President for Medical Affairs, or in his absence the Department Chief after consultation with the Hospital CEO, may grant temporary privileges to a physician who is not a member of the medical staff. The privileges are granted for a period of time, not to exceed 120 days. Prior to granting temporary privileges, the following are required: A) proof of a valid license to practice medicine in the State of Michigan; B) proof of current professional liability with minimum limits of \$100,000 per incident, \$300,000 annual aggregate; C) applicant must have an administrative interview which includes the completion of a pre-application to determine eligibility for medical privileges, and acceptance of the Medical Staff Bylaws, Rules and Regulations, and Policies; and D) the Department Chief must review a completed application, curriculum vitae, and interview the applicant, and request Temporary Privileges in writing to the Vice President for Medical Affairs.

SECTION 9 – TEMPORARY CONSULTING PRIVILEGES

Temporary Consulting privileges may be granted to licensed physicians, dentists, and podiatrists who may not necessarily be Board Certified but who may be called upon to offer medical care to a specific hospital patient under the direct care of a member of the Medical Staff. Temporary Consulting privileges shall be granted on a per-case basis by the Vice President for Medical Affairs, or his/her designee, upon recommendation of the Department Chief or his/her designee, and upon presentation of proof of current license to practice medicine in the State of Michigan and evidence of professional liability coverage. If granted the Temporary Consulting privileges the physician, dentist or podiatrist shall act under the supervision of the Department Chief or designee. The privileges shall automatically terminate at the end of the consultation for the specific patient. At any time, Temporary Consulting privileges may be terminated by the Chief of the Department, or his/her designee, with the concurrence of the Vice President for Medical Affairs, or his/her designee. All persons requesting and receiving Temporary Consulting privileges shall be bound by the Bylaws, Rules, Regulations and Policies of the Medical Staff and Department.

SECTION 10 - REPORTING OF SUSPENSION, REVOCATION, OR SURRENDER OF PRIVILEGES

The Vice President for Medical Affairs shall report to the appropriate licensing board and to MDPH (and other governmental authority specified by the Secretary of the U.S. Dept. of Health and Human Services) the following occurrences:

1. Final action that adversely affects the clinical privileges or medical staff membership of a physician for a period longer than 30 days, resulting from a professional review action (as defined in title 42, Section 1151(9) of the U.S. Code), when based on the competence or professional conduct of the physician.
2. The surrender of clinical privileges or medical staff membership of a physician while the physician is under investigation by the medical staff or involved in proceedings relating to possible incompetence or improper professional conduct, or in return for not conducting such an investigation or terminating such proceedings. Such report shall include the name of the physician involved, and a description of the acts or omissions or other reasons for action or surrender. This does not apply to delinquent chart suspension.

ARTICLE VIII - HEARINGS AND APPEALS

SECTION 1 - RIGHT TO HEARING

Applicants to and members of the medical staff who disagree with proposed recommendations of the Executive Committee to deny or revoke appointments to the medical staff, to reduce, suspend or withdraw clinical privileges, to deny clinical privileges requested, or to demote a member in rank or category shall have the right to a hearing in accordance with this Article, unless such right is waived. The Paramedical Professional Services Personnel will not have the appeals process.

SECTION 2 - REQUEST FOR HEARING

Subsection 1.

Upon receipt of a timely request for a hearing, the Vice President for Medical Affairs shall arrange for the selection of a Hearing Committee, and shall schedule a hearing date convenient to the Hearing Committee and insofar as possible to the practitioner requesting the hearing. Such a hearing date shall not be less than thirty (30) nor more than forty-five (45) days from the date of receipt of the request, except that when the practitioner is under current suspension the practitioner may request that a hearing be held as soon as arrangements for it may reasonably be made. If the practitioner is under current suspension and requests a hearing as soon as reasonably possible, and waives the 30-day notice of hearing otherwise provided for, the Vice President for Medical Affairs shall set an earlier hearing date.

Subsection 2.

The person requesting the hearing and the Executive Committee shall be notified by the Vice President for Medical Affairs of the time and place of the hearing at least thirty (30) days prior thereto. The notice shall include reference to any charts of hospital patients related to the recommendation of the Executive Committee or otherwise to be considered at the hearing. The notice shall also include a list of witnesses (if

SECTION 3 - HEARING COMMITTEE

Hearings pursuant to this Article shall be conducted by a Hearing Committee of not less than five (5) nor more than eight (8) physician representatives of the medical staff, selected by random lot from among the Active Staff;

except that (a) at least one (1) member of the Hearing Committee shall (unless clause (b) prevents) be a physician assigned to the Department in which the person requesting the hearing holds, or is applying for, privileges; and except that (b) no member of a Hearing Committee may be in direct competition with the practitioner involved or be a member of the Executive Committee or of any other committee which has made a recommendation directly related to the subject matter of the hearing. The Chairman of the Hearing Committee shall be appointed by the Vice President for Medical Affairs.

SECTION 4 - CONDUCT OF HEARING

Subsection 1.

At least a majority of the members of the Hearing Committee shall be present when the hearing takes place.

Subsection 2.

The Hearing Committee shall keep an accurate record of the hearing and shall establish a means for doing so. The mechanism employed may be a (court) reporter, electronic recording unit, detailed transcription, or adequate minutes. The Vice President for Medical Affairs shall make the necessary arrangements.

Subsection 3.

The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner who fails without good cause to appear and proceed at such a hearing shall be deemed to have waived his right to hearing and appeal.

Subsection 4.

Only the Hearing Committee shall have the authority to postpone a hearing beyond the time set forth in these Bylaws. The granting of such postponements shall be only for good cause shown and in the sole discretion of the Hearing Committee.

Subsection 5.

The affected practitioner shall be entitled to be accompanied by and/or represented at the hearing by a member of the medical staff in good standing or by a member of his/her local professional society; or may be represented by legal counsel.

Subsection 6.

The chairman of the Hearing Committee or their designee shall preside over the hearing, determine procedure during the hearing, assure that all participants in the hearing have a reasonable opportunity to present relevant oral or documentary evidence, and maintain decorum.

Subsection 7.

The participants need not conduct the hearing strictly according to rules of law relating to the examination of witnesses or presentation of evidence. The Hearing Committee shall consider any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs, despite the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The practitioner for whom the hearing is being held shall be entitled to submit memoranda concerning any issue or procedure or of fact prior, during or at the close of the hearing, and such memoranda shall become a part of the hearing record.

Subsection 8.

When the actions or recommendations of the Executive Committee have prompted the hearing, the Executive Committee shall appoint one (1) of its members or some other senior active member of the medical staff to

represent it at the hearing, to present the facts and circumstances in support of its adverse recommendation and to examine witnesses. If the practitioner does not testify on his own behalf, members of the Hearing Committee may examine him as if under cross-examination.

Subsection 9.

At its discretion, the Hearing Committee may order that oral evidence be taken only on oath or affirmation administered by any person entitled to notarize documents in the State where the hearing is held.

Subsection 10.

Without giving special notice, the Hearing Committee may recess and reconvene the hearing for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the chairman shall close the hearing. The Hearing Committee may thereupon conduct its deliberations outside the presence of the practitioner for whom the hearing was convened at a time or times convenient to itself.

Subsection 11.

The practitioner and the Hearing Committee shall receive copies of the hearing record as soon as the record is prepared. Within fifteen (15) days after receipt of the hearing record, the Hearing Committee shall make a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the Executive Committee. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the Executive Committee. A copy of the report, recommendation and the basis of the recommendation shall be delivered to the practitioner involved.

Subsection 12

At its next regular meeting following receipt of the report and recommendation of the Hearing Committee the Executive Committee shall consider the matter and make its final recommendation to the Board of Trustees. The Vice President for Medical Affairs shall notify the affected practitioner by certified mail, return receipt requested, of the final recommendation of the Executive Committee, and its basis; and said recommendation shall be forwarded to the Board of Trustees for action in the matter, subject to the right of appeal to the Board of Trustees as hereinafter provided.

SECTION 5 - APPEAL TO THE BOARD OF TRUSTEES

Subsection 1.

Within fifteen (15) days after the affected practitioner receives notice of an adverse recommendation or decision made or adhered to after a hearing as above provided, he may, by written notice to the Board of Trustees delivered through the Vice President for Medical Affairs by certified mail, return receipt requested, request an appellate review by the Board of Trustees. Failure of the affected practitioner to request appellate review within the time prescribed shall constitute waiver of his right thereto. The recommendation or decision of the Executive Committee shall then be forwarded by the Vice President for Medical Affairs to the Board of Trustees for final action in the matter.

Subsection 2.

At its next regular meeting after receipt of a timely request for appellate review, the Board of Trustees shall schedule a date not more than sixty (60) days hence for such review, except that when the practitioner requesting the review is under a suspension which is then in effect, the Board shall schedule such review as soon as the arrangements for it may reasonably be made, but not more than thirty (30) days hence. The Vice President for Medical Affairs shall notify the affected practitioner in writing of the time and place of the review.

Subsection 3.

The Board of Trustees or a duly appointed appellate review committee including not less than three (3) members of the Board of Trustees shall conduct the appellate review. The Committee may also include physicians and other persons, but members of the Board of Trustees must constitute a majority of the committee.

Subsection 4.

The affected practitioner shall have access to the report of the Hearing Committee, the hearing record, evidence introduced at the hearing and all other material, favorable or unfavorable, relied upon by the Executive Committee in making the adverse recommendation or decision. He may submit a written statement in his own behalf in which he specifies those factual and procedural matters with which he disagrees and his reasons for such disagreements. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. The affected practitioner shall submit such written statement by certified mail, return receipt requested, to the Board of Trustees through the Vice President for Medical Affairs at least ten (10) days prior to the scheduled date of the appellate review. The Executive Committee of the medical staff may submit a similar statement. If submitted, the Vice President for Medical Affairs shall provide a copy thereof to the practitioner at least five (5) days prior to the date of such appellate review.

Subsection 5.

The Board of Trustees or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings, examine the written statements submitted, consider the oral arguments, if offered, and determine whether the adverse recommendation or decision was justified and was not arbitrary or capricious. If the affected practitioner has requested oral argument as part of the review procedure, such practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall answer questions addressed to him by any member of the appellate body. An individual representing the Executive Committee shall be present to speak in favor of the adverse recommendation or decision and to answer questions addressed to him by any member of the appellate review body.

Subsection 6.

New or additional matters not raised during the original hearing nor in the hearing committee report nor otherwise reflected in the record, shall be introduced at the appellate review only under unusual circumstances. The Board of Trustees or the committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matters shall be considered.

Subsection 7.

If the Board of Trustees conducts the appellate review, it may affirm, modify or reverse the recommendation or decision of the Executive Committee or Board-appointed hearing committee or, in its discretion, the Board may refer the matter back to the Executive Committee of the medical staff for further review and recommendation. Such referral may include a request that the Executive Committee hold a further hearing to resolve specified issues. Affirmation of a recommendation shall constitute a final decision of the Board of Trustees.

Subsection 8.

If an appellate review committee of the Board of Trustees conducts the appellate review, such committee shall within fifteen (15) days after the conclusion of the appellate review either make a written report affirming the recommendation appealed from, or refer the matter back to the Executive Committee of the medical staff for further review and recommendation. Such referral may include a request that the Executive Committee hold a further hearing to resolve specified issues. The Executive Committee shall consider such a referral at its next

regularly scheduled meeting after receipt of the referral. If an additional hearing is required, it shall conduct the hearing in general conformity with Section 2 and 4 of this Article.

At its next regular meeting after the additional hearing, the Executive Committee shall review the results of such hearing and make its further report and recommendation if any, to the Board of Trustees or appellate review committee, as the case may be, within ten (10) days thereafter.

Subsection 9.

Within thirty (30) days after receipt of such recommendation after referral, the appellate review committee shall make its final report and recommendation to the Board of Trustees as above provided.

Subsection 10.

At its next regular meeting following the sending of the appellate review committee's report and recommendation, or, if no appellate review has been requested, following the Executive Committee's final recommendation, the Board of Trustees shall make its decision on the matter. If this decision is in accordance with the Executive Committee's last recommendation, it shall be immediately effective and shall constitute the Board's final action in the matter and shall not be subject to further hearing or appellate review. If this decision is contrary to the Executive Committee's last recommendation, the Board shall so notify the Executive Committee and, if requested by the Executive Committee, shall refer the matter to the Quality Committee/Professional Affairs Committee for further review and recommendation prior to the next meeting of the Board. The Board shall not make a final decision until it has received the Quality Committee/Professional Affairs Committee's recommendation. At its next regular meeting after receipt of the Quality Committee/Professional Affairs Committee's recommendation, the Board of Trustees shall make its final decision with like effect as above provided.

Subsection 11.

The Vice President for Medical Affairs shall notify the Executive Committee and by certified mail, return receipt requested, the affected practitioner, of the final decision of the Board of Trustees. The notification shall include a statement of the basis of the decision.

Subsection 12.

Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as of right to more than one (1) hearing and one (1) appellate review on any matter.

**ARTICLE IX
OFFICERS AND CHIEFS OF DEPARTMENTS**

SECTION 1 - OFFICERS

Subsection 1.

The officers of the medical staff shall be a President, President-Elect, a Secretary, and a Treasurer. The terms of office of the President and President-Elect shall be two (2) years. They may not succeed themselves. The term of office of the Secretary and of the Treasurer shall be one (1) year, with a maximum of three (3) successive years.

Subsection 2.

The President shall call and preside at all of the general staff meetings and shall be chairman of the Executive Committee and ex-officio member of all other committees. He shall be a representative of the general medical staff to the Executive Committee, and as such shall have responsibility to report back to the general staff and to

develop ways and means of maintaining good communications between the general staff and the Executive Committee.

Subsection 3.

The President-Elect of the medical staff, in the absence of the President, shall assume all of the President's duties and functions. He shall also be expected to perform such other duties as may be assigned to him. He shall be a member of the Executive Committee.

Subsection 4. The Secretary shall keep minutes of all general staff meetings, and perform such other duties as normally pertain to that office. He shall be a member of the Executive Committee.

Subsection 5.

The Treasurer shall serve as chairman of the medical staff fund committee and keep accurate accounts of all funds received and disbursed, and perform such other duties as normally pertain to the office of Treasurer. He shall prepare, or cause to be prepared, a financial statement of the medical staff fund for presentation at the annual meeting of the medical staff. He shall see that an audit of the medical staff fund is conducted by a certified public accountant at least yearly. He shall be a member of the Executive Committee.

SECTION 2 - ELECTION OF OFFICERS

The procedure for nomination and election of officers of the medical staff shall be as follows:

Subsection 1.

After the second quarterly meeting, each department shall elect one (1) member of a nominating committee for medical staff officers. The nominating committee shall elect a chairman from among its members.

Subsection 2.

The nominating committee shall meet at least one (1) month before the quarterly meeting held prior to the annual meetings. There shall be at least two (2) candidates for each office.

Subsection 3.

Additional nominations may be made from the floor by any member of the active staff.

Subsection 4.

Each nomination shall be posted in the hospital for ten (10) days after nominations are closed, following which ballots shall be sent to all staff members eligible to vote.

Subsection 5.

All ballots must be returned to the medical staff president within three (3) weeks from the date of the mailing.

Subsection 6.

The medical staff president and two (2) other elected officers of the medical staff, and any other persons named by the President, shall serve as tellers.

Subsection 7.

The procedure to be followed in the counting of ballots shall be determined by the tellers.

Subsection 8.

The President shall communicate the results of the election to the members of the medical staff.

SECTION 3 - CHIEFS AND VICE CHIEFS OF DEPARTMENTS

Subsection 1.

Chiefs of departments shall be members of the Active staff qualified by training, experience and professional and administrative capability for the position. Chiefs of specialty departments shall be board certified.

Subsection 2.

Chiefs of departments shall be recommended by a search committee composed of three (3) members of the department concerned, elected by secret ballot by the members of the department; the President or a member of the medical staff appointed by the President; and three (3) members of the Board of Trustees or their designates. Recommendation of the search committee shall be provided to the Board of Trustees for approval or recommitment.

Subsection 3.

The performance of the chiefs of departments shall be reviewed by a review committee every three (3) years, formed in the same manner as in Article IX, Section 3, Subsection 2, and recommendations shall be made to the Board of Trustees as to their reappointment.

Subsection 4.

The chief of a department shall be responsible for the supervision of the quality of care given by all categories of medical staff in his department, both for service and private patients. He shall make recommendations through the Vice President for Medical Affairs and Executive Committee on the procurement of supplies, instruments and equipment needed for patient care in his particular department. He shall recommend the procedures and policies required for efficient functioning of his department, and shall arrange departmental meetings and staff participation therein. He shall see that there is adequate review, analysis and evaluation of the clinical work of his department. Where there is sub-departmentalization, he shall have overall responsibility for such organization and its departmental integration. He shall encourage the appointment of physicians of high caliber and competence to assure the continuing efficiency of the department. The chief of a department shall be responsible for maintaining liaison between the members of his department and other departments and keeping members of his department acquainted with any recommendations that may come from the Executive Committee. Department chiefs shall be members of the Executive Committee.

Subsection 5.

The vice-chiefs of departments shall be appointed annually by the chief of the department, with the approval of the Executive Committee.

Subsection 7.

Vice chiefs shall assist their department chiefs and shall perform the duties of chiefs in the event of their absence.

SECTION 4 - SECRETARIES OF DEPARTMENTS

The chiefs of each department shall appoint a secretary.

SECTION 5 - RECALL OF OFFICERS

Subsection 1.

Any officer of the medical staff may be recalled for cause for failure to uphold the duties of the office or failure to comply with the Medical Staff Bylaws or Medical Staff Rules and Regulations, by petition of two-thirds of the active staff. Should an officer be recalled, the President of the medical staff will call a special election for the filling of such vacancy.

Subsection 2.

Recall of a chief or vice chief for cause may be proposed by petition of two-thirds of the department concerned. On receipt of such a petition, the Board of Trustees shall authorize the formation of a recall committee composed of three (3) members of the department concerned elected by secret ballot by the members of that department, the President, and three (3) members of the board of Trustees or their designees.

**ARTICLE X
COMMITTEES OF THE MEDICAL STAFF**

Medical Staff Committees shall be either Standing, Special or ad-hoc.

All standing committees and their chairmen shall be appointed annually by the President of the Medical Staff with the approval of the Executive Committee, except as otherwise provided in these Bylaws. All special committees and their chairmen shall be appointed by the President of the Medical Staff. Ad-hoc committees and their chairmen shall be appointed by the President of the Medical Staff when authorized by either the general staff at a quarterly or special meeting, or by the Executive Committee.

The Chief Executive Officer and the Vice President for Medical Affairs or their designees shall be ex-officio members of all standing and special committees. The President of the Medical Staff shall be a member of all standing and special committees.

SECTION 1 - STANDING COMMITTEES

The Standing Committees shall be as follows:

1. Executive Committee
2. Credentials Committee
3. Health Information Management Committee
4. Utilization Review Committee
5. Infection Control Committee
6. Graduate Medical Education Committee
7. Continuing Medical Education Committee
9. Medical Staff Fund Committee
10. Pharmacy & Therapeutics Committee
11. Institutional Review
12. Bylaws
13. Committee on Committees
14. Cancer Committee
15. Medical Staff Quality Assurance Committee

Each standing Committee shall submit an annual report to the medical staff via the Executive Committee of the Medical Staff.

(1) EXECUTIVE COMMITTEE

The Executive Committee shall consist of twenty-four (24) members to be determined as follows: The elected officers of the medical staff (4); the Immediate Past President of the Medical Staff(1); the chiefs of clinical departments of anesthesiology, emergency, family medicine, medicine, ob-gyn, pathology, pediatrics, radiology, and surgery (9); Vice President for Medical Affairs (1); members-at-large to be elected (5); one each from the departments of family medicine, medicine, ob-gyn, pediatrics, and surgery; two (2) members-at-large to be elected, undesignated, from any one of the clinical departments and two (2) physician members elected to the Board of Trustees of the St. John Hospital and Medical Center. The Director of Medical Education will be an ex-officio member of the Executive Committee.

The term of office for the Immediate Past President of the Medical Staff shall be one(1) year. The terms of office for all members elected at-large will be for two (2) years, except initially as outlined below. These members-at-large will be elected yearly in the following manner:

The first year at-large members will be elected for one (1) year from the departments of family medicine, medicine, and ob-gyn, plus one (1) undesignated member to be elected. At-large members will be elected for two (2) years from the departments of pediatrics and surgery, plus a second undesignated member.

The second year, at-large members will be elected for two (2) years from the departments of family medicine, medicine, and ob-gyn, plus one (1) member from undesignated department. In subsequent years each group listed above will alternate with the other for a two (2) year term. Each year, except for the undesignated members-at-large, two (2) candidates will be nominated by a secret ballot from each department that has a member-at-large to be selected that year. Any of these two (2) nominees will be elected by the general staff at its annual election. Nominees for election as undesignated members-at-large will be selected by the Nominating Committee as formed in Article IX, Section 2.

Physician members of the Board of Trustees shall be elected as vacancies occur in the following manner: A nominating committee shall be appointed consisting of the President of the Medical Staff, the members of the Executive Committee representing the five (5) departments and the two (2) members at large. The nominating committee shall select two (2) physician nominees for each Board vacancy for submission to the Board. All Active medical staff members shall be eligible for nomination.

The President of the Medical Staff shall be chairman of the Executive Committee, the Secretary of the Medical Staff shall be the recording secretary of the Executive Committee. The minutes of each meeting shall be signed by the Chairman and the Secretary.

The duties of the Executive Committee shall be as follows:

- a) To receive, consider and act upon reports of all medical staff committees and department chiefs.
- b) To advise the Chief Operating Officer and Board of Trustees on matters pertaining to clinical organization, medical equipment, and other relevant medico-administrative matters.
- c) To promote the aims and objectives of the medical staff committees and to acquaint the staff membership with the work of these committees.
- d) To meet at least once a month and keep records of all such meetings.

(2) CREDENTIALS COMMITTEE

Composition. The Credentials Committee shall consist of one (1) member, other than the chief or vice chief, of each of the departments of the medical staff.

The duties shall be as follows:

- a) To investigate the credentials of all applicants for staff membership and to make recommendations as required by Article IV of these Bylaws. This recommendation will pertain only to the qualifications of the applicant.
- b) To meet at least monthly when there is business to be considered, and keep records of these meetings.
- c) To see that each department develops a review committee. The committee will consist of the department chief and two (2) elected department members. The elected representative shall be for a two-year term; one (1) elected annually. The functions of the review committee will be:
 1. To evaluate and recommend to the Credentials Committee individual privileges and designation of privilege category on all new staff applications:
 2. To review biannually the performance and physical and mental capability of each staff member and recommend any changes in privileges or category to the Credentials Committee.

(3) HEALTH INFORMATION MANAGEMENT COMMITTEE (Medical Records)

The duties shall be as follows:

- a) To supervise and appraise the quantity and quality of medical records and to insure their maintenance at the standards required by national and state regulatory and accrediting agencies.
- b) To recommend ways to improve the medical records.
- c) To meet nine (9) times per year and submit minutes of all such meetings to the Executive Committee.

(4) UTILIZATION COMMITTEE

The duties shall be as follows:

- a) To identify areas of inappropriate utilization, overuse or underuse, of facilities and services and to make recommendations to the Executive Committee as indicated.
- b) To meet at least monthly and submit minutes of all such meetings to the Executive Committee.

(5) INFECTION CONTROL COMMITTEE

The duties shall be as follows:

- a) To review records of cases with infections, or direct the review of same by appropriate departments.
- b) To maintain a record of the incidence of infections with the hospital.
- c) To make recommendations to the Administration, through the executive Committee, as to procedures to minimize incidence of infection and safeguards against infection.
- d) To meet at least monthly and submit minutes of all such meetings to the Executive Committee.

(6) GRADUATE MEDICAL EDUCATION COMMITTEE, This committee shall consist of:

- A. The program directors of the residency programs of Family Medicine, General Surgery, Internal Medicine, Obstetrics and Gynecology, Pathology and Pediatrics, and Emergency Medicine.
- B. One (1) member of each clinical department other than chiefs as follows: Family Medicine, General Surgery, Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Emergency Medicine. These members are to be appointed yearly by the President of the Medical Staff.
- C. One (1) member of the Board of Trustees to be appointed by the Board.
- D. The Director of the Graduate Year One Training Program.
- E. The Director of the Clinic Service.
- F. The Director of Health Education.
- G. Two (2) chief residents in rotation on a yearly basis as follows:
 - (1) Chief Resident of Family Medicine and Chief Resident of General Surgery.
 - (2) Chief Resident of Internal Medicine and Chief Resident of Obstetrics and Gynecology.
 - (3) Chief Resident of Pathology and Chief Resident of Pediatrics.
- H. The Chairman, who is to be a member of the Executive Committee of the Medical Staff of Saint John Hospital and Medical Center, and appointed by the President of the Medical Staff on a yearly basis.
- I. The Department Chiefs of the Department of Family Medicine, General Surgery, Internal Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Anesthesiology, Emergency Medicine, Radiology, ex-officio.

The duties shall be as follows:

- a) To meet at least bi-monthly and submit minutes of such meetings to the Executive Committee.

b) To review at least once a year, the reports of each departmental education committee, as outlined in the Saint John Hospital and Medical Center Graduate Medical Education Manual of Policies and Procedures and make any recommendations for changes to the chief of the concerned department, the Director of Health Education, Administration and the Executive Committee.

c) To implement the educational program in graduate medical education as outlined in:

1. Saint John Hospital and Medical Center Institutional Committee to Graduate Medical Education.
2. Saint John Hospital and Medical Center Educational Resources Plan.
3. Saint John Hospital and Medical Center Periodic Analysis of Residency Programs.
4. Saint John Hospital and Medical Center Graduate Medical Education Manual of Policies and Procedures.

d) To refer to the Executive Committee and Administration any matters requiring changes in the Graduate Medical Education or Student Programs and make recommendations regarding means to deal with such matters.

e) To recommend to the Executive Committee and Administration the allocation of resident physician and other resources to each department as outlined in the Saint John Hospital and Medical Center Educational Resources Plan.

(7) CONTINUING MEDICAL EDUCATION COMMITTEE

Composition. As determined by the Essentials for Continuing Medical Education of the Accreditation Committee for Continuing Medical Education, the committee will be composed of the following:

- A. The Chairman of the Sub-Audit Committee of the Departments of Internal Medicine, General Surgery, Obstetrics and Gynecology, and Pediatrics.
- B. Program Directors in Departments of Family Medicine, Internal Medicine, General Surgery, Obstetrics, and Gynecology, Pathology, Pediatrics, Anesthesiology, and Radiology.
- C. The Chairman of the Medical Audit Committee.
- D. The Senior Vice-President for Medical Affairs.
- E. One (1) member of the Board of Trustees, appointed by the Board.
- F. The associate Administrator for Finance.
- G. The Director of Graduate Year I Education Program.
- H. The Director of Health Education.
- I. The Director of Inservice Nursing Education.

- J. Educational Coordinator, School of Medical Technology.
- K. Educational Coordinator, School of Radiology Technology.
- L. Educational Coordinator, School of Respiratory Therapy Technology.
- M. Educational Coordinator, School of Nuclear Medicine Technology.
- N. Director of the Medical Library.

Chairman and Vice-Chairman: A Vice-Chairman shall be elected by the committee by a majority vote of the members. He will serve one (1) year as Vice-Chairman and the following year as Chairman. If the need arises, a Chairman may be elected by majority vote of the committee to serve out an uncompleted year.

The duties will be as follows:

- a) Grant category I credit, as delegated by the Accreditation Committee for Continuing Medical Education through the Michigan State Medical Society, to Saint John Hospital and Medical Center programs and to co-sponsor programs as indicated.
- b) Annually survey all programs granted category credit and continue, change, or negate such approval.
- c) Meet at least bi-monthly and submit minutes to the Executive Committee of the Medical Staff of Saint John Hospital and Medical Center.
- d) Advise the Executive Director of CME, who is appointed by Administration, regarding all matters, including financial, pertaining to Saint John Hospital and Medical Center Continuing Medical Education Programs.
- e) Advise and assist in providing continual medical education programs and credit for the Nursing Department and Allied Health Programs.

(9) MEDICAL STAFF FUND COMMITTEE

Composition. The Medical Staff Fund Committee shall consist of the officers of the Medical Staff. The Treasurer shall serve as chairman.

The duties shall be as follows:

- a) To collect, hold, disburse and account for the medical staff fund.
- b) Prepare an annual budget of the medical staff fund and submit it to the medical staff for approval.
- c) To recommend to the medical staff the amounts to be assessed as dues for the medical staff fund.

- d) To determine what amounts shall be expended from the fund.
- e) To submit quarterly, through its chairman, a written report to the medical staff of receipts and disbursements, assets and liabilities.
- f) To have prepared an annual audit, by an independent agency, for submission to the medical staff..

(10) PHARMACY AND THERAPEUTICS COMMITTEE

The duties shall be as follows:

- a) To review, analyze and evaluate the use and administration of all pharmacological agents employed in the hospital.
- b) To maintain liaison with the chief pharmacist and the director of nursing as to the dispensing of pharmaceuticals.
- c) To recommend policy to the Executive Committee as to the administration and dispensing of drugs.
- d) To meet every two (2) months and submit minutes of such meetings to the Executive Committee.
- e) To work in concert with the Institutional Review Committee to review and recommend approval or disapproval of all research project protocols and clinical investigations. Once approved, the investigation will be followed by the Pharmacy and Therapeutics Committee to assure adherence to the approved plan.

(11) INSTITUTIONAL REVIEW COMMITTEE

The purpose of the IRC is to review, evaluate, and monitor clinical investigations for ethical and moral acceptability as well as scientific justification to ensure the health and safety of human subjects.

Composition. The Committee shall be composed of at least five (5) voting members. One (1) member is non-hospital affiliated and his primary concern is in a non-scientific area. The other members are to include representatives from Administration and the Medical Staff. No voting member may have conflicting interest in the study. No investigators or sponsor shall participate in the selection of members of an IRC that will review his study except to provide information requested by the Hospital. The IRC will report to the Executive Committee. Meetings of the IRC will be held as needed.

(12) BYLAWS COMMITTEE

The duties shall be as follows:

- a) To review from time to time the Bylaws of the Medical Staff and to recommend necessary changes as indicated.
- b) To meet on the call of the chairman.
- c) To submit minutes of all such meetings to the Executive Committee.

(13) COMMITTEE ON COMMITTEES

Composition. This committee shall be composed of the president and president-elect of the medical staff and the Senior Vice- President for Medical Affairs, and may include not more than one additional member of the Active Staff.

The duties shall be as follows:

- a) To conduct an annual review of the composition and duties of all standing and special medical staff committees.
- b) To recommend to the Executive Committee any appropriate changes in the composition and duties of a standing committee.
- c) Subject to approval of the Executive Committee, to create, define the functions and appoint the chairman of, eliminate or consolidate, prescribe the composition of, and fill vacancies in the membership of, each of the special committees contemplated by Section 2 of this Article.

(14) CANCER COMMITTEE

The goal of the Cancer Committee is to decrease the morbidity and mortality of patients with cancer. This goal is pursued by improving cancer control efforts in prevention, early diagnosis, pretreatment evaluation, staging, treatment, rehabilitation and surveillance for recurrent and multiple primary cancer and to enhance the care of the terminally ill patient.

Composition. The committee membership shall be multidisciplinary and consist of the following:

- a) At least one board certified physician from surgery, medical oncology, diagnostic radiology, radiation oncology, pathology, internal medicine, family medicine, gynecology, urology, thoracic surgery, otolaryngology, pediatrics and psychiatry.
- b) Cancer liaison physician and cancer registrar who will serve as staff to the Cancer Committee in coordinating the cancer program.
- c) A member from each of the following areas: Administration, Nursing, Social Services, the Quality Assurance Committee, Pharmacy, Nutrition, Clergy and Rehabilitation.
- d) The Committee will meet bi-monthly.

(15) MEDICAL STAFF QUALITY ASSURANCE COMMITTEE

The committee shall consist of the chief of the departments of Anesthesiology, Emergency Medicine, Family Medicine, Medicine, Obstetrics-Gynecology, Pathology, Pediatrics, Radiology and Surgery; the Director of Critical Care, Director of Quality Assurance, System Vice President for CQI and Outcomes Measurement, and the Vice President for Medical Affairs. The Chairman shall be the Senior Vice President for Medical Affairs.

- Duties: a) To review the minutes and activities of all departmental and section peer review committees.
b) To make recommendations regarding their findings to improve the quality of care and reduce morbidity and mortality.
c) To meet each month with the Executive Committee.
d) To report to the Executive Committee their recommendations for approval.

SECTION 2 - SPECIAL COMMITTEES

Special Committees shall consist of members of the medical staff and may include Hospital employees appropriate to the function to be performed. They shall report to the Executive Committee. These committees shall have the functions and composition delineated from time to time by the Committee on Committees.

A Hearing Committee provided for in Article VIII of these Bylaws shall be deemed a special committee and its members shall be appointed as therein provided.

SECTION 3 – QUALITY COMMITTEE OF THE BOARD OF TRUSTEES

Physician members of the Quality Committee of the Board of Trustees shall be elected by the medical staff, utilizing the procedure for election of officers as described in Article IX, Section 2, of these Bylaws.

**ARTICLE XI
MEETINGS**

SECTION 1 - ANNUAL MEETINGS

There shall be an annual meeting of the medical staff held in June. Notice of such meeting shall be sent to each staff member at least thirty (30) days prior to the meeting. At this meeting, officers shall make such reports as may be requested by the President or by the Medical Director. Results of elections held for officers for the ensuing year shall be announced.

SECTION 2 - QUARTERLY STAFF MEETINGS

In addition to the annual staff meeting, there shall be held three (3) quarterly staff meetings at a time and place determined by the Executive Committee. At each of these meetings, in addition to any scientific presentation, there shall be a report on the continuing evaluation of the clinical practice within the hospital, and of the work of the Executive Committee.

SECTION 3 - DEPARTMENTAL MEETINGS

Each department shall meet at least quarterly to review and analyze the clinical work of the department.

SECTION 4 - SPECIAL MEETINGS

Special meetings of the medical staff may be called at any time by the President, the Board of Trustees, the Executive Committee or on petition of any twenty (20) members of the Active staff. At any special meeting, no business shall be transacted except that stated in the notice calling such meetings. Notice of any such meeting shall be made by mail at least seventy-two (72) hours prior to the time set for the meeting.

SECTION 5 - ATTENDANCE AT MEETINGS

Attendance at quarterly general staff and department meetings will be considered in reappointment to the Active Staff. The Department rules and regulations shall set forth the requirements for department, quarterly medical staff, and committee meetings.

SECTION 6 - QUORUM

Seventy-five (75) members of the Active staff shall constitute a quorum of the annual, quarterly, and special meetings of the medical staff.

Fifty percent (50%) of the Active departmental membership shall constitute a quorum at departmental meetings.

Fifty percent (50%) of the membership of the Executive Committee shall constitute a quorum.

SECTION 7 - VOTING

Subsection 1.

Only active staff members shall be eligible to vote at departmental and general staff meetings.

Subsection 2.

Voting for elections of officers of the medical staff shall be conducted by written ballot.

Subsection 3.

Unless otherwise expressly required by these bylaws, every question shall be decided by a majority vote of the Active staff present.

Subsection 4.

A written ballot shall be held on the request of any member eligible to vote and duly seconded.

ARTICLE XII AUTHORITY TO MAKE RULES AND REGULATIONS

The Executive Committee shall adopt and may amend rules and regulations for the proper conduct of the work of the medical staff. Such rules and regulations shall become effective when approved by the Board of Trustees.

Amendments, additions and repeals of the rules and regulations may be proposed by any active member of the medical staff at a staff meeting.

**ARTICLE XIII
AMENDMENT OF THE BYLAWS**

The medical staff shall develop and adopt its own Bylaws, amendments, additions and repeals of the Bylaws may be proposed by the Executive Committee or by any active member of the Medical Staff.

Any amendment, addition or repeal of the Bylaws will be submitted to the Vice President for Medical Affairs, who in turn will submit the request to the Bylaws Committee for a recommendation. The Bylaws Committee will send its recommendation to the Executive Committee for review before submitting the request to the Medical Staff for vote at the next quarterly medical staff meeting. Following this review the Executive Committee shall refer changes under consideration to the Quality Committee and the Board of Trustees for comment. The proposed revisions will be submitted to the medical staff at its next scheduled quarterly staff meeting.

Amendments proposed to be adopted shall be made available to each member of the active staff at least two (2) weeks prior to the next quarterly medical staff meeting. The adoption of such proposals shall require a two-thirds vote of the active staff members present at the meeting. The proposals, if adopted, shall be submitted to the Board of Trustees for final approval.

**ARTICLE XIV
ROBERT'S RULES OF ORDER**

The provisions of Robert's Rules of Order shall apply to the conduct of all staff meetings except where specifically prohibited by these Bylaws.

**ARTICLE XV
ADOPTION**

These Bylaws shall have been adopted when approved by a two-thirds vote of the Active members of the medical staff present. They shall become effective when approved by the Board of Trustees. The adoption and approval of these Bylaws shall constitute a repeal of all prior bylaws of the medical staff; provided however that all incumbent officers of the medical staff shall continue to serve for the balance of the terms for which they were elected under prior bylaws.

**ARTICLE XVI
MEDICAL STAFF YEAR**

A medical staff year is the period of time between annual meetings.

Amended 1/1998

Amended 2/2000

Amended 1/2001

Amended 3/2002

Amended 10/22/02(Executive Committee)

Amended 1/27/03(Cancer Committee)

Amended: 9/03 Professional Affairs Committee now named Quality Committee/per Board/Hospital Bylaws

Amended: 12/16/04 by the Quality Committee of the Board of Trustees

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