

BEAUMONT HEALTH SYSTEM

BYLAWS OF THE MEDICAL STAFFS

Approved by the Board of Directors
February 20, 2020

TABLE OF CONTENTS

	PAGE
DEFINITIONS	8
PREAMBLE	9
ARTICLE I ETHICS AND ACCREDITATION	10
1.1. Ethics and Accreditation	10
1.2. Corporate Ethics Structure	10
ARTICLE II STAFF RULES / REGULATIONS / POLICIES	11
2.1. Medical Staff Rules / Regulations / Policies	11
2.2. Department and Section Rules / Regulations / Policies	11
ARTICLE III STAFF APPOINTMENT AND REAPPOINTMENT	12
3.1. Staff Membership Required	12
3.2. Qualifications for Staff Membership	12
3.3. Terms of Appointment	12
3.3.1. Conditional Appointment / Reappointment	12
3.4. Appointment Records	13
3.5. Application for Appointment	13
3.5.1. Application Criteria	13
3.5.2. Board Certification	15
3.5.2.1. Board Recertification	16
3.5.2.2. Exceptions	16
3.5.3. Application Procedure	16
3.5.4. Department and Section Evaluation Procedure	16
3.5.5. Department and Section Considerations	16
3.5.6. Department and Section Recommendation	17
3.5.7. Committee Appointment Recommendation	17
3.5.8. Processing Guidelines	17
3.6. Application for Reappointment and Modification	17
3.6.1. Reapplication Procedure	17
3.6.2. Evaluation Procedure	18
3.7. Credentials and Qualifications Committee Recommendation	18
3.7.1. Committee Recommendations	18
3.7.2. Reappointment to Multiple Hospitals	19
3.8. Medical Executive Committee Recommendation	19
3.9. Board of Directors Action	19
3.10. Reapplication and Reprocessing After Rejection / Denial / Termination	19
3.11. Employed Staff Members and Advanced Practice Providers	20
3.12. Exclusive Departments or Areas	20
3.12.1. Exclusivity Status	20
3.12.2. Facilities and Areas Subject to Exclusivity Policy	20
3.12.3. Effect of Contract or Termination of Exclusivity Status	20

3.13.	Leave of Absence	21
3.13.1.	Leave Procedure	21
3.13.2.	Inactive Status	21
3.13.3.	Return from Leave	21
3.13.4.	Reappointment / Reinstatement	21
3.14.	Obligation to Notify Appropriate Chief Medical Officer of Adverse Actions	21
3.14.1.	Notification of Initiation of Action	21
3.14.2.	Significant Illness	22
3.14.3.	Felony or Misdemeanor Charge or Conviction	22
3.14.4.	Involuntary or Voluntary Changes in Licensure, Clinical Privileges or Employment	22
3.14.5.	Legal Action	22
ARTICLE IV	CLINICAL PRIVILEGES	23
4.1.	Exercise of Clinical Privileges	23
4.2.	Delineation of Privileges in General	23
4.2.1.	Requests	23
4.2.2.	Basis for Privileges Determination	23
4.2.3.	Procedure	23
4.2.4.	History and Physical Examination	23
4.3.	Conditions for Privileges of Limited License Practitioners	24
4.3.1.	Admissions	24
4.3.2.	Surgery	24
4.3.3.	Medical Appraisal	24
4.4.	Temporary Clinical Privileges	24
4.4.1.	Circumstances	24
4.4.2.	Application and Review	24
4.4.3.	General Conditions	25
4.5.	Temporary Patient Care Privileges	26
4.5.1.	Urgent Patient Care Needs	26
4.5.2.	Verification Requirements	26
4.6.	Temporary Consulting Privileges	26
4.6.1.	Circumstances	26
4.6.2.	Urgent Patient Care Needs	26
4.6.3.	General Conditions	26
4.7.	Emergency Privileges	27
4.8.	Modification of Clinical Privileges or Department Assignment	27
4.9.	Privileges of Employed Individuals	27
4.10.	Scope of Practice of Advanced Practice Providers	27
4.10.1.	Credentials and Qualifications Committee Recommendation	27
4.10.2.	Advanced Practice Provider Appeals	27
ARTICLE V	CORRECTIVE, IMMEDIATE & OTHER GROUNDS FOR ACTION	28
5.1.	Corrective Action	28
5.1.1.	Criteria for Initiation	28
5.1.2.	Initiation	28
5.1.3.	Investigation	28
5.1.4.	Medical Executive Committee Action	28
5.1.5.	Informal Action	29

5.2.	Immediate Action	29
5.2.1.	Criteria for Initiation	29
5.2.2.	Medical Executive Committee Action	29
5.2.3.	Procedural Rights	29
5.3.	Other Grounds for Action	30
ARTICLE VI	HEARINGS AND APPEALS	32
6.1.	Notice of Adverse Recommendation and Action	32
6.2.	Request for Hearing	32
6.3.	Scheduling and Notice of Hearing	32
6.4.	Hearing Procedure	32
6.5.	Composition of Hearing Panel	32
6.6.	Notice of Action by Board	32
6.7.	Board Appeal Body	33
6.8.	Final Action of the Board	33
6.9.	Plan Consistency with Bylaws, Laws, and Regulations	33
ARTICLE VII	STAFF ORGANIZATION	34
7.1.	Composition of the Medical Executive Committee	34
7.1.1.	Duties	34
7.1.2.	Medical Executive Committee (Royal Oak)	34
7.1.3.	Medical Executive Committee (Troy)	35
7.1.4.	Medical Executive Committee (Grosse Pointe)	36
7.1.5.	Appointment to Additional / Vacated Position	37
7.2.	Staff Officers	37
7.2.1.	Chief Medical Officer	37
7.2.2.	Health System Chair	37
7.2.3.	Secretary - Treasurer	37
7.2.4.	Term of Office	37
7.3.	Elected Positions	37
7.3.1.	President of the Medical Staff	38
7.3.2.	Representatives of the Medical Staff	38
7.3.3.	Nomination and Election Process	38
7.3.3.1	Nominating Committee Provisions	39
7.4.	Removal / Recall	39
7.4.1.	Officers / Positions Appointed by the Board – Removal	39
7.4.2.	Positions Elected by the Medical Staff – Recall	39
7.4.2.1.	Recall	39
7.5.	Organization of Departments and Sections	40
7.5.1.	Department Chiefs and Section Heads	40
7.5.2.	Responsibilities	40
7.5.3.	Delegation by Department Chiefs and Section Heads	41
7.5.4.	Delegation by Officers of the Medical Staff and Corporate Officers	41
ARTICLE VIII	DEPARTMENTS AND SECTIONS OF THE MEDICAL STAFF	42
8.1.	Organization of the Staff	42
8.2.	Organization of the Staff (Beaumont Hospital, Royal Oak)	42
8.2.1.	Department / Sections of Anesthesiology and Peri-Operative Medicine	42

8.2.2.	Department of Cardiovascular Medicine	42
8.2.3.	Department of Colon and Rectal Surgery	42
8.2.4.	Department / Sections of Diagnostic Radiology	42
8.2.5.	Department / Sections of Emergency Medicine	42
8.2.6.	Department of Family Medicine and Community Health	42
8.2.7.	Department / Sections of General Surgery	42
8.2.8.	Department / Sections of Internal Medicine	43
8.2.9.	Department of Medical Oncology / Hematology	43
8.2.10	Department of Neurology	43
8.2.11	Department of Neurosurgery	43
8.2.12	Department / Sections of Obstetrics and Gynecology	43
8.2.13.	Department / Sections of Ophthalmology	43
8.2.14.	Department / Sections of Orthopaedic Surgery	43
8.2.15.	Department / Sections of Pathology and Laboratory Medicine	44
8.2.16	Department / Sections of Pediatrics	44
8.2.17.	Department of Physical Medicine and Rehabilitation	44
8.2.18.	Department of Psychiatry	44
8.2.19.	Department of Radiation Oncology	44
8.2.20.	Department / Sections of Surgery	45
8.2.21.	Department / Sections of Urology	45
8.3.	<u>Organization of the Staff (Beaumont Hospital, Troy)</u>	45
8.3.1.	Department / Sections of Anesthesiology and Peri-Operative Medicine	45
8.3.2.	Department of Cardiovascular Medicine	45
8.3.3.	Department / Sections of Diagnostic Radiology	45
8.3.4.	Department of Emergency Medicine	45
8.3.5.	Department / Sections of Family Medicine and Community Health	45
8.3.6.	Department Medical Oncology / Hematology	46
8.3.7.	Department / Sections of Medicine	46
8.3.8.	Department / Sections of Obstetrics and Gynecology	46
8.3.9	Department / Sections of Orthopaedic Surgery	46
8.3.10.	Department of Pathology and Laboratory Medicine	46
8.3.11.	Department / Sections of Pediatrics	46
8.3.12.	Department of Radiation Oncology	46
8.3.13.	Department / Sections of Surgery	47
8.4.	<u>Organization of the Staff (Beaumont Hospital, Grosse Pointe)</u>	47
8.4.1.	Department of Anesthesiology and Peri-Operative Medicine	47
8.4.2.	Department of Cardiovascular Medicine	47
8.4.3.	Department / Sections of Diagnostic Radiology	47
8.4.4.	Department of Emergency Medicine	47
8.4.5.	Department of Family Medicine and Community Health	47
8.4.6.	Department of Medical Oncology / Hematology	47
8.4.7.	Department / Sections of Medicine	47
8.4.8.	Department / Sections of Obstetrics and Gynecology	48
8.4.9.	Department of Pathology and Laboratory Medicine	48
8.4.10.	Department / Sections of Pediatrics	48
8.4.11.	Department of Radiation Oncology	48
8.4.12.	Department / Sections of Surgery	48

ARTICLE IX	CATEGORIES OF THE MEDICAL STAFF	49
9.1.	Categories	49
9.2.	Active Staff	49
9.2.1.	Qualifications	49
9.2.2.	Prerogatives	49
9.3.	Affiliate Staff	49
9.3.1.	Qualifications	49
9.3.2.	Prerogatives	49
9.4.	Institutional Staff	50
9.4.1.	Qualifications	50
9.4.2.	Prerogatives	50
9.5.	Administrative Staff	50
9.5.1.	Qualifications	50
9.5.2.	Prerogatives	50
9.6.	Ambulatory Staff	51
9.6.1.	Qualifications	51
9.6.2.	Prerogatives	51
9.7.	Bioscientific Staff	51
9.7.1.	Qualifications	51
9.7.2.	Prerogatives	51
9.8.	Limited Staff	52
9.8.1.	Qualifications	52
9.9.2.	Prerogatives	52
9.9.	Honorary Consulting Staff	52
9.9.1.	Qualifications	52
9.9.2.	Prerogatives	52
9.10.	Allied Staff	53
9.10.1.	Qualifications	53
9.11.2.	Prerogatives	53
9.11.	Emeritus Staff	53
9.11.1.	Qualifications	53
9.11.2.	Prerogatives	53
9.12.	Retired Staff	53
9.12.1.	Qualifications	53
9.12.2.	Prerogatives	53
ARTICLE X	STAFF MEETINGS	55
10.1.	Regular Meetings	55
10.2.	Special Meetings	55
10.3.	Quorum	55
10.4.	Attendance	55
10.5.	Agenda	55
10.5.1.	Regular Meeting	55
10.5.2.	Special Meetings	56
10.6.	Notice	56
10.7.	Department and Section Meetings	56

ARTICLE XI	COMMITTEES	57
11.1.	Committee Establishment and Procedure	57
11.1.1.	Quorum	57
11.1.2.	Action	57
11.1.3.	Minutes	57
11.1.4.	Confidentiality of Committee Functions	57
11.1.5.	Term of Appointment	57
11.1.6.	Delegation	57
11.2	Bylaws Committee (Corporate)	57
11.3	Credentials and Qualifications Committees	58
11.4	Graduate Medical Education Committee (Corporate)	58
11.5	Infection Control Committees	59
11.6	Medical Staff President's Council	59
11.7	Medication Use Committee (RO, Troy, & GP)	59
11.8	Quality and Safety Committee (RO, Troy & GP)	59
11.9	Radiation Safety Committee (Corporate)	59
11.10	Special Committees	60
ARTICLE XII	AMENDMENTS	61
12.1.	Amendments to Bylaws or Rules / Regulations / Policies	61
12.2.	Initiation of Amendments	61
12.3.	Procedure	61
12.4.	Proposal and Approval, Conflict	61
12.5.	Urgent Amendments	61
12.6.	Adopted Bylaws and Rules / Regulations / Policies	62
ARTICLE XIII	AUTHORIZATIONS AND IMMUNITY FROM LIABILITY	63
13.1.	Express Conditions	63
13.1.1.	Good Faith Disclosures Privileged	63
13.1.2.	Extension of Privilege	63
13.1.3.	Immunity from Liability	63
13.1.4.	Scope of Immunity	63
13.1.5.	Nature of Information	63
13.1.6.	Execution of Releases	64
13.1.7.	Authorization for Consultation and Review	64
13.1.8.	Confidentiality of Information	64
ARTICLE XIV	DUES	65
14.1.	Categories Assessed	65
14.2.	Categories Not Assessed	65
14.3.	Proration	65
14.4.	Payment of Dues	65
14.5.	Expenditures	65
ARTICLE XV	STAFF DISASTER ASSIGNMENT	66
15.1.	Assignments	66
15.2.	Disaster Privileging	66

DEFINITIONS

1. **APPLICANT** means a physician, dentist, or other health care professional eligible to apply for membership on the Medical Staff, who applies or reapplies for such membership.
2. **BOARD OF DIRECTORS** means the governing body of William Beaumont Hospital, doing business as Beaumont Health System (the Corporation), or its delegee.
3. **CLINICAL PRIVILEGES** or **PRIVILEGES** means the permission granted to a Medical Staff member or Advanced Practice Providers to render specific patient services.
4. **DEPARTMENT** means a segment of the Medical Staff sharing both an Academic Portfolio of educational and research programs and a Clinical Portfolio of academic and clinical expertise in a particular area of medicine. Departments shall be headed by a Department Chief who shall discharge his or her duties as set forth in these Bylaws.
5. **DOCTOR:** means allopathic, osteopathic, dental and podiatric practitioners as defined by Michigan law.
6. **HOSPITAL(s)** means Beaumont Hospital, Royal Oak (RO), Beaumont Hospital, Troy (Troy), Beaumont Hospital, Grosse Pointe (GP) divisions of William Beaumont Hospital, a Michigan non-profit corporation doing business as, and referred to as Beaumont Health System in these Bylaws.
7. **MEDICAL STAFF** or **STAFF** means all physicians, dentists, and other health care professionals who have been granted recognition as members of the Medical Staff of a Hospital according to the terms of these Bylaws. Each Hospital has a separate Medical Staff, which is governed by these Bylaws.
8. **MEDICAL STAFF YEAR** means the period from January 1 to December 31 of each year.
9. **MEMBER** or **STAFF MEMBER** means, unless otherwise expressly limited, any physician, dentist, or other health care professional, holding a current license if required by law to practice in the State of Michigan, who is a member of the Medical Staff.
10. **ADVANCE PRACTICE PROVIDER (APP)** means an advanced clinical medical professional who is licensed to care for patients in accordance with delineated clinical privileges and / or job description under the supervision of a physician. Advanced Practice Providers include nurse practitioners (NP), physician assistants (PA), certified registered nurse anesthetists (CRNA) and certified nurse midwives (CNM). Advanced Practice PA may not be members of the Medical Staff of Beaumont Health System but are eligible for clinical privileges.
11. **SECTION** means section of a Department of the Medical Staff sharing both an Academic Portfolio of educational and research programs and a Clinical Portfolio of academic and clinical expertise in a particular area of medicine. Sections shall be headed by a Section Head who shall discharge his or her duties as set forth in these Bylaws.
12. **CHIEF MEDICAL OFFICER** means the physician(s) appointed by the Board of Directors to be responsible for general management of the medical activities of the Hospital(s) or his/her delegee during times of unavailability. May also be referred to as Senior Vice President and Chief Medical Officer.

BYLAWS OF THE MEDICAL STAFF OF BEAUMONT HEALTH SYSTEM

PREAMBLE

These Bylaws are promulgated by direction of the Board of Directors, as the governing body of Beaumont Health System, to establish procedures for selection and organization of a Medical Staff which will enable the Divisions of Beaumont Hospital, Royal Oak, Beaumont Hospital, Troy and Beaumont Hospital, Grosse Pointe to be utilized effectively for the health care, education and research purposes for which the Corporation was formed.

To attain these purposes, there are herein created provisions for: (1) the appointment of Staff members dedicated to the goals of the Corporation and of the community which it serves; (2) the organization of Staff members along the lines of their specialization so as to promote efficient formulation and administration of policy, accurate evaluation of professional performance, enhancement of the quality and safety of health care, research and educational training, efficiency in the utilization of facilities and in its budgetary processes; (3) the monitoring and evaluation of general functions not solely limited by area of specialization through the establishment of oversight committees; (4) the periodic review and evaluation of these governing procedures so as to facilitate the Corporation's maintenance of its standing as a comprehensive health care corporation.

ARTICLE I

ETHICS AND ACCREDITATION

1.1 ETHICS AND ACCREDITATION

A member of the Staff shall at all times abide by the appropriate Codes of Ethics of the American Medical Association, American Osteopathic Association, American Dental Association, American Podiatric Medical Association, or if a member of another health care profession, the professional principles or codes of ethics appropriate to their profession, and as a condition of appointment and reappointment pledge to: (1) provide competent, humane, and efficient patient care, seeking consultation with other professionals where appropriate to do so; (2) delegate in the Staff member's absence the responsibility for diagnoses or care of his / her patients only to a practitioner who is qualified to undertake this responsibility; (3) refrain from grant or receipt of any inducements for patient referral; (4) refrain from entering into any arrangement to directly or indirectly share or divide fees received in connection with the rendering of professional services, except in cases where a partnership, association or an employee relationship exists; (5) treat other Staff members and Hospital employees with dignity, courtesy and respect.

All members of the Staff shall agree to cooperate, and accept responsibility, to maintain the applicable standards and meet the applicable requirements of state and federal law and of the Michigan Department of Licensing and Regulatory Affairs, of the Joint Commission, of the United States Department of Health and Human Services, of other third-party payers, and licensing, accrediting, regulatory and peer review organizations so that the Division may be fully licensed, accredited and qualified for third-party reimbursement.

1.2 CORPORATE ETHICS STRUCTURE

The Corporate Institutional Ethics Committee (I.E.C.) consists of members representing each of the Hospitals in the Beaumont system and the community. The I.E.C. reports to the Corporate Chief Medical Officer and through him/her to the Board of Directors.

The directors / chairpersons of the Ethics Consultation Services / Committees at the Royal Oak, Troy, and Grosse Pointe Hospitals report to the Corporate Director of Clinical Bioethics, and with the Corporate Director of Clinical Bioethics comprise the Corporate Office of Clinical Bioethics.

ARTICLE II

MEDICAL STAFF RULES / REGULATIONS / POLICIES

2.1 MEDICAL STAFF RULES / REGULATIONS / POLICIES

To facilitate competent, orderly and efficient provision and administration of health care services at the Hospital and otherwise provide for implementation of the principles set forth in these Bylaws, the Medical Executive Committees shall prepare the Rules / Regulations / Policies to govern the Staff and promulgate them in a Physician's Handbook which will be updated at least every three (3) years. Rules / Regulations / Policies are amended as set forth in these Bylaws.

The Chief Medical Officer is delegated authority to temporarily suspend an existing Rule or Regulation or Policy in the interest of patient care until the matter is considered by the Medical Executive Committees and the Board of Directors.

The Medical Executive Committee is delegated the authority to approve, on behalf of the Medical staff, such amendments to the Rules / Regulations / Policies as are, in its judgment, strictly clerical modifications or clarifications such as punctuation, spelling or other errors in grammar, expression or intent.

2.2. DEPARTMENT AND SECTION RULES / REGULATIONS / POLICIES

Each Hospital Medical Staff, Department and Section may adopt rules, regulations, and policies for the administration of its own activities. No such rules, regulations, or policies may conflict with the Corporate Bylaws or Rules / Regulations / Policies of the Medical Staff.

ARTICLE III

STAFF APPOINTMENT AND REAPPOINTMENT

3.1. STAFF MEMBERSHIP REQUIRED

Except as provided for in these Bylaws and otherwise specified herein, no person shall exercise clinical privileges in the Hospital unless and until he or she applies for and receives an appointment to the Staff with clinical privileges.

The Board of Directors shall determine which categories of health care practitioners, in accordance with state law, may be eligible for membership on the Medical Staff, as well as which categories of health care practitioners are eligible for Medical Staff membership and privileges only as employees of the Hospital, and which categories, if any, are not allowed Medical Staff membership but are eligible for privileges.

3.2. QUALIFICATIONS FOR STAFF MEMBERSHIP

All members of the Staff shall be graduates of Medical, Osteopathic, Dental or Podiatric schools or post-graduate programs appropriate to membership on the Bioscientific Staff, and currently licensed to the extent required to practice their profession in the State of Michigan. Staff membership is a privilege, and no one is entitled to such membership or the exercise of clinical privileges in the Hospital merely by virtue of licensure in Michigan, membership in a professional organization, past or present membership on the Staff, or membership or privileges in any other Hospital. The applicant shall have the burden of producing information satisfactory to the Hospital for a proper evaluation of all relevant criteria and resolving any doubt about their qualifications.

Gender, race, creed, and national origin shall not be used in making decisions regarding the granting or denying of Medical Staff membership or clinical privileges.

3.3. TERMS OF APPOINTMENT

Appointment to the Staff shall be made by the Board of Directors upon the recommendations of the Medical Executive Committees shall be for a period not to exceed two (2) calendar years unless the appointment is earlier terminated by the Board of Directors. Failure by any Staff member to deliver health care services in the Hospital and to abide by all provisions of the Corporate and Medical Staff Bylaws and the Rules / Regulations / Policies of the Medical Staff, Department or Section may be cause for termination of clinical privileges and termination of Staff membership or any other sanction authorized by these Bylaws. During the term of any appointment the Staff member must maintain all relevant qualifications and commitments that were a part of his / her application and appointment. Reappointments shall be considered and, where deemed appropriate, shall be made by the Board of Directors.

3.3.1. CONDITIONAL APPOINTMENT / REAPPOINTMENT. Recommendations for appointment and reappointment may be subject to an applicant's compliance with specific conditions. These conditions may relate to behavior (e.g., Professional Conduct Policy) or to clinical issues (e.g., performance improvement steps such as general consultation requirements, proctoring, completion of CME requirements). Newly-appointed physicians must have a Focused Professional Practice Evaluation within the first six months of appointment, and reappointments may be recommended for periods of less than two years in order to permit closer monitoring of a member's compliance with any condition that may be imposed.

A recommendation for conditional appointment or reappointment for a period of less than two years does not, in and of itself, entitle a member to request a hearing or appeal.

In the event the applicant for reappointment is the subject of an investigation or a hearing at the time reappointment is being considered, a conditional reappointment for a period of less than two years may be granted pending the completion of that process.

3.4. APPOINTMENT RECORDS

The Central Credentialing Office(s) designated by the Corporate Chief Medical Officer shall maintain appropriate records concerning each Staff member, including without limitation, the Staff application, reappointment application, a record of licensure, health status, peer review records, category of Staff membership, and delineation of privileges. Access to these confidential peer review materials and records shall be limited to those involved in specific peer review activities delegated by the Hospital and / or the Board of Directors, including the Chief Medical Officer(s) or their designee(s), the President of the Medical Staff, the Staff Member's Chief or Vice-Chief of Department, or Head of Section or appropriately designated individuals. Individual Staff members may access those portions of their records not maintained in peer review confidentiality. The individual Staff member will be notified of any record, which may have an adverse effect on his / her Staff membership or privileges.

3.5. APPLICATION FOR APPOINTMENT

No application for Staff membership or reappointment shall be accepted unless it is complete and the applicant is eligible for Staff membership as described in this Article. Failure to accurately complete and update the application form as required in these Bylaws, the withholding of requested information, or the providing of false or misleading information, shall, in and of itself, constitute a basis for denial or revocation of Medical Staff appointment. If all required materials and documentation are not satisfactorily provided to complete the application within one hundred eighty days (180) from the initial submission of the application the application may be deemed withdrawn. The following procedure shall be employed for Staff appointment and reappointment:

3.5.1. APPLICATION CRITERIA. Acceptance for membership on the Staff shall be based upon individual merit without regard to association with the Hospital or members of the Staff. Application shall be made according to a prescribed form which shall require the applicant to state and, if required, to document, among other things, the applicant's:

- 3.5.1.1. Identification by means of a current state or federal-issued identification containing a photograph of the applicant;
- 3.5.1.2. Background, experience, qualifications and references;
- 3.5.1.3. Freedom from, or full control over, any significant physical, mental, or behavioral illness or impairment that interferes with, or presents a substantial probability of interfering with patient care, the exercise of privileges, the assumption and discharge of required responsibilities, or cooperative working relationships, in accordance with the prevailing standard of professional practice; and agreement to cooperate openly and fully in any required health assessment;
- 3.5.1.4. Good Standing:
 - (a) whether applicant's practice or request for any medical staff appointment or reappointment, clinical privileges, employment, membership, provider status, right to practice or participate at another hospital, ambulatory care or health care facility or entity or with a health maintenance organization, preferred provider or managed care plan (HMO, PPO, etc, or any third-party payor (such as Blue Cross/Blue Shield) has ever been: denied; withdrawn; resigned while under formal or informal investigation or before a decision was rendered by the governing body of such entity or organization; suspended, diminished, limited, revoked, not renewed or involuntarily or voluntarily relinquished, or subject to focused monitoring, probation or other

condition; or subject to any proceedings or investigations relating to clinical competence or professional conduct;

- (b) whether applicant's license to practice in any state / district / country / jurisdiction has ever been or sought to have been denied, limited or restricted, suspended, revoked, involuntarily or voluntarily relinquished, or made subject to probation or otherwise investigated, or has ever been fined or reprimanded by any state licensure board;
- (c) whether applicant's state-controlled license or federal narcotic license has ever been or sought to have been limited, suspended, revoked, or denied, involuntarily or voluntarily relinquished or ever had any conditions placed on them;
- (d) whether applicant has ever been or sought to have been sanctioned, suspended, excluded or expelled or otherwise precluded from participating in Medicare, Medicaid or any other federal, state or private health insurance program or has ever been subjected to civil money penalties under the Medicare or Medicaid programs;
- (e) whether applicant's membership in any medical society or specialty certification board has ever been subject to disciplinary action or has been sought to have been suspended, terminated or voluntarily relinquished and the outcome of any such proceedings(s);
- (f) whether applicant is currently either under indictment or formally charged with, or has ever been convicted of, or entered a plea of guilty or no contest to, any felony or whether such charges are pending;
- (g) whether applicant is currently either under indictment or formally charged with, or has ever been convicted of, or entered a plea of guilty or no contest to any misdemeanor other than a traffic citation or whether such charges are pending;
- (h) whether applicant has ever been involved in any medical liability litigation, including malpractice claims, Notices of Intent, suits, settlements or arbitrations and the outcome of such proceedings(s);
- (i) evidence of malpractice insurance coverage, acceptable under the Hospital's current policy; and
- (j) evidence of participation in relevant or required continuing medical education.

3.5.1.5. Request for clinical privileges specification of the facilities of the Hospital which are required and the projected use of Hospital facilities by the applicant based upon the geographic location of the applicant's office and patients, type of practice, and stated intentions and availability. Medical staff members must immediately notify the Medical Staff Office of any changes of the information required by this section.

3.5.1.6. Areas of research, medical education, and continuing education in which applicant is professionally interested and applicant's indication of willingness to participate in accordance with the terms of these Bylaws as a student or instructor, where qualified;

3.5.1.7. Acknowledgment of understanding of the application procedures and Bylaws and Rules / Regulations / Policies furnished in connection therewith and pledge to abide by the principles or codes of ethics pertinent to profession, as well as the Bylaws and Rules / Regulations / Policies of the Staff and to abide by and participate in the Hospital's Corporate Compliance Plan and policies;

- 3.5.1.8. Willingness to appear for interviews or meetings as requested in regard to all matters concerning the application, Staff membership, or clinical privileges;
- 3.5.1.9. Authorization for release of information, release of medical information, and waiver of any medical or physician-patient privilege necessary to determine whether the applicant can perform duties and requested privileges with or without reasonable accommodation and whether he / she can do so without posing a threat to themselves or others, and release of the Hospital, its agents, employees, and all members of its Board of Directors, administration and Staff from any and all liability to the fullest extent permitted by law regarding:
- (a) consultation with individuals or entities who have been associated with the applicant and who may have information concerning the applicant's competence, qualifications, performance, or ethics, or with any other person or entity who may have information bearing thereon;
 - (b) inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested;
 - (c) statements made or any action taken in good faith and without malice by any person or entity with consideration of the application, reapplication, reduction, suspension, or termination of Staff membership or privileges of the applicant, or in connection with any other form of review of professional practices of Staff members in the Hospital;
 - (d) information, records, documents, or professional opinions relating to the applicant's physical, mental, or behavioral health necessary to determine whether the applicant can perform his or her duties as a Staff Member with or without reasonable accommodation and whether he or she can do so without posing a direct threat to themselves or others;
 - (e) disclosures to other hospitals, medical associations, licensing boards, government agencies and entities and to other similar organizations as required by law, of any information regarding the applicant's professional or ethical standing that the Hospital or Staff may have;
- 3.5.1.10. Agreement to release all individuals, entities or organizations providing the information, opinions, records or documents described above to the Hospital or its agents, employees, members of the Board of Directors, Administration and Staff, from any and all liability to the fullest extent permitted by law;
- 3.5.1.11. Agreement that all records, information, data and knowledge respecting professional practice or peer review functions of the Hospital are to be kept confidential as required by law, including without limitation, proceedings in connection with application, reapplication, reduction, suspension, or termination of Staff membership or privileges, the work of committees and individuals assigned professional practice or peer review functions pursuant to these Bylaws, Rules / Regulations / Policies, and the policies and procedures of the Hospital and Staff, and the applicant's specific agreement to keep all such information confidential; and
- 3.5.1.12. Pledge as a condition of Staff membership to provide for continuous care as set forth in the Medical Staff Physician Handbook (Rules / Regulations / Policies) and to accept new patients and perform emergency call coverage obligations as requested by the Chief of Department or Head of Section.

3.5.2. BOARD CERTIFICATION. Prior to application to the Staff, all physicians must have specialty board certification in the area in which they are seeking privileges by a certifying board

recognized or approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists, the American Dental Association or the Council on Podiatric Medical Education and the American Medical Association Council on Medical Education.

3.5.2.1. **BOARD RECERTIFICATION.** Once accepted for Staff membership, all physicians / dentists must maintain certification. Physicians otherwise in good standing whose certification lapses will be given one opportunity to retake and become recertified at the next available exam.

3.5.2.2. **EXCEPTIONS.** Recent graduates from a training program as identified above must achieve the required specialty board certification within three (3) years of the earliest date on which they could have become board certified as determined by the specialty board. Physicians achieving specialty board certificates, or its equivalent, in foreign countries may be considered as an exception to the above, based on individual merit and on the clinical, educational and research needs of the Department / Section and the Hospital.

3.5.3. **APPLICATION PROCEDURE.** Applications for Staff membership and privileges at any Hospital in the Corporation shall be uniformly processed and considered. Applications will be received and processed at the central Credentialing Office. An applicant for Staff membership at more than one Hospital of the Corporation may submit one application indicating the Hospitals at which he or she seeks Staff Membership and privileges. All applications for new Staff appointments and privileges, and changes in privileges by current Staff members, shall be considered and acted upon at least every two months.

Applications and supporting materials for Staff membership and privileges which are deemed complete and verified to the extent possible will be provided to the appropriate Chief / Head.

Applications will be processed and considered consistent with the Processing Guidelines set forth below. At any time during the processing and consideration of an application the applicant may contact the central Credentialing Office of the corporation and be provided information on the status of his / her application.

3.5.4. **DEPARTMENT AND SECTION EVALUATION PROCEDURE.** Upon completion of the application with receipt of all the supporting documentation, the Department Chief(s) and / or Section Head(s) shall consider and evaluate the application and supporting materials, including appropriate references and other pertinent information. The Department Chief(s) and / or Section Head(s) shall investigate, evaluate and / or verify the applicant's ethical standing, character, physical and mental health to perform the privileges requested, interpersonal skills and judgment, professional qualifications and other relevant criteria, including, without limitation: medical / clinical knowledge; technical and clinical skills; clinical judgment; interpersonal skills; communication skills; and professionalism. The Department Chief(s), and / or Section Head(s) shall work with the Medical Staff Office to promptly notify the applicant of any difficulties encountered in obtaining satisfactory information on such matters, and it shall be the applicant's obligation to obtain the required information. Section Heads will coordinate their reviews and recommendations with their Department Chiefs.

3.5.5. **DEPARTMENT AND SECTION CONSIDERATIONS.** The evaluating Department Chief and / or Section Head shall review the application and supporting materials with reference to, among other things:

- (a) The Hospital's ability to provide facilities and support services to the applicant and his or her patients;
- (b) The willingness and ability of the applicant to advance patient care and the Hospital's education and research needs;

- (c) The needs of the Department(s) and / or Section(s) to which the applicant is applying;
- (d) The privileges sought by the applicant;
- (e) The geographic location of the applicant and the applicant's office;
- (f) Any policies and plans officially adopted or instituted by the Medical Staff of the Hospital and the Board of Directors; and
- (g) Any other matters deemed relevant to a recommendation concerning the application.

3.5.6. DEPARTMENT AND SECTION RECOMMENDATION. Department Chiefs and / or Section Heads or designees shall make a written recommendation concerning the applicant to that Hospital's Credentials and Qualifications Committee. The Department Chief or Section Head must specifically recommend the clinical privileges to be granted and may recommend probationary conditions related to clinical privileges.

3.5.7. COMMITTEE APPOINTMENT RECOMMENDATION. The Hospital's Credentials and Qualifications Committee shall review the completed application together with the report of the Department Chief(s) under all of the guidelines and criteria set forth in these Bylaws, and all policies and plans adopted and instituted by the Medical Staff of the Hospital and the Board of Directors, and make a recommendation and report regarding approval of the application for Medical Staff membership and specific clinical privileges to the Medical Executive Committee.

3.5.8. PROCESSING GUIDELINES. Accepted applications for Staff appointments shall be considered in a timely manner by all persons and committees required by these Bylaws to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing of applications:

- (a) review and recommendation by Section / Department(s): thirty (30) days after receipt of all necessary documentation and verification of completeness;
- (b) review and recommendation by Hospital(s) Credentials and Qualifications Committees ninety (90) days after receipt of all necessary documentation;
- (c) review and recommendation by Medical Executive Committee(s) at its next regular meeting; and
- (d) final action at the next regular meeting of the Board of Directors.

3.6. APPLICATION FOR REAPPOINTMENT AND MODIFICATION

3.6.1. REAPPLICATION PROCEDURE. Staff members shall receive a reappointment application form at least (5) months prior to the expiration of the Staff member's current appointment period. An applicant for Staff reappointment at more than one Hospital of the Corporation may submit one reappointment application indicating the Hospitals at which he or she seeks reappointment. The member shall then have forty-five (45) days to complete the application and submit it along with other required information to the Medical Staff Office of the Hospital(s) where he or she has privileges, or a central Medical Staff Office as directed. If a completed reappointment packet is not returned within the time period specified, the member will be processed as a voluntary resignation effective on the date his / her appointment expires. The Central Credentialing Office shall review the application and supporting material and verify all matters to the extent possible. The Central Credentialing Office shall provide the Chief / Head(s) with the application for reappointment and supporting materials.

3.6.2. EVALUATION PROCEDURE. At least two (2) months prior to the expiration date of current Staff appointment (except for temporary appointments) appropriate Chief(s) and / or Head(s) shall review the status of each member of the Staff and recommend reappointment, termination, or any modification in Staff status or clinical privileges to the relevant Hospital Credentials and Qualifications Committee. A Staff member who seeks a modification in Staff category or clinical privileges may submit a request at any time, except that such application may not be filed within six (6) months of the time a similar request has been denied or following confirmation of an adverse action.

The appropriate Chief(s) and / or Head(s) will make a recommendation to the relevant Hospital Credentials and Qualifications Committee regarding the reappointment or modification of Staff status or clinical privileges based on the following:

- (a) A complete, accurate and updated information form which all members of the Staff shall be required to file with the Central Credentialing Office upon request. This form shall include all information necessary to update and evaluate the qualifications of the member including matters set forth in Section 3.5.1., as well as other relevant matters;
- (b) Reports of the applicable Department Chiefs and / or Section Heads any other peer review committees, mechanisms or entities which may produce information deemed relevant by the Chief and / or Heads and / or the Hospital Credentials and Qualifications Committee;
- (c) The result of ongoing and focused professional practice evaluations of the Staff member's professional competence and judgment in treatment of patients; clinical or technical skills; ethical standards of conduct; board certification / re-certification status; participation in educational and research functions; adherence to the Medical Staff Bylaws and Medical Staff Physician Handbook (Rules / Regulations / Policies); attendance at required service, departmental, section, and general Medical Staff meetings; cooperation with other Staff members, Hospital employees / personnel and patients; and efficient utilization of the Hospital's resources and facilities for patients; and
- (d) Hospital Activity Guidelines and office assessments may be used among the criteria for reappointment to the Medical Staff and / or modification of clinical privileges. The appropriate Chief or Head, Credential and Qualifications Committees, Medical Executive Committees and Board of Directors have the discretion to conduct an expanded safety and quality assessment of the practitioner's activity in the office or at another institution in lieu of or to supplement the usual review of inpatient admissions, consultations or procedures in specific situations where the physicians have not met Hospital Activity Guidelines or where such additional review is requested by the practitioner's Department Chief or Section Head or any of the Committees or Boards involved in Beaumont Health System credentialing processes.
- (e) The recommendations of the respective Hospital's Credentials and Qualifications Committee shall be forwarded to appropriate Medical Executive Committee. Thereafter the effect and procedural processing of the application for reappointment or modification of staff status or clinical privileges is the same as that set forth under Sections 3.7. - 3.8.

3.7. CREDENTIALS AND QUALIFICATIONS COMMITTEE RECOMMENDATION

3.7.1. COMMITTEE RECOMMENDATIONS. The Credentials and Qualifications Committee of each Hospital shall review the completed applications for appointment and reappointment for Medical Staff membership together with the report(s) of the Chief(s) of Department(s) and

Head(s) of Section(s) and specific clinical privileges recommended under all of the guidelines and criteria set forth in these Bylaws, and all policies and plans adopted and instituted by the Medical Staff of the Hospital and the Board of Directors, and make a recommendation and report regarding approval of the application for appointment or reappointment for Medical Staff membership and specific clinical privileges recommended to the appropriate Medical Executive Committee.

- 3.7.2. APPOINTMENT / REAPPOINTMENT TO MULTIPLE HOSPITALS.** Differing circumstances and assessments will always be considered, recognizing that appropriate consistency and rationales for divergent recommendations in the evaluations of Medical Staff applications for appointment or reappointment throughout the Corporation are to be encouraged. Accordingly, whenever a Staff member has submitted an application for appointment or reappointment and privileges at more than one Hospital of the Corporation, or when an individual who is a Staff member on one Hospital of the Corporation submits an application for reappointment and privileges at another Hospital(s) of the Corporation, the Chairs of each involved Hospital Credentials and Qualifications Committee shall meet or mutually communicate prior to any Hospital Committee's consideration of such reappointment application(s), and, if necessary, shall meet or mutually communicate again prior to any consideration of such reappointment application(s) at any Medical Executive Committee.

3.8. MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

At the regular meetings after receipt of the Credentials and Qualifications Committee report and recommendation, or as soon thereafter as is practicable, each Medical Executive Committee shall consider the recommendation and any other relevant information. A Medical Executive Committee may request additional information, return the matter to the Hospital Credentials and Qualifications Committee for further investigation or conduct its own investigation or interview. Each Medical Executive Committee shall forward to the Board of Directors a recommendation as to the approval, deferral or rejection of any application, reapplication and clinical privileges sought or modified. The reasons for each recommendation shall be stated.

3.9. BOARD OF DIRECTORS ACTION

Board of Directors shall make the final determination concerning staff appointments, re-appointments, and clinical privileges. At its discretion the Board of Directors may return recommendations submitted to it to the Medical Executive Committee(s) or other committee(s) involved in the process for reconsideration. Notice of the final decision shall be given to the Corporate Chief Medical Officer, the appropriate Chief Medical Officer(s), the appropriate Medical Executive Committee(s), Department Chief(s) and / or Section Head(s) concerned, the applicant or Staff member involved, and Hospital Administration(s).

3.10. REAPPLICATION AND REPROCESSING AFTER REJECTION / DENIAL / TERMINATION

- 3.10.1.** No person whose application, reapplication and / or clinical privileges has / have been rejected, denied, or whose Staff membership has been terminated or revoked shall be entitled to have a new application accepted for reprocessing within three (3) years following the rejection, denial, termination or revocation. However, nothing in this policy shall prohibit a Medical Executive Committee from at any time inviting an applicant to re-apply for Staff membership when the circumstances that resulted in the rejection, denial, termination or revocation, have changed.
- 3.10.2.** Physicians whose application, reapplication and / or clinical privileges have been rejected, denied, terminated or revoked may not request Staff membership and / or clinical privileges until they show that there has been a significant change in their qualifications or circumstances in order to justify reconsideration of the same.

- 3.10.3.** Before a reapplication after rejection, denial, termination or revocation may be accepted for reprocessing, the Chief of Department or Head of Section shall investigate and recommend to the Hospital's Credentials and Qualifications Committee his / her determination that the reapplication be accepted or rejected for reprocessing based on the following criteria:
- (a) There has been significant change in qualifications or circumstances in order to justify reconsideration for appointment; and
 - (b) The person who is reapplying has not engaged, directly or indirectly, in any activity or conduct inimical or in any way contrary to the best interests of Beaumont Health System.
- 3.10.4.** The person who is reapplying shall have the burden of providing information for the adequate evaluation of the above criteria and shall not be entitled to a reprocessing of an application if such burden is not sustained.

3.11. EMPLOYED STAFF MEMBERS AND ADVANCED PRACTICE PROVIDERS

Staff Members and Advanced Practice Providers (APP) employed by Beaumont Health System shall apply for membership on the Medical Staff and / or privileges in the same manner as prescribed for other individuals and shall be subject to the same provisions as set forth above. Any Beaumont-employed Staff Member or APP who has a grievance or whose employment has been terminated may invoke the Beaumont Health System Grievance Procedure for such employed individuals then in effect. That procedure is the employee's exclusive remedy to redress any dispute, claim, grievance, or adverse action concerning his or her employment or its termination. The rights of a terminated Staff Member or APP employee to continue on the Medical Staff of the Hospital and / or exercise privileges are governed by the provisions of these Bylaws concerning such Medical Staff and privileging rights unless the written contract of the terminated employee with the Hospital expressly provides otherwise.

3.12. EXCLUSIVE DEPARTMENTS OR AREAS

- 3.12.1. EXCLUSIVITY STATUS.** To improve patient care and promote more efficient Hospital operations, adequacy of coverage, maintenance of standards, more efficient use of facilities, quality assurance, and to serve other Hospital policies as may be determined by the Board of Directors, certain Hospital facilities may be used on an exclusive basis. Applications for appointment, reappointment and clinical privileges relating to those Hospital facilities and services will not be accepted for processing, except for applications by professionals who have been granted exclusivity status and professionals employed or engaged by the professionals granted exclusive rights.
- 3.12.2. FACILITIES AND AREAS SUBJECT TO THE EXCLUSIVITY POLICY.** The Board of Directors reserves the right, in its sole discretion, to make any Hospital facilities and area subject to the exclusivity and to exclusive arrangements with certain professionals.
- 3.12.3. EFFECT OF CONTRACT EXPIRATION OR TERMINATION OF EXCLUSIVITY STATUS.** The expiration or termination of exclusivity status shall be determined by the Board of Directors in its sole discretion. No action, recommendation or decision by the Hospital or the Board of Directors with regard to the expiration, termination or failure to renew any such exclusivity status with a professional shall be subject to or conditioned upon any proceedings or exercise of rights under these Bylaws.

3.13. LEAVE OF ABSENCE

- 3.13.1. LEAVE PROCEDURE.** Members of the Staff whose professional or personal circumstances require them to interrupt Hospital activities for a period of more than three (3) months must request a leave of absence not to exceed one (1) year. The request shall be in writing, specify the reasons therefore, and be addressed to the appropriate Chief Medical Officer and applicant's Department Chief or Section Head. Approval and any extension beyond one (1) year, however, shall not be granted without review and approval of the Medical Executive Committee(s). No Staff member shall be entitled to an appeal under Article VI of a denial of a request for leave of absence or the requirement of an application for reappointment.
- 3.13.2. INACTIVE STATUS.** During the period of leave, the Staff member shall not exercise clinical privileges at a Hospital of the Corporation and his / her membership rights and responsibilities shall be inactive.
- 3.13.3. RETURN FROM LEAVE.** Staff Members returning from approved educational leaves of absence may resume clinical privileges and membership rights and responsibilities upon written notification to the Chief of Department or Head of Section. In all other circumstances, the following procedures apply: (1) at least thirty (30) days prior to the termination of the leave of absence, the Staff member shall submit a summary of relevant activities and whatever information may be necessary for the Hospital Credentials and Qualifications Committee to verify the current competence of the Staff member, (2) the Hospital Credentials and Qualifications Committee, in its discretion, may require a new application for appointment to the Staff, (3) return from leave of absence must be recommended by the Chief of the Department to which the member is assigned and the Hospital Credentials and Qualifications Committee, and approved or disapproved by the Medical Executive Committee(s), and (4) an application for reappointment after a leave of absence shall be processed under the Application for Staff Membership provisions of these Bylaws.
- 3.13.4. REAPPOINTMENT / REINSTATEMENT.** A Staff member whose term of appointment would expire during the leave of absence will be required to submit a timely application for reappointment / reinstatement concurrently with notification to the appropriate Chief Medical Officer of anticipated date of return. Failure to request reappointment in such circumstances shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of Medical Staff membership and privileges.

3.14. OBLIGATION TO NOTIFY

Appropriate Chief Medical Officer of Adverse Actions; Significant Illness; Felony or Misdemeanor Indictment / Charge / Conviction; Involuntary or Voluntary Changes in Licensure or Clinical Privileges or Employment by or at Another Institution, or Any Legal Action Relating to the Practice of Medicine:

- 3.14.1. NOTIFICATION OF INITIATION OF ACTION.** Each Staff member or other individual granted clinical privileges in the Hospital must notify the appropriate Chief Medical Officer within ten (10) days following the receipt of a notice of adverse actions being initiated against him or her. Such adverse actions where notice of initiation of proceedings is required include, without limitation:
- (a) any process which could result in an exclusion, revocation, involuntary or voluntary termination, reduction, suspension, or other limitation of membership, privileges, prerogatives, participation rights or employment,
 - (b) any process which could result in a termination, suspension, probation, reprimand,

fine or limitation relating to any state or federal license and / or right to prescribe any medication;

- (c) any institution of probation or a requiring of consultation or supervision; or
- (d) any denial of appointment, reappointment or requested change in a membership, privilege or right related to the delivery of health care services.

Notification of initiation of adverse actions is required when the matter arises at:

- (a) another hospital, ambulatory care or health care facility or entity where such individual was / is employed or held / holds membership or has / had rights or privileges related to the delivery of health care services;
- (b) a government entity, agency, or program including for instance Medicare or Medicaid (except when the Staff member voluntarily chooses not to participate in such program); or
- (c) any health maintenance organization, preferred provider organization or managed care plan (HMO, PPO, etc) or any other third-party payor such as Blue Cross / Blue Shield of Michigan (BCBSM).

The affected Staff member shall provide the Hospital with complete information satisfactory to the Hospital as to the reasons for the initiation of adverse action and the progress of the proceeding.

3.14.2. SIGNIFICANT ILLNESS. Staff members or other individuals granted clinical privileges in the Hospital shall immediately notify the appropriate Chief Medical Officer if they develop or acquire any significant physical, mental, or behavioral illness or impairment that interferes with, or presents a substantial probability of interfering with patient care.

3.14.3. FELONY OR MISDEMEANOR CHARGE OR CONVICTION. Staff members or other individuals granted clinical privileges in the Hospital shall immediately notify the appropriate Chief Medical Officer if they are indicted, formally charged, or convicted of a felony or misdemeanor other than a traffic citation.

3.14.4. INVOLUNTARY OR VOLUNTARY CHANGES IN LICENSURE, CLINICAL PRIVILEGES OR EMPLOYMENT. Staff members or other individuals granted clinical privileges in the Hospital shall immediately notify the Chief Medical Officer of involuntary or voluntary changes of licensure or involuntary or voluntary termination of Medical Staff membership, clinical privileges or employment at other institutions.

3.14.5. LEGAL ACTION. Staff members or other individuals granted clinical privileges in the Hospital shall immediately notify the Chief Medical Officer of any filed or served notice of intent, malpractice suit, or arbitration action related to the practice of medicine.

ARTICLE IV

CLINICAL PRIVILEGES

4.1. EXERCISE OF CLINICAL PRIVILEGES

Except as otherwise provided in these Bylaws, a Staff member providing clinical services at this Hospital shall be entitled to exercise only those clinical privileges specifically granted by the Board of Directors. Said privileges and services must be within the scope of any license, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon, and shall be subject to these Bylaws and the Rules / Regulations / Policies of the Medical Staff and the Department and / or Section and to the authority of the Corporate Chief Medical Officer, Chief Medical Officer, Department Chief and / or Section Head, the Medical Executive Committee and the Board of Directors.

4.2. DELINEATION OF PRIVILEGES IN GENERAL

4.2.1. REQUESTS. Each application for appointment and reappointment to the Staff must contain a request for the specific clinical privileges desired by the applicant. A request by a member for a modification of clinical privileges may be made at any time, subject to the provisions of Section 3.6., but such requests must be supported by documentation of training and / or experience supportive of the request.

4.2.2. BASIS FOR PRIVILEGES DETERMINATION. Requests for clinical privileges shall be evaluated on the basis of the following ongoing and focused review of: (1) the member's education, training and experience; (2) demonstrated professional competence and judgment; (3) clinical performance, and the documented results of patient care and other quality review and peer or professional review monitoring which the Staff deems appropriate; (4) the Hospital's ability to provide facilities and support services to the member or applicant and his or her patients and the needs of the Department(s) or Section(s) in which the privileges are sought; and (5) participation in relevant continuing medical education. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where an applicant or member exercised clinical privileges.

4.2.3. PROCEDURE. Privileges granted to Staff members upon original application or subsequent review shall be recommended by the Department Chief(s) and / or Section Heads, subject to review by the Hospital(s) Credentials and Qualifications Committees and forwarded to the appropriate Medical Executive Committee. The recommendation of that Medical Executive Committee is then forwarded to the Board of Directors for final determination.

4.2.4. HISTORY AND PHYSICAL EXAMINATION. The attending physician, dentist, or podiatrist shall be responsible for the preparation of a complete medical record for each patient. Documentation and assessment / reassessment of each patient must include a pertinent history and physical examination no more than thirty (30) days before or twenty-four (24) hours after admission. A history and physical examination, or pre-procedure evaluation must be performed by a physician or other qualified licensed individual in accordance with State law and Hospital policy.

If a medical history and physical examination has been performed within thirty (30) days prior to admission, such as in the Advance Testing program, or within a private office, it may be used as the history and physical examination for the admission provided that it has been updated within twenty-four (24) hours after admission, but prior to surgery or a

procedure requiring anesthesia, and any changes in the patient's condition must be incorporated into the report.

The minimum content required in a history and physical examination is delineated in the Rules / Regulations / Policies.

All history and physicals and pre-procedure evaluations must be signed (including ID number), timed and dated.

4.3. CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PRACTITIONERS

- 4.3.1. ADMISSIONS.** Dentists, podiatrists and other limited license practitioner members of the Staff may only admit patients if an M.D. or D.O. member of the Staff conducts or directly supervises the admitting history and physical examination and assumes responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the limited license practitioner's lawful scope of practice.
- 4.3.2. SURGERY.** Surgical procedures performed by dentists, podiatrists or other limited license practitioner members of the Staff shall be under the overall supervision of the appropriate Chief of Department or Head of Section or their designee.
- 4.3.3. MEDICAL APPRAISAL.** All patients admitted for care in a Hospital by a dentist, podiatrist or other limited license practitioner shall receive the same basic medical appraisal as patients admitted to other Departments, and an M.D. or D.O. Staff member shall determine the risk and effect of any proposed treatment or surgical procedure on the general health status of the patient. Where a dispute exists regarding proposed treatment between an M.D. or D.O. Staff member and a limited license practitioner member based upon medical or surgical factors outside the scope of licensure of the limited license practitioner member, the treatment will be suspended insofar as possible while the dispute is resolved by the appropriate Department Chief or Section Head.

4.4. TEMPORARY CLINICAL PRIVILEGES

- 4.4.1. CIRCUMSTANCES.** The circumstances for which the granting of temporary clinical privileges are acceptable:
- To fulfill an important patient care, treatment, and service need.
 - When a new applicant with a complete application that raises no concerns is awaiting review and approval of the Medical Executive Committee and Board of Directors.
- 4.4.1.1. Temporary clinical privileges may be granted to a physician, dentist or other non-physician provided that the procedures described below have been followed.
- 4.4.1.2. Such person may attend only patients for a period not to exceed 120 days.
- 4.4.2. APPLICATION AND REVIEW.** Upon receipt of a completed application and supporting documentation from a physician, dentist, or other non-physician authorized to practice in Michigan, the appropriate Chief Medical Officer may grant temporary clinical privileges to an applicant who appears to have qualifications, ability and judgment consistent with the standards utilized in evaluating applications for Staff membership, if:
- 4.4.2.1. there is no evidence of current or previously successful challenge to licensure or registration, involuntary termination of medical staff membership at another

organization, involuntary limitation, reduction, denial, or loss of clinical privileges;

4.4.2.2. verification of the following, at a minimum, is obtained:

- Current licensure
- Relevant training or experience
- Current competence
- Ability to perform the clinical privileges requested
- Query and evaluation of the National Practitioner Databank (NPDB) information
- Acceptable malpractice insurance coverage

4.4.2.3. the appropriate Department Chief, or Section Head has interviewed the applicant (unless waived for good cause) and has approved the competence and ethical standing of the individual requesting such clinical privileges;

4.4.2.4. the applicant is recommended for appointment by the Hospital Credentials and Qualifications Committee unless good cause requires prior approval in the interest of patient care safety;

4.4.2.5. the applicant's file, including the recommendation of the Department Chief, Section Head is forwarded to the appropriate Chief Medical Officer for grant or denial of such clinical privileges. If that Chief Medical Officer approves the grant, he shall notify the applicant and Staff member(s) involved as well as necessary Hospital personnel.

4.4.3. GENERAL CONDITIONS. If granted Temporary privileges, the applicant shall act under the supervision of the Department Chief, or Section Head who shall clearly designate the privileges accorded the applicant and ensure that the Chief, or their designee, is kept closely informed as to his or her activities within the Hospital.

4.4.3.1. Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated by a Medical Executive Committee upon recommendation of the Department Chief or Hospital Credentials and Qualifications Committee or unless affirmatively renewed.

At any time, temporary privileges may be terminated by the Department Chief / Section Head or his / her designee with the concurrence of the appropriate Chief Medical Officer or his / her designee(s). In such cases, the appropriate Department Chief / Section Head or in their absence, the appropriate Chief Medical Officer or his / her designee, shall assign a member of the Staff to assume responsibility for the care of such Staff member's patient(s) still in the Hospital. The wishes of the patient shall be considered in the choice of a replacement Staff member.

Notwithstanding anything to the contrary contained in these Bylaws, there shall be no right to any hearing or appeal because a request for temporary privileges is refused or because all or any portion of temporary privileges are terminated or suspended.

All persons requesting or receiving temporary privileges shall be bound by the Bylaws and Rules / Regulations / Policies of the Staff, Department, and Section.

4.5. TEMPORARY PATIENT CARE PRIVILEGES

4.5.1. IMPORTANT URGENT PATIENT CARE NEED. Appropriately licensed physicians who have not applied for Staff membership may be granted temporary clinical privileges for rare, exceptional instances of treatment of a specific inpatient only upon recommendation from the Department Chief, with written approval by the Chief Medical Officer and after the practitioner signs an acknowledgment of having read and agreeing to abide by and be bound by applicable provisions of the Bylaws. Such privileges shall only be granted when there is a documented important urgent patient care need at one of the hospitals requiring treatment by a physician with specialized training or experience not available from the present Medical Staff, and the transfer of the patient is impossible or impractical. Such temporary clinical privileges shall be restricted to three (3) patients in any calendar year but shall not exceed 120 days.

4.5.2. TEMPORARY PRIVILEGES FOR AN IMPORTANT URGENT PATIENT CARE NEED MAY ONLY BE GRANTED FOLLOWING VERIFICATION OF THE FOLLOWING, AT A MINIMUM:

- Current licensure
- Current competence
- Query and evaluation of the National Practitioner Databank (NPDB) information
- Acceptable malpractice insurance coverage

4.6. TEMPORARY CONSULTING PRIVILEGES

4.6.1 CIRCUMSTANCES. Temporary consulting privileges may be granted to licensed physicians and dentists who may not necessarily be Board certified, but who may be called upon to offer a medical opinion.

4.6.2 REVIEW. Temporary consulting privileges shall be granted on a per-case basis by the appropriate Chief Medical Officer, or his / her designee, upon recommendation of the Department Chief, Section Head, or his / her designee.

4.6.3 GENERAL CONDITIONS.

4.6.3.1 If granted the temporary consulting privileges, the physician or dentist shall act under the supervision of the Department Chief and / or Section Head or his / her designee, but may not render direct care.

Temporary consulting privileges automatically terminate at the end of the consultation for the specific patient. Notwithstanding anything to the contrary contained in these Bylaws, there shall be no right to any hearing or appeal because a request for temporary consulting privileges is refused or because all or any portion of temporary consulting privileges are terminated or suspended.

At any time, temporary consulting privileges may be terminated by the Department Chief and / or Section Head or his / her designee, with concurrence of the appropriate Chief Medical Officer, or his / her designee(s). If necessary, the appropriate Chief and / or Head, or in his / her absence, the appropriate Chief Medical Officer, or his / her designee, shall assign a member of the Medical Staff to assist in the care of the patient still in the Hospital. The wishes of the patient shall be considered in the choice of a replacement physician.

4.6.3.2. All persons requesting or receiving temporary consulting privileges shall be bound by the Bylaws, Rules / Regulations / Policies of the Staff and Department and Section.

4.7. EMERGENCY PRIVILEGES

In the case of an emergency in which the situation requires immediate action to save the life of, or avoid serious harm to, a patient, any member of the Staff, to the degree permitted by his or her license and regardless of Department, Section, Staff status or clinical privileges, shall be permitted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. The Staff member shall make every reasonable effort to communicate promptly with the Department Chief, or Section Head, or his / her designee concerning the need for emergency care and to request assistance by members of the Staff with appropriate clinical privileges, and once the emergency has passed or assistance has been made available, shall defer to the Department Chief / Section Head with respect to further care of the patient at the Hospital.

4.8. MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT

On its own, upon recommendation of the Hospital Credentials and Qualifications Committee, or pursuant to a request under Section 4.2.1., a Medical Executive Committee may recommend a change in the clinical privileges or Departmental / Section assignments of a Staff member.

4.9. PRIVILEGES OF EMPLOYED INDIVIDUALS

Notwithstanding other provisions of this article, Hospital-employed supervised individuals whose job description delineates specific clinical privileges may exercise those privileges within the terms of their job description and their employment relationship with the Hospital.

4.10. SCOPE OF PRACTICE OF ADVANCED PRACTICE PROVIDERS

Advanced Practice Providers may exercise clinical privileges granted by the Board of Directors at the Hospital. The grant of privileges shall be for a period not to exceed two (2) years. The applicant shall have the burden of producing information satisfactory to the Hospital for a proper evaluation of all relevant criteria and resolving any doubt about their qualifications. Failure by such individual granted privileges to abide by all relevant provisions of the Corporate and Medical Staff Bylaw and the Rules / Regulations / Policies of the Medical Staff, Department or Section may be cause for termination of such privileges. Renewals of the grants of such privileges shall be considered and, where deemed appropriate, shall be made by the Board of Directors. Records pertaining to such individuals shall be maintained as directed by the Corporate Chief Medical Officer.

4.10.1 CREDENTIALS AND QUALIFICATIONS COMMITTEE RECOMMENDATION. The Credentials and Qualifications Committee of each Hospital shall itself, or through the establishment of an Advanced Practice Provider Sub-Committee which reports to the Hospital Credentials and Qualifications Committee, review the completed applications for the grant of privileges and all relevant reports, including reports by peers of the applicant. The Hospital Credentials and Qualifications Committee shall make recommendations to the appropriate Medical Executive Committee. The Hospital Medical Executive Committees shall review and make recommendations on such applications and refer the application to the Board of Directors for final approval, deferral or rejection of any application or reapplication, or other action.

4.10.2 ADVANCED PRACTICE PROVIDER APPEALS. Notwithstanding any provisions in these Medical Staff Bylaws to the contrary, Advanced Practice Providers shall not be entitled to the procedural rights to a Hearing and Appeal as set forth in Article VI of these Medical Staff Bylaws. In the event of an adverse action made final by the Board of Directors pertaining to the privileges of an Advanced Practice Provider, the Advanced Practice Provider shall be entitled to a hearing as set forth in the policy for Advanced Practice Providers.

ARTICLE V

CORRECTIVE, IMMEDIATE & OTHER GROUNDS FOR ACTION

5.1. CORRECTIVE ACTION

- 5.1.1. CRITERIA FOR INITIATION.** Any person may provide confidential "information" to a Medical Executive Committee member or Medical Staff member about the conduct, performance, or competence of its Staff members. When reliable information indicates that a Staff member may have exhibited acts, demeanor, or conduct reasonably likely to be: (1) detrimental to patient safety or to the delivery of quality patient care within the Hospital; (2) unethical; (3) contrary to the Medical Staff Bylaws or Rules / Regulations / Policies; (4) below applicable professional standards; or (5) disruptive to the operation of the Hospital, a request for a peer review investigation or action against such Staff member may be initiated.
- 5.1.2. INITIATION.** A request for such a peer review investigation may be submitted to a Medical Executive Committee, or to the appropriate Chief Medical Officer, and supported by reference to specific activities or conduct alleged. If a Medical Executive Committee initiates the request, it shall make an appropriate recordation of the investigation and the reasons.
- 5.1.3. INVESTIGATION.** If a Medical Executive Committee itself or through its Chair concludes that a peer review investigation is warranted, such an investigation may be undertaken. The Medical Executive Committee may conduct the investigation itself, or the task may be assigned to an appropriate Medical Staff Officer, Medical Staff Department or Section, standing or ad hoc committee or subcommittee of the Medical Staff, or of a Medical Executive Committee. Such Officer, committee or subcommittee shall proceed with the investigation in a prompt manner and shall forward a confidential written report of the investigation to the Medical Executive Committee initiating the investigation as soon as practicable. The report may include recommendations for appropriate corrective action. The Staff member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the investigating officer or body investigating the matter deems appropriate. The officer or body investigating the matter may conduct interviews with persons involved. However, such investigation shall not constitute a "hearing" as that term is used in Article VI, nor shall procedural rules with respect to hearings or appeals apply. Despite the status of any investigation, at all times a Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.
- 5.1.4. MEDICAL EXECUTIVE COMMITTEE ACTION.** As soon as practical after the conclusion of the investigation, the Medical Executive Committee initiating the investigation shall take action, if it finds by a preponderance of the evidence that action should be taken, which may include, without limitation:
- (a) determining that no corrective action be taken and if that Medical Executive Committee determines that there was not credible evidence of the referral in the first instance, removing any adverse information from the Medical Staff member's file;
 - (b) deferring action for a reasonable time where circumstances warrant;
 - (c) issuing letters of instruction, admonition, censure, reprimand or warning, although nothing in this Section shall be deemed to preclude the appropriate Chief Medical Officer, Department Chiefs, or Section Heads from issuing written or oral instructions or warnings outside of the mechanism for corrective action. In the event such letters

are issued, the Medical Staff member may make a written response, which shall be placed in the Medical Staff member's file;

- (d) recommending the imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring;
- (e) recommending reduction, modification, suspension or revocation of clinical privileges; or
- (f) taking other actions deemed appropriate under the circumstances.

5.1.5. INFORMAL ACTION

- (a) During any phase of the process, the appropriate Chief Medical Officer and / or his or her designee may informally meet with the Medical Staff member to consider informal resolution of the problem. Any mutually agreed upon informal resolution resulting from such meeting and reduced to writing, shall not give rise to a right to a hearing and appeal under these Bylaws.
- (b) Any matter not mutually agreed upon to the satisfaction of the appropriate Chief Medical Officer or the affected Medical Staff member, and / or any matter requiring action by the Board of Directors, shall be referred by the appropriate Medical Executive Committee for its review and recommendation to the Board of Directors.

5.2. IMMEDIATE ACTION

5.2.1. CRITERIA FOR INITIATION. Whenever a Staff member's conduct appears to require that immediate action be taken to protect the life or wellbeing of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, safety of any patient(s), prospective patient, or other person, or when the overriding interests of patient care merit, the appropriate Chief Medical Officer, Medical Executive Committee, or the Chief of the Department or designee in which the Staff member holds privileges may summarily restrict or suspend the Medical Staff membership or clinical privileges of such member. Unless otherwise stated, such immediate restriction or suspension shall become effective immediately upon imposition and the person or body responsible shall promptly give written notice to the Staff member, the Board of Directors, the Medical Executive Committee(s) and Hospital Administrations. Within forty-eight (48) hours of such immediate action the action must be confirmed or rescinded by the appropriate Chief Medical Officer.

5.2.2. MEDICAL EXECUTIVE COMMITTEE ACTION. At its next meeting, the appropriate Medical Executive Committee shall review and consider the action. Upon request, the Staff member may attend and make a statement concerning the issues under investigation, on such terms and conditions as that Medical Executive Committee may impose, although in no event shall any meeting of a Medical Executive Committee, with or without the member, constitute a "hearing" within the meaning of Article 6.1., nor shall any right to counsel or other procedural rules apply. That Medical Executive Committee may modify, continue or end the immediate restriction, suspension or termination, but in any event it shall furnish the Staff member with notice of its decision.

5.2.3. PROCEDURAL RIGHTS. Unless the Medical Executive Committee reviewing the matter under the immediately above section of these Bylaws promptly ends the immediate restriction or suspension, the Staff member shall be entitled to the procedural rights afforded by Article VI.

5.3. OTHER GROUNDS FOR ACTION

Other grounds for action shall include, but not be limited to, the following:

- a) License: A Staff member whose license, certificate, or other legal credentials authorizing practice federally or in Michigan is revoked, suspended, or lapsed shall be automatically suspended from the Staff without appeal; Loss or restriction of controlled substance license may lead to suspension.
- b) Providing of false or misleading information on the reappointment application is grounds for revocation of Medical Staff membership and privileges;
- c) Failure to notify the appropriate Chief Medical Officer of adverse action, disciplinary action, significant physical, mental or behavioral illness or impairment, charge with, conviction of, or plea of guilty or no contest to a felony or misdemeanor (other than a traffic violation), involuntary or voluntary changes in licensure, clinical privileges at or employment by another institution as outlined in these Bylaws is grounds for revocation of Medical Staff appointment;
- d) Sanctioning or exclusion from participating in any private, federal (Medicare / Medicaid), or state health insurance program as set forth in these Bylaws is grounds for revocation of Medical Staff membership and privileges;
- e) Failure to abide by the Professional Conduct Policy as stated in the Medical Staff Physician Handbook is grounds for revocation of Medical Staff membership and privileges;
- f) Failure to obtain or maintain Board Certification as required by these Bylaws is grounds for revocation of Medical Staff membership and privileges;
- g) Failure to pay Medical Staff dues is grounds for suspension of all privileges for a time period as specified or termination of Medical Staff membership and privileges;
- h) Failure to complete medical records may be grounds for automatic suspension of all privileges for a time frame as specified;
- i) Failure to provide continuous care, to accept new patients and perform emergency call coverage as requested by the Chief of Department, Head of Section or as required by a department or section staff development plan is grounds for automatic suspension of all privileges for a time frame as specified or other correction action.
- j) Failure to maintain the required level of professional liability insurance with an approved insurance carrier is grounds for automatic suspension of all privileges for a time period as specified or revocation of Medical Staff membership and privileges;
- k) Failure to consent to the administration and release of an appropriate drug and / or alcohol screening when requested to consent to the same by a Chief Medical Officer, Department Chief, or Head of Section, or his / her designee, upon reasonable suspicion of impairment while at, or while performing services on behalf of, the Hospital is grounds for suspension of all clinical privileges for a time period as specified or revocation of Medical Staff membership and privileges
- l) Failure to comply with requirements for tuberculosis evaluation or influenza vaccination or mandatory education (eg. Computer-based training) as required by Medical Staff or Hospital policy may result in loss of inpatient privileges or may be construed by the Medical Executive Committee a voluntary resignation from the Medical Staff. If compliance is demonstrated within thirty (30) days reinstatement may be considered.
- m) Failure of a practitioner to meet with or appropriately respond to their Department Chief and / or Chief Medical Officer when reasonably requested may be subject to corrective action.
- n) Failure of a practitioner to comply with a request of an established peer review committee when reasonably requested may result in corrective action; and / or

- o) Violation of law, Beaumont policies or written agreement pertaining to confidentiality of protected health information.
- p) Any disciplinary or corrective action at one Beaumont Hospital imposed or affirmed by the Board of Directors will automatically apply to all divisions within the Beaumont Health System at which the practitioner has Medical Staff membership.

ARTICLE VI

HEARINGS AND APPEALS

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

6.1 NOTICE OF ADVERSE RECOMMENDATION AND ACTION

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

6.2 REQUEST FOR HEARING

An applicant or Medical Staff member shall have thirty (30) days following his or her receipt of a notice pursuant to Section 6.1 to request a hearing in the manner described in the Plan.

6.3 SCHEDULING AND NOTICE OF HEARING

Upon receipt of a timely request for hearing, appointment of the Hearing Panel, and scheduling of the hearing, the Chief Medical Officer shall send the applicant or Medical Staff member a Notice of Hearing, the contents of which are specified in the Plan.

6.4 HEARING PROCEDURE

The hearing shall be held before a Hearing Panel appointed in accordance with Section 6.5. During a hearing, the applicant or Medical Staff member shall have the right to: (1) representation by an attorney or other person of their choice; (2) call, examine, and cross-examine witnesses; and (3) present evidence determined by the presiding officer to be relevant. Upon completion of the hearing, the applicant or Medical Staff member shall have the right to: (1) receive the written recommendation of the Hearing Panel; and (2) timely notice of all subsequent Medical Executive Committee and Board actions with respect to the Adverse Recommendation or Action that prompted the hearing.

6.5 COMPOSITION OF HEARING PANEL

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

6.6 NOTICE OF ACTION BY BOARD

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

6.7 BOARD APPEAL BODY

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

6.8 FINAL ACTION OF THE BOARD

After the Board's receipt of the Hearing Panel's report, the Board shall consider the matter (including findings of the Board Appeal Body, if any) and affirm, modify, or reverse the original Adverse Recommendation or Action. The decision of the Board will be deemed final, subject to no further appeal. The action of the Board and the basis therefor will be promptly communicated to the applicant or Medical Staff member and to the Medical Executive Committee.

6.9 PLAN CONSISTENCY WITH BYLAWS, LAWS, AND REGULATIONS

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

ARTICLE VII

STAFF ORGANIZATION

7.1. COMPOSITION OF THE MEDICAL EXECUTIVE COMMITTEES

7.1.1. DUTIES. The Medical Staff of each Beaumont Health System Hospital shall be governed by a Medical Executive Committee at that Hospital. Each Medical Executive Committee shall engage in or direct ongoing and focused peer review activities including, without limitation, the necessity, appropriateness or quality of care and the qualifications, competence or performance of health care providers, and shall coordinate the activities and general policies of the various Departments, act for the Staff as a whole, receive and act upon reports of all standing and special committees, make recommendations, and account to the Board of Directors on Medical Staff issues and the quality of the overall medical care rendered to patients at each of the hospitals within the Beaumont Health System by the Medical Staff.

7.1.1.1. Each Medical Executive Committee shall meet regularly on a basis determined by it and maintain a permanent record of its proceedings and actions. It shall be governed by the most recent edition of Robert's Rules of Order Revised, to the extent consistent with these Bylaws.

7.1.1.2. A quorum of the Committee shall be the majority of its members eligible to vote. The action of a more than one half (1/2) of the voting members present at a meeting at which a quorum exists shall be the action of the Committee. Members must be present at the time of any vote. Absentee ballots will not be permitted.

7.1.2. BEAUMONT HOSPITAL, ROYAL OAK MEDICAL EXECUTIVE COMMITTEE. Will be composed of the following Members:

The following will be voting members:

Sr. Vice President and Chief Medical Officer, Beaumont Hospital, Royal Oak (Chair)
In (his/her) absence the CMO may designate the President of the Medical Staff, Department Chief, or other voting member as Chair of the Medical Executive Committee Meeting.

President of the Medical Staff

Secretary-Treasurer of the Medical Staff

Four (4) elected Representatives of the Medical Staff on a rotational basis

Patient Safety Officer

Chair, Hospital Credentials and Qualifications Committee

Chair, Multi-Disciplinary Peer Review and Best Practice Committee

Chiefs of Departments and Section Heads as listed below:

Anesthesiology

Cardiovascular Medicine

Colon & Rectal Surgery

Diagnostic Radiology

Emergency Medicine

Family Medicine and Community Health

General Internal Medicine

General Surgery

Hospital Medicine

Internal Medicine

Medical Oncology / Hematology

Neurology
Neurosurgery
Obstetrics and Gynecology
Ophthalmology
Orthopaedic Surgery
Pathology and Laboratory Medicine
Pediatrics
Physical Medicine & Rehabilitation
Psychiatry
Radiation Oncology
Surgery
Urology
Director, Graduate Medical Education or Associate DIO
Physician Chair or Vice Chair of Medication Management Committee

The following members will be ex officio, without a vote:

President and Chief Executive Officer
President, Beaumont Physician Partners
Executive Vice President and Corporate Chief Medical Officer
Executive Vice President and Chief Operating Officer
Sr. Vice President and President, Beaumont Hospital, Royal Oak
Sr. Vice President and Chief Quality and Safety Officer
Vice President and Chief Medical Informatics Officer
Vice President, Research
Vice President, Nursing
Chief Academic Officer
Two (2) Representatives of the Board of Directors
Representative from the Office of the General Counsel

Other invited guests may attend at the discretion of the Chief Medical Officer.

7.1.3. BEAUMONT HOSPITAL, TROY MEDICAL EXECUTIVE COMMITTEE. Will be composed of the following Members:

The following will be voting members:

Sr. Vice President and Chief Medical Officer, Beaumont Hospital, Troy (Chair)
In (his/her) absence the CMO may designate the President of the Medical Staff, Department Chief, or other voting member as Chair of the Medical Executive Committee Meeting.
President of the Medical Staff
Secretary-Treasurer of Medical Staff
Three (3) elected Representatives of the Medical Staff on a rotational basis
Medical Co-Chair, Utilization Management Committee
Patient Safety Officer
Chair, Hospital Credentials and Qualifications Committee
Chiefs of Departments:
Anesthesiology
Cardiovascular Medicine
Diagnostic Radiology
Emergency Medicine
Family Medicine and Community Health
Pathology and Laboratory Medicine

Medical Oncology / Hematology
Medicine
Obstetrics and Gynecology
Orthopaedic Surgery
Pediatrics
Radiation Oncology
Surgery

The following members will be ex officio, without a vote:

President and Chief Executive Officer
President, Beaumont Physician Partners
Executive Vice President and Corporate Chief Medical Officer
Executive Vice President and Chief Operating Officer
Sr. Vice President and President, Beaumont Hospital, Troy
Sr. Vice President and Chief Quality and Safety Officer
Vice President and Chief Medical Informatics Officer
Vice President, Research
Vice President, Nursing
Chief Academic Officer
Two (2) Representatives of the Board of Directors
Director, Graduate Medical Education or Associate DIO
Representative from the Office of the General Counsel

Other invited guests may attend at the discretion of the Chief Medical Officer.

7.1.4. BEAUMONT HOSPITAL, GROSSE POINTE MEDICAL EXECUTIVE COMMITTEE. Will be composed of the following Members:

The following will be voting members:

Sr. Vice President and Chief Medical Officer, Beaumont Hospital, Grosse Pointe (Chair)
In (his/her) absence the CMO may designate the President of the Medical Staff, Department Chief, or other voting member as Chair of the Medical Executive Committee Meeting.

President of the Medical Staff
Secretary-Treasurer of Medical Staff
Three (3) elected Representatives of the Medical Staff on a rotational basis
Patient Safety Officer
Chair, Hospital Credentials and Qualifications Committee
Chair, Quality Care and Safety Committee
Chair, Utilization Management Committee
Chair, Primary Care Network Council

Chiefs of Departments:

Anesthesiology
Cardiovascular Medicine
Diagnostic Radiology
Emergency Medicine
Family Medicine and Community Health
Pathology and Laboratory Medicine
Medical Oncology / Hematology
Medicine
Obstetrics and Gynecology
Pediatrics
Surgery

The following members will be ex officio, without a vote:

- President and Chief Executive Officer
- President, Beaumont Physician Partners
- Executive Vice President and Corporate Chief Medical Officer
- Executive Vice President and Chief Operating Officer
- Sr. Vice President and President, Beaumont Hospital, Grosse Pointe
- Sr. Vice President and Chief Quality and Safety Officer
- Vice President and Chief Medical Informatics Officer
- Vice President, Research
- Vice President, Nursing
- Chief Academic Officer
- Two (2) Representatives of the Board of Directors
- Director, Graduate Medical Education or Associate DIO
- Director, Quality Care
- Representative from the Office of the General Counsel

Other invited guests may attend at the discretion of the Chief Medical Officer.

7.1.5. APPOINTMENT TO ADDITIONAL / VACATED POSITION.

In the event any member serves on a Medical Executive Committee by virtue of the position he or she holds and is at the same time holding another position provided for on the membership of the same Medical Executive Committee, the additional office may be filled by the appropriate Chief Medical Officer by appointment of an additional member of the Staff, or if such member is an elected Representative of the Medical Staff by the President of the Medical Staff.

7.2. STAFF OFFICERS

The Officers of the Staff shall consist of the Chief Medical Officers, Health System Chairs, and the Secretary-Treasurer appointed by the Board of Directors.

7.2.1. CHIEF MEDICAL OFFICER. The appropriate Chief Medical Officer at each Hospital, as appointed by the Board of Directors, shall be the Chair of that Hospital's Medical Executive Committee, shall be a member ex-officio of all Hospital committees, and have general supervision of all of the medical affairs of the Hospital. Their term shall be without fixed duration.

7.2.2. HEALTH SYSTEM CHAIR. The Health System Chair shall be responsible for promoting excellence in, research and education in the Departments across the Beaumont Health System in collaboration with hospital and medical administrative leadership. Their term shall be without fixed duration.

7.2.3. SECRETARY-TREASURER. The Secretary-Treasurers, as appointed biennially by the Board of Directors, shall: (1) keep accurate and complete minutes of all meetings, (2) attend to other correspondence, (3) account where there are funds to be accounted for, (4) supervise the election process for the positions of President of the Staff and Staff representatives at large to the Medical Executive Committees, and (5) perform such other duties as ordinarily pertain to such office.

7.2.4. TERM OF OFFICE. The term of office of the Officers of the Staff is outlined above. All officers shall be eligible to succeed themselves without restriction as to the number of terms.

7.3. ELECTED POSITIONS

The elected positions of the Medical Staff shall consist of the President of the Medical Staff and the Representatives of the Medical Staff.

No individual may simultaneously serve as President of the Medical Staff or Member at Large and as a Beaumont Corporate Chief Medical Officer, President of Beaumont Physician Partners, Chief Medical Officer, Health System Chair or Department Chief.

7.3.1. PRESIDENT OF THE MEDICAL STAFF. The duties of the President of the Medical Staff of each Hospital will be to: serve as a member of the Hospital Credentials and Qualifications Committee, the Medical Executive Committee of that Hospital; to serve as a liaison between the Staff and Hospital / Medical Administration; to serve in the highest elected position of the Staff of that Hospital; to represent the views, policies, needs and grievances of the Staff to the appropriate Chief Medical Officer, the Medical Executive Committee, and the Corporate Chief Medical Officer. The term of the position will be four (4) calendar years, and the President may serve only two (2) consecutive terms without a break in service.

The President of the Medical Staff shall: (1) chair regular Medical Staff meetings and the President's Council; (2) serve on Hospital committees; (3) manage the Medical Staff Fund and present a summary of the annual budget at the Medical Executive Committee; (4) coordinate the activities of the elected Representatives; (5) plan and coordinate Medical Staff events.

7.3.2. REPRESENTATIVES OF THE MEDICAL STAFF. Six (6) Representatives of the Medical Staff known as Members at Large shall be elected to represent the Medical Staff at each Hospital of the Corporation. They shall serve three (3) calendar year terms, with two (2) positions becoming vacant and filled by election in each year in consecutive rotation. They may serve no more than three (3) consecutive terms without a break in service. At all times the six (6) serving Members at Large shall be elected one (1) each from Staff Members of the following categories / specialties:

- 1 from Surgery
- 1 from Medicine
- 1 from Employed / Hospital-Based Physicians
- 1 from the Ambulatory Staff
- 2 from Primary Care (such as Family Medicine, Internal Medicine, Obstetrics / Gynecology; and Pediatrics)

The Nominating Committee of each Hospital's Medical Staff, in consultation with the President of the Medical Staff, may delineate differing initial terms of service for Members at Large at the inception of the six (6) Members at Large panel in order to establish the above representation and an appropriate rotation. Thereafter the Nominating Committee shall establish, in consultation with the President of the Medical Staff, the categories / specialties from which each Member at Large may be nominated and elected. The President of the Medical Staff has the authority to name appropriate individuals to fill Members at Large positions between Medical Staff Elections.

The duty of a Member at Large to the Medical Staff is to represent the Medical Staff as a voting member of their Medical Executive Committee on a rotational basis established by the serving Members at Large and the President of the Medical Staff; to serve on Hospital and / or Medical Staff committees upon request; to assist the President of the Medical Staff in discharging his / her responsibilities; to serve on the President's Council and to accept assignments directed by that Hospital's President of the Medical Staff in collaboration with its Chief Medical Officer.

7.3.3. NOMINATION AND ELECTION PROCESS. Any member of the Medical Staff may make nominations for the elected positions of the Medical Staff. Nominees shall be solicited by the Secretary-Treasurer through email, written publication and / or by announcements at meetings no later than three (3) months prior to the Annual Medical Staff Meeting.

At least two months before the annual Medical Staff meeting, a Nominating Committee shall be convened, comprised of the elected representatives of the Medical Staff and the Secretary-Treasurer, who will serve as chairperson. Individuals may not participate in the nomination process for any position for which they are running.

7.3.3.1. NOMINATING COMMITTEE PROVISIONS.

- (a) The Nominating Committee shall prepare a slate of nominees for each position that is open. A minimum of two (2) candidates for each position shall be nominated. For the position of President of the Medical Staff the Nominating Committee will give consideration to individuals who have had the experience of serving as a Member at Large;
- (b) The Nominating Committee shall confirm each nominee's eligibility, standing in their respective departments, and willingness to run for the position before announcing the nominations;
- (c) The slate of candidates shall be reviewed by the appropriate Chief Medical Officer in consultation with the Corporate Chief Medical Officer for approval prior to its finalization;

Election of the members representing the Staff from among the list of candidates proposed by the Nominating Committee shall be accomplished by mail, electronic voting, or any other method which in the opinion of the Nominating Committee assures the integrity of the process. They shall be elected by a plurality vote of the eligible voting members of the Medical Staff.

7.4. REMOVAL / RECALL

7.4.1. OFFICERS / POSITIONS APPOINTED BY THE BOARD – REMOVAL. Those Medical Staff Officers / Positions appointed by the Board of Directors, the Chief Medical Officers, Health System Chairs, the Secretary-Treasurers and the Department Chiefs or Section Heads may be removed from office / position for failure to appropriately discharge the responsibilities of their office / position, as set forth in these Bylaws, in the Bylaws of the Corporation, and as otherwise decided by the Board of Directors under removal policies and procedures determined by the Board of Directors.

7.4.2. POSITIONS ELECTED BY THE MEDICAL STAFF – RECALL. The Presidents of the Staff and the Representatives of Medical Staff to the Medical Executive Committees ("Members-at-large") may be recalled by the Board of Directors or the Medical Staff on appropriate grounds, including, without limitation, for failure to appropriately discharge the responsibilities of the position as set forth in these Bylaws; failure to appropriately represent the Medical Staff; and in the case of the President of the Staff, for failure to act as appropriate liaison between the Staff and the Hospital / Medical Administration; or in any case where there is a loss of confidence by the Medical Staff in the Presidents or Representatives of the Medical Staff.

7.4.2.1. RECALL. The recall of such elected positions may occur at a Medical Staff meeting or by the Board of Directors at any time. If the recall is by the Board of Directors, it shall occur under such terms and procedures as determined by the Board of Directors. If the recall is by the Medical Staff, it must be initiated by a petition of at least one hundred (100) signatures submitted to the Corporate Chief Medical Officer prior to a Medical Staff meeting. The matter will then be put on the agenda and a paper ballot will be used. If a recall vote is sustained by a majority of those voting, then the nomination and election process, as described above, shall be put into effect for the next Medical Staff meeting.

7.5. ORGANIZATION OF DEPARTMENTS AND SECTIONS

A Chief of each Department and a Head of each Section, each of whom shall be a member of the Staff and board certified, shall be appointed every two (2) years by the Board of Directors who shall give due consideration to the recommendations of the appropriate Chief Medical Officer, Health System Chair, and the Medical Executive Committee. There shall be no restriction upon the number of terms to which a Department Chief or Section Head may be appointed, provided that such appointment may be terminated by the Board of Directors at any time, for any reason, with or without cause.

7.5.1. DEPARTMENT CHIEFS AND SECTION HEADS. The Chief of each Department and Head of each Section shall be responsible for the assignment and organization of members within their respective Department and Section under the authority of the Chief Medical Officer of the respective Hospital.

7.5.2. RESPONSIBILITIES. The Chief of each Department and Head of each Section shall be responsible for:

- (a) Clinically related activities of the Department and / or Section;
- (b) Administratively related activities of the Department and / or Section;
- (c) Education-related activities of the Department and / or Section (UME, GME and CME);
- (d) Research-related activities of the Department and / or Section (Basic Science, Translational and Clinical Research Programs);
- (e) Continuing surveillance of the professional performance of all individuals in the Department and / or Section based on individual assessment and on information supplied by the audit and peer review procedures, as well as the information supplied by other Hospital committees reviewing Staff performance;
- (f) Recommending to the Staff the criteria for clinical privileges that are relevant to the care provided in the Department and / or Section;
- (g) Recommending clinical privileges for each Member of the respective Department and / or Section;
- (h) Assessing and recommending to the relevant Hospital authority off-site sources for needed patient care, treatment, and services not provided by the organization;
- (i) The integration of the Department and / or Section into the primary functions of the organization;
- (j) The coordination and integration of inter and intra Department and / or Section services;
- (k) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- (l) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (m) The determination of the qualification and competence of Department and / or Section personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (n) The continuous assessment and improvement of the quality of care, treatment, and services;
- (o) The maintenance of quality control programs as appropriate;

- (p) The orientation and continuing education of all persons in the Department and / or Section;
- (q) Recommending space and other resources needed by the Department and / or Section; and
- (r) When applicable, assuring effective communication with and resource support to the department's residency, fellowship and medical student program directors to enable them to fulfill their educational and administrative duties and responsibilities.

7.5.3. A Vice Chief, or other Medical Staff Member may discharge the duties and responsibilities of such Chief in their absence with the permission and knowledge of the Chief Medical Officer. In the absence of such appointment, the Chief Medical Officer may designate an individual to carry out the Chief's duties in their absence.

7.5.4. The Officers of the Medical Staff, and the Corporate Medical Staff Officers such as the Executive Vice President and Corporate Chief Medical Officer, Senior Vice President and Chief Medical Officers and Senior Vice President and Chief Quality and Safety Officer, may designate another Medical Staff Member to discharge the duties and responsibilities assigned to them under these Bylaws in their absence.

ARTICLE VIII

DEPARTMENTS AND SECTIONS OF THE MEDICAL STAFF

8.1. ORGANIZATION OF THE STAFF

Notwithstanding the Hospital Medical Staff structure set forth below, the Medical Staff may establish Services and Integrated Service Lines across the Hospitals of the Corporation. In such circumstances the medical leadership of the Service and Integrated Service Line will be appointed by, and report to, the Corporate Chief Medical Officer or his / her designee.

The Medical Staff shall be organized along the following lines:

8.2. FOR BEAUMONT HOSPITAL, ROYAL OAK:

8.2.1. DEPARTMENT OF ANESTHESIOLOGY AND PERI-OPERATIVE MEDICINE, THE SECTIONS OF WHICH ARE:

1. Critical Care Anesthesiology
2. General Anesthesiology and Peri-Operative Medicine
3. Pain Medicine

8.2.2. DEPARTMENT OF CARDIOVASCULAR MEDICINE

8.2.3. DEPARTMENT OF COLON AND RECTAL SURGERY

8.2.4. DEPARTMENT OF DIAGNOSTIC RADIOLOGY, THE SECTIONS OF WHICH ARE:

1. Body Imaging
2. Breast Imaging
3. Emergency Radiology
4. Musculoskeletal Radiology
5. Neuroradiology
6. Nuclear Medicine
7. Pediatric Radiology
8. Vascular / Interventional Radiology

8.2.5. DEPARTMENT OF EMERGENCY MEDICINE, THE SECTIONS OF WHICH ARE:

1. Emergency Observation Medicine
2. Pediatric Emergency Medicine

8.2.6. DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH, THE SECTIONS OF WHICH ARE:

1. Integrative Medicine

8.2.7. DEPARTMENT OF GENERAL SURGERY, THE SECTIONS OF WHICH ARE:

1. Acute Care / Trauma Surgery
2. Minimally Invasive / Bariatric Surgery
3. Oncologic Surgery
4. Transplantation Surgery

8.2.8. DEPARTMENT OF INTERNAL MEDICINE, THE SECTIONS OF WHICH ARE:

1. Allergy / Immunology
2. Dermatology
3. Endocrinology / Metabolism
4. Gastroenterology and Hepatology
5. General Internal Medicine
6. Geriatric Medicine
7. Hospital Medicine
8. Infectious Disease and International Medicine
9. Nephrology
10. Nutrition and Preventive Medicine
11. Occupational Medicine
12. Palliative Medicine
13. Pulmonary and Critical Care Medicine
14. Rheumatology

8.2.9 DEPARTMENT OF MEDICAL ONCOLOGY / HEMATOLOGY

8.2.10 DEPARTMENT OF NEUROLOGY

8.2.11 DEPARTMENT OF NEUROSURGERY

8.2.12. DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, THE SECTIONS OF WHICH ARE:

1. Gynecology
2. Maternal Fetal Medicine
3. Obstetrics
4. Obstetric Ultrasound and Fetal Imaging
5. Oncology
6. Reproductive Endocrinology
7. Urogynecology

8.2.13. DEPARTMENT OF OPHTHALMOLOGY, THE SECTIONS OF WHICH ARE:

1. Cornea and External Diseases
2. General Ophthalmology
3. Glaucoma
4. Neuro-ophthalmology
5. Oculoplastic Ophthalmology
6. Pediatric Ophthalmology
7. Refractive Surgery
8. Vitreoretinal Diseases and Surgery

8.2.14. DEPARTMENT OF ORTHOPAEDIC SURGERY, THE SECTIONS OF WHICH ARE:

1. Foot and Ankle
2. Hand and Upper Extremity
3. Joint Replacement
4. Pediatrics
5. Podiatry

6. Shoulder
7. Spine
8. Sports Medicine
9. Trauma
10. Tumor

8.2.15. DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE, THE SECTIONS OF WHICH ARE:

1. Autopsy Pathology
2. Blood Bank and Transfusion Medicine
3. Chemistry and Specialized Testing
4. Coagulation and Hemostasis
5. Cytogenetics & Molecular Genetics
6. Cytology
7. Electron Microscopy
8. Flow Cytometry
9. Hematopathology
10. Immunopathology and Molecular Pathology
11. Microbiology and Virology
12. Surgical Pathology

8.2.16. DEPARTMENT OF PEDIATRICS, THE SECTIONS OF WHICH ARE:

1. Adolescent Medicine
2. Allergy / Immunology
3. Ambulatory Pediatrics
4. Cardiology
5. Dermatology
6. Developmental and Behavioral Pediatrics
7. Endocrinology / Metabolism
8. Gastroenterology
9. General Inpatient Pediatric
10. General Pediatrics
11. Genetics
12. Hematology / Oncology
13. Infectious Disease
14. Nephrology
15. Neonatology
16. Neurology
17. Pediatric Critical Care
18. Pulmonology

8.2.17. DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

8.2.18. DEPARTMENT OF PSYCHIATRY

8.2.19. DEPARTMENT OF RADIATION ONCOLOGY

8.2.20. DEPARTMENTS OF SURGERY, THE SECTIONS OF WHICH ARE:

1. Cardiovascular Surgery
2. Oral and Maxillofacial Surgery and Dentistry
3. Otolaryngology
4. Pediatric Surgery
5. Plastic Surgery
6. Surgical Critical Care
7. Thoracic Surgery
8. Vascular Surgery

8.2.21. DEPARTMENT OF UROLOGY, THE SECTIONS OF WHICH ARE.

1. Endourology / Laparoscopy
2. Female Urology
3. Infertility
4. Pediatric Urology
5. Sexual Dysfunction
6. Transplantation
7. Urodynamics
8. Urologic Oncology
9. Vascular Pathology

8.3. FOR BEAUMONT HOSPITAL, TROY:

8.3.1. DEPARTMENT OF ANESTHESIOLOGY AND PERIOPERATIVE MEDICINE, THE SECTIONS OF WHICH ARE:

1. Critical Care Anesthesiology
2. General Anesthesiology and Peri-Operative Medicine
3. Pain Medicine

8.3.2. DEPARTMENT OF CARDIOVASCULAR MEDICINE

8.3.3. DEPARTMENT OF DIAGNOSTIC RADIOLOGY, THE SECTIONS OF WHICH ARE:

1. Body Imaging - CT / MR
2. Breast Imaging
3. Musculoskeletal Radiology
4. Neuroradiology
5. Nuclear Medicine
6. Vascular / Interventional Radiology
7. Ultrasound

8.3.4. DEPARTMENT OF EMERGENCY MEDICINE

8.3.5. DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH, THE SECTIONS OF WHICH ARE:

1. Behavioral Medicine
2. Integrative Medicine
3. Sports Medicine – Medical

8.3.6. DEPARTMENT OF MEDICAL ONCOLOGY / HEMATOLOGY

8.3.7. DEPARTMENT OF MEDICINE, THE SECTIONS OF WHICH ARE:

1. Allergy
2. Dermatology
3. Endocrinology
4. Gastroenterology
5. Infectious Diseases
6. Internal Medicine
 - a. Geriatric Medicine
 - b. Hospital Medicine
7. Nephrology
8. Neurology
9. Palliative Medicine
10. Physical Medicine
11. Psychiatry
12. Pulmonary and Critical Care Medicine
13. Rheumatology

8.3.8. DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, THE SECTIONS OF WHICH ARE:

1. Maternal Fetal Medicine
2. OB Ultrasound / Fetal Imaging
3. Gynecologic Oncology

8.3.9. DEPARTMENT OF ORTHOPAEDIC SURGERY, THE SECTIONS OF WHICH ARE:

1. Foot and Ankle
2. Hand and Upper Extremity
3. Joint Replacement
4. Pediatrics
5. Podiatry
6. Spine
7. Sports Medicine - Surgical
8. Trauma

8.3.10. DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

8.3.11. DEPARTMENT OF PEDIATRICS, THE SECTIONS OF WHICH ARE:

1. Pediatric Allergy
2. Pediatric Cardiology
3. Pediatric Endocrinology
4. Pediatric Gastroenterology (GI)
5. Pediatric Neurology
6. Neonatology

8.3.12. DEPARTMENT OF RADIATION ONCOLOGY

8.3.13. DEPARTMENT OF SURGERY, THE SECTIONS OF WHICH ARE:

1. Acute Care/Trauma Surgery
2. Bariatric Surgery
3. Cardiovascular Surgery
4. Critical Care Surgery
5. Colon / Rectal Surgery
6. General Surgery
7. Neurosurgery
8. Ophthalmology
9. Oral and Maxillofacial Surgery and Dentistry
10. Otolaryngology
11. Pediatric Surgery
12. Plastic Surgery
13. Thoracic Surgery
14. Urology
 - a. Pediatric Urology
15. Vascular Surgery

8.4 FOR BEAUMONT HOSPITAL, GROSSE POINTE:

8.4.1 DEPARTMENT OF ANESTHESIOLOGY

8.4.2. DEPARTMENT OF CARDIOVASCULAR MEDICINE

8.4.3. DEPARTMENT OF DIAGNOSTIC RADIOLOGY, THE SECTIONS OF WHICH ARE:

1. Nuclear Medicine

8.4.4. DEPARTMENT OF EMERGENCY MEDICINE

8.4.5. DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

8.4.6. DEPARTMENT OF MEDICAL ONCOLOGY / HEMATOLOGY

8.4.7. DEPARTMENT OF MEDICINE, THE SECTIONS OF WHICH ARE:

1. Allergy
2. Dermatology
3. Endocrinology
4. Gastroenterology
5. Geriatrics
6. Hospital Medicine
7. Infectious Diseases
8. Internal Medicine
9. Nephrology
10. Neurology
11. Physical Medicine and Rehabilitation
12. Psychiatry
13. Pulmonary and Critical Care

14. Rheumatology

8.4.8 DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, THE SECTIONS OF WHICH ARE:

1. Gynecological Oncology
2. Maternal Fetal Medicine
3. OB Ultrasound / Fetal Imaging

8.4.9. DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

8.4.10. DEPARTMENT OF PEDIATRICS, THE SECTIONS OF WHICH ARE:

1. Neonatology

8.4.11 DEPARTMENT OF RADIATION ONCOLOGY

8.4.12 DEPARTMENT OF SURGERY, THE SECTIONS OF WHICH ARE:

1. Colon / Rectal Surgery
2. General Surgery
3. Plastic / Hand Surgery
4. Neurosurgery
5. Ophthalmology
6. Oral and Maxillofacial Surgery and Dentistry
7. Orthopedic Surgery
 - a. Podiatry
8. Otolaryngology
9. Thoracic Surgery
10. Trauma
11. Urology
12. Vascular Surgery

ARTICLE IX

CATEGORIES OF THE MEDICAL STAFF

9.1. CATEGORIES

The categories of each Medical Staff shall include the following: Active, Affiliate, Institutional, Administrative, Ambulatory, Bioscientific, Limited, Honorary / Consulting, Allied, Emeritus, and Retired Staff. The categories of the Medical Staff members shall be determined by the Board of Directors, at each appointment or reappointment.

9.2. ACTIVE STAFF

9.2.1. QUALIFICATIONS. The Active Staff shall consist of all duly appointed Staff members who are Board certified and who do not belong to another category described in this Article. They shall pay Staff dues.

9.2.2. PREROGATIVES. Members of the Active Staff may:

- (a) admit patients and exercise clinical privileges as are granted under Article IV;
- (b) vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;
- (c) hold office on the Staff or one of its subdivisions and committees; and
- (d) pursue a hearing and appeal of adverse actions as delineated in Article VI.

Note: A member of the Active Staff category will be automatically transferred to the appropriate Affiliate Staff category if he / she becomes a full-time employee of or is in a similar compensated relationship in the opinion of the Hospital Credentials and Qualifications Committee with an institution that has no established formal relationship with Beaumont Hospital, as defined in Section 9.4.1.

9.3. AFFILIATE STAFF

9.3.1. QUALIFICATIONS. The Affiliate Staff shall consist of all duly appointed Staff members who are Board certified and are appointed or transferred to this category to attend to occasional patients in the Hospital or those duly appointed Staff members who are full-time employees of or are in a similar compensated relationship in the opinion of the Hospital Credentials and Qualifications Committee with institutions that have no established formal relationship with Beaumont Health System, as defined in Section 9.4.1. For this category "occasional" is defined by the Department Chief or Section Head with the concurrence of the appropriate Chief Medical Officer. This category may be used only to satisfy the special needs of a Department or Section as determined by the Department Chief or Section Head. The duration of appointment to this Staff category shall not exceed two (2) years, whereupon the appointment may be renewed or terminated. They shall pay Staff dues.

9.3.2. PREROGATIVES. Members of the Affiliate Staff may:

- (a) admit patients and exercise clinical privileges as are granted under Article IV;
- (b) not vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;
- (c) not hold office on the Staff or one of its subdivisions and committees; and

- (d) pursue a hearing and appeal of adverse actions as delineated in Article VI.

9.4. INSTITUTIONAL STAFF

9.4.1. QUALIFICATIONS. The Institutional Staff shall consist of duly appointed members who are Board certified and are full-time employees of an institution which has an established formal relationship with Beaumont Health System. Upon discontinuance of their relationship with such institution or upon severance of their institution's relationship with Beaumont Health System, the Staff member will relinquish this appointment. A Staff member terminated solely by reason of such discontinuance will be eligible to reapply to the Staff on an individual basis without a waiting period as required in Section 3.10.1. Institutional Staff members shall pay Staff dues.

- (a) If an existing member of the Staff subsequently becomes a full-time employee of an institution having a formal relationship with Beaumont Health System, he / she will be transferred to this category of the Staff;
- (b) For purposes of this category of Staff membership, institution and established formal relationship with Beaumont Health System will be defined by the Beaumont Health System's Board of Directors on the recommendation of the Medical Executive Committees;

9.4.2. PREROGATIVES. Members of the Institutional Staff may:

- (a) admit patients and exercise clinical privileges as are granted under Article IV;
- (b) vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;
- (c) not hold office on the Staff or one of its subdivisions and committees; and
- (d) pursue a hearing and appeal of adverse actions as delineated in Article VI. No hearing or appeal may be taken if the termination of Staff membership is related to the existence, discontinuance, status, or conditions of the institution's relationship with Beaumont Health System.

9.5 ADMINISTRATIVE STAFF

9.5.1. QUALIFICATIONS. The Administrative Staff category shall consist of physicians who are not otherwise eligible for another staff category and who are employed by the Health System solely to perform ongoing medical administrative activities or are appointed as faculty for the purpose of teaching in the Oakland University / William Beaumont School of Medicine. Such individuals shall meet the general qualifications for Medical Staff membership set forth in Article III of these Bylaws except that the applicant need not demonstrate qualifications for clinical privileges under Article IV of these Bylaws. Such appointment will be automatically relinquished upon termination of employment or faculty appointment. They do need to maintain a current Michigan medical license but do not have to maintain Board Certification. They shall pay staff dues

9.5.2. PREROGATIVES. Members of the Administrative Staff may:

- (a) not admit patients or exercise any clinical privileges;
- (b) vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;
- (c) hold office on the Staff or one of its subdivisions and committees; and
- (d) pursue a hearing and appeal of adverse actions as delineated in Article VI.

9.6. AMBULATORY STAFF

9.6.1. QUALIFICATIONS. The Ambulatory Staff shall consist of physicians who provide office-based care only but wish to maintain a strong relationship with Beaumont Health System. Appointment of physicians and dentists may be made directly to this category upon completion of a satisfactory office assessment and the normal Staff appointment process. Reappointment shall likewise be subject to a satisfactory office assessment as well as

the normal Staff reappointment. They shall pay staff dues.

9.6.2. PREROGATIVES. Members of the Ambulatory Staff may:

- (a) not admit patients or exercise any inpatient clinical privileges at any hospital; unless otherwise indicated by their Department's or Section's staff development plan.
- (b) visit the Hospital and render advice, teach, but may not write inpatient orders;
- (c) may render consultations only with specific prior approval by the Department Chief;
- (d) vote at general and special meetings of the Staff and the Department, Section or committee of which they are a member;
- (e) pursue a hearing and appeal of adverse actions as delineated in Article VI.
- (f) May exercise office-based clinical procedures in ambulatory settings as defined in their privileges / job description if compensated by Beaumont Health System.

Note: A member of the Ambulatory Staff category will be transferred to an appropriate Staff category (Affiliate) if he / she becomes a full-time employee of or is in a similar compensated relationship in the opinion of the Hospital Credentials and Qualifications Committee with an institution that has no established formal relationship with Beaumont Health System, as defined in these Bylaws.

9.7. BIOSCIENTIFIC STAFF

9.7.1. QUALIFICATIONS. Hospital employees with a doctorate degree in any of the health care scientific disciplines designated by the Board of Directors as eligible for membership in this category may apply for membership on the Bioscientific Staff. They must have the appropriate licenses, certificates, or other legal credentials required by Michigan law to authorize them to provide professional services. Applicants for membership on the Bioscientific Staff shall apply for such membership and privileges as set forth in Articles III and IV. Members of the Bioscientific Staff shall be assigned to one or more appropriate Departments or Sections. Insofar as they do not conflict with this section, other provisions of the Medical Staff Bylaws, Rules / Regulations / Policies shall apply to members of the Bioscientific Staff. As a condition of such membership, the individual shall maintain status as an employee of the Hospital. They shall pay Staff dues.

9.7.2. PREROGATIVES. Members of the Bioscientific Staff may:

- (a) be accorded privileges and prerogatives and abide by terms and conditions as approved for the relevant category of health care practitioner by the Board of Directors. Department or Section privileges, scope of activity and quality of work of each member of the Bioscientific Staff will be defined and supervised by the Department Chief or Section Head, within the terms and conditions established by the Board of Directors for such category of Bioscientific Staff;
- (b) vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;

- (c) hold office on the Staff or one of its subdivisions and committees; and
- (d) appeal an adverse appointment decision by invoking the appeals procedure set forth in Article VI. Members of the Bioscientific Staff who have a grievance or whose employment has been terminated may invoke the grievance procedure for physician employees set forth in Section 3.11.11.

9.8. LIMITED STAFF

9.8.1. QUALIFICATIONS. The Limited Staff shall consist of appropriately licensed physicians who are employed clinical fellows, residents or physicians employed on a contingent basis to provide a needed service, including moonlighting, but who are not otherwise members of the Medical Staff. They have Staff privileges but limited tenure. Their Staff membership ceases when their employment ends. They shall perform duties as defined in the job descriptions / clinical privileges approved by the appropriate Department or Section. They do not pay Staff dues.

9.8.2. PREROGATIVES. Members of the Limited Staff:

- (a) Employed clinical fellows may not admit patients or be the attending physician of record, but may be the principal physician of record and write orders on behalf of the Staff member responsible for the admission;
- (b) are not required to attend Staff or Departmental meetings;
- (c) must abide by all Department, Section and Staff Rules / Regulations / Policies;
- (d) will be subject to any and all disciplinary actions as provided by these Bylaws;
- (e) may not vote at general and special meetings of the Staff and of the Department or Section;
- (f) may not hold office on the Staff or one of its subdivisions and committees;
- (g) Members of the Limited Staff who have a grievance or whose employment has been terminated may only invoke the grievance procedure for physician employees set forth in Section 3.11.

9.9. HONORARY CONSULTING STAFF

9.9.1. QUALIFICATIONS. The Honorary Consulting Staff shall consist of medical and dental practitioners in the community and other distinguished scientists who have attained distinctive status by virtue of academic achievements or special skills, who are not members of another category of the Staff, and who have signified willingness to accept such appointment of an honorary and temporary nature. Physicians and dentists associated with academic institutions and physicians and dentists of outstanding professional stature and other distinguished scientists may also be appointed in this capacity, even though their primary affiliation is other than the Hospital. They do not pay Staff dues.

9.9.2. PREROGATIVES. Members of the Honorary Consulting Staff may:

- (a) not admit patients, but shall exercise clinical privileges as are granted under Article IV;
- (b) not vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;
- (c) not hold office on the Staff or one of its subdivisions and committees; and
- (d) pursue a hearing and appeal of adverse actions as delineated in Article VI.

9.10. ALLIED STAFF (CLOSED TO NEW APPOINTMENTS)

9.10.1. QUALIFICATIONS. The Allied Staff shall consist of appropriately licensed physicians and dentists in the community who may not necessarily be Board certified, and who are not otherwise members of the Staff, but whose patients receive care at the Hospital. Members of the Allied Staff are encouraged to visit their patients. They may be temporarily appointed to this Medical Staff category for the limited purposes described in this Section. They shall pay Staff dues.

9.10.2. PREROGATIVES. Members of the Allied Staff:

- (a) may not admit patients or exercise any clinical privileges;
- (b) may review the clinical chart;
- (c) may use the Hospital medical library and dining rooms;
- (d) are not required to attend Staff meetings;
- (e) may not vote at general and special meetings of the Staff and of the Department or Sections;
- (f) may not hold office on the Staff or one of its subdivisions and committees; and
- (g) may pursue a hearing and appeal of adverse actions as delineated in Article VI.

9.11. EMERITUS STAFF

9.11.1. QUALIFICATIONS. The Emeritus Staff shall consist of Staff physicians and dentists who have retired from the practice of medicine or dentistry. Appointment must be supported and approved by either the Department Chief or Section Head based on outstanding contributions to the Hospital. They need not pay Staff dues.

9.11.2. PREROGATIVES. Members of the Emeritus Staff:

- (a) will have no clinical privileges and may not attend patients;
- (b) will be exempt from regular biennial reappointment process;
- (c) may not vote at general and special meetings of the Staff and of the Department, Section or committee of which they are a member;
- (d) may teach physical diagnosis to medical students at the discretion of the Department Chief.
- (e) may not hold office on the Staff or one of its subdivisions and committees, except upon authorization of the Department Chief. They may participate in educational activities and attend meetings;

9.12. RETIRED STAFF

9.12.1. QUALIFICATIONS. The Retired Staff shall consist of Staff physicians and dentists who have retired from the practice of medicine or dentistry, but desire to remain part of the Medical Staff. They need not pay dues.

9.12.2. PREROGATIVES. Members of the Retired Staff:

- (a) will have no clinical privileges and may not attend patients;
- (b) will be exempt from regular biennial reappointment process;
- (c) may not vote at general and special meetings of the Staff and of the Department,

Section or committee of which they are a member;

- (d) may not hold office on the Staff or one of its subdivisions and committees, except upon authorization of the Department Chief. They may participate in educational activities and attend meetings.

ARTICLE X

DIVISION STAFF MEETINGS

10.1. REGULAR MEETINGS

Each Division's Medical Staff shall meet three times per year, one meeting of which shall be designated as the annual meeting.

10.2. SPECIAL MEETINGS

Shall be called by the appropriate Chief Medical Officer or President of the Staff by any of the following methods:

10.2.1. at any time upon his or her own initiative, or

10.2.2. at any time upon such written request of the appropriate Medical Executive Committee or Board of Directors, or

10.2.3. within fourteen (14) days of written request signed by fifty (50) members of the Active Staff stating the reason and purpose for such meeting.

10.3. QUORUM

Ten percent (10%) of the current members of the Medical Staff entitled to vote under these Bylaws shall constitute a quorum at any regular or special meeting of the Medical Staff. Each Department and Section shall establish the required quorum for its respective meetings.

10.4. ATTENDANCE

Each member of the Staff, except for Emeritus-Retired, Honorary-Consulting, and Allied members shall be expected to attend at least one (1) of the three (3) regular Medical Staff meetings.

10.5. AGENDA

10.5.1. REGULAR MEDICAL STAFF MEETINGS. The agenda format for the regular Medical Staff meetings will be as follows and will be distributed five (5) days prior to the scheduled meeting. The most recent edition of Robert's Rules of Order Revised will be used to guide parliamentary procedures, to the extent consistent with these Bylaws:

- (a) Call to order by the President of the Staff
- (b) Reading and approval of the minutes of the last regular and all special meetings held since the last regular meeting
- (c) Report of the Secretary-Treasurer
- (d) Report of Medical Staff President
- (e) Report of the Chief Medical Officer
- (f) Communications, announcements and elections when appropriate
- (g) Report(s) of Medical Administration, Department Chiefs, Section Heads and Committee Chairs, when indicated

- (h) Unfinished business
- (i) New business
- (j) Adjournment

10.5.2. SPECIAL MEETINGS. The agenda format for special meetings of the Staff will be as follows and will be distributed five (5) days before the meeting:

- (a) Reading of the notice calling for the meeting
- (b) Transaction of the business for which the meeting was called
- (c) Adjournment

10.6. NOTICE

Notice of the date, time and place of all annual and regular meetings shall be provided to all members of the Staff at least fourteen (14) days prior to the meeting by the appropriate Medical Executive Committee unless the emergency nature of a special meeting makes that notice impractical.

10.7. DEPARTMENT AND SECTION MEETINGS

Each Department and Section of the Staff as determined shall be required to hold meetings of its membership for the purpose of reviewing the medical or dental work done by that Department / Section and to communicate findings, conclusions and recommendations and actions taken to improve organizational performance. These Departmental and Section meetings should provide for a comprehensive review of all clinical care activities including any significant morbidities and all mortalities. The frequency of these meetings shall be determined by Department Chief or Section Head but must occur at least quarterly. Members of the Active Staff are required to attend fifty percent (50%) of the required Departmental and Section meetings. Failure to comply with this attendance requirement will be considered in the evaluation of the Staff member's request for reappointment and may result in modification of the Staff member's clinical privileges. Minutes of the Departmental / Section meetings shall be recorded and submitted to the Department Chief, or Section Head.

ARTICLE XI

COMMITTEES

11.1. COMMITTEE ESTABLISHMENT AND PROCEDURE

To further implement policies and procedures governing the Staff and the monitoring of its activities, the appropriate Chief Medical Officer shall, with the approval of the appropriate Medical Executive Committee, appoint members and chairs to the following committees. These committees are created and established to, among other duties, conduct peer review activities in review of the professional practices of the Hospital employees and Staff members for the purpose of reducing morbidity and mortality and for the improvement of the care of patients in the Hospital. The most recent edition of Robert's Rules of Order Revised will be used to guide parliamentary procedures, to the extent consistent with these Bylaws.

11.1.1. QUORUM. A quorum of any of the following committees shall be a majority of its members.

11.1.2. ACTION. The action of a majority of members present at a meeting at which a quorum is present shall be the action of the committee.

11.1.3. MINUTES. A secretary for each committee will be appointed by the committee Chair. The committee secretary shall keep minutes and forward one copy of those minutes to the appropriate Chief Medical Officer, while retaining another copy as a permanent record of that committee's activities.

11.1.4. CONFIDENTIALITY OF COMMITTEE FUNCTIONS. Confidentiality is essential to the effective functioning of each of the following committees. Accordingly, all records, data and knowledge collected for or by the committees or individuals operating under the direction of such committees shall be confidential to the fullest extent as provided by law. All such records, data, and knowledge shall be used only for the purposes for which the respective committees have been formed and shall not be public record. These committees, and individuals and entities providing information or data to them, when conducting review functions as defined in law are protected, privileged and immune from suit or production of information under State and / or Federal law.

11.1.5. TERM OF APPOINTMENT. Unless otherwise specified in the appointment, appointments to a Medical Staff Committee shall be for a term of one (1) year or until a replacement member is appointed.

11.1.6. DELEGATION. Individuals appointed to a Medical Staff Committee who are unable to attend a meeting of such Committee may delegate their Committee membership for that meeting to another Medical Staff member or qualified individual with the concurrence of the Chair of such Committee with the concurrence of the Department Chief.

11.2. BYLAWS COMMITTEE (CORPORATE)

The Bylaws Committee shall be appointed by the Executive Vice President and Corporate Chief Medical Officer and shall be composed of members from each Hospital Staff, including at least six (6) Active Staff members, at least one (1) physician employee of the Hospital, one (1) or more representative(s) of Medical Administration, and one (1) elected Representative of the Medical Staff from each Hospital, as well as a representative from the Department of Legal Affairs, ex-officio, without vote. One Committee member shall serve as Chair of the Committee as appointed by the Corporate Chief Medical Officer. Committee members representing each of the Hospitals

may be appointed as Vice Chairs to represent the Committee at matters before their Hospital's Medical Executive Committee. The Committee shall meet at least annually to review the Bylaws of the Staff to ensure that they remain current and properly reflect developments in administration and procedure and to make recommendations for revision or amendment to the Medical Executive Committees. The Medical Executive Committees may also, prior to the consideration of any proposal, refer proposed amendments or revisions of the Bylaws to the Bylaws Committee for review. At the inception of its annual review, the Bylaws Committee shall notify the Staff in writing and request written suggestions for revision and amendment. If there are recommended changes, the Committee shall submit a written report to the Medical Executive Committees at least annually.

11.3. CREDENTIALS AND QUALIFICATIONS COMMITTEES

Each Hospital's Credentials and Qualifications Committee is a peer review committee to ensure the competent and representative evaluation of Staff appointments, extension of privileges and assignments to various Departments and Sections as well as the discharge of those other review functions as are entrusted to it. The Hospital Committees shall meet as specified in these Bylaws and / or as directed by the Corporate Chief Corporate Medical Officer.

The voting members of the Credentials and Qualifications Committee of each Hospital shall consist of: a Chair of the Hospital Committee; the Chief Medical Officer of that Hospital; the President of the Medical Staff of that Hospital; the Director of Quality and Safety of that Hospital; the Chiefs of the Departments of Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Emergency Medicine, Family Medicine, Anesthesiology and Radiology of that Hospital; one (1) elected Member at Large of the Medical Staff of that Hospital; and a Chief of a Department of ancillary services as appointed by that Hospital's Chief Medical Officer. A non-voting representative of the Department of the Office of the General Counsel and Medical Staff Services shall serve as a member

The Credentials and Qualifications Committees of each Hospital shall: (1) review credentials and make recommendations for appointment, reappointment or changes in category status, as well as delineation of clinical privileges; (2) report on each applicant for Staff membership and / or clinical privileges, including specific consideration of the recommendations from the Departments and / or Sections in which such applicant requests privileges; (3) review periodically all information available regarding the competence and professionalism of Staff members and as a result of such reviews make recommendations for the granting of privileges, reappointments, and the assignment of practitioners to the various Staff categories, Departments and / or Sections; (4) investigate any reported breach of ethics; and (5) review reports that are referred by Medical Executive Committees, and all other Staff, audit and peer review committees.

The Hospital Credentials and Qualifications Committees shall make recommendations on the above matters to the Hospital Medical Executive Committees.

11.4. GRADUATE MEDICAL EDUCATION COMMITTEE (CORPORATE)

The System Graduate Medical Education Committee shall be chaired by the Director, Graduate Medical Education and shall be composed of voting members to include appropriate Program Directors, other members of the faculty and residents nominated by their peers. The Committee shall be responsible for planning, implementation and coordination of all Residency and Fellowship programs at the Hospital and affiliated institutions. The Committee shall provide recommendations for continuing medical education programs to the Continuing Medical Education Committee. The Committee shall be responsible for implementation of ACGME Institutional Requirements pertaining to Graduate Medical Education. The Committee shall meet at least quarterly and report to the Chief Academic Officer and Medical Executive Committees.

11.5. INFECTION CONTROL COMMITTEE

The Infection Control Committee of each Hospital shall consist of those Staff members and Hospital personnel who have special knowledge, skills or interest in the problem of hospital infection and their sequelae. These Committees shall have the responsibility for surveillance of inadvertent hospital infection potentials and cases as well as for the promotion of a preventative and corrective program designed to minimize those hazards. They shall meet at least every other month and report to the Quality and Safety Committee.

Medical Executive Medical

11.6. MEDICAL STAFF PRESIDENT'S COUNCIL

Each Hospital will have a President's Council chaired by the President of the Medical Staff and include the elected Medical Staff representatives. Other individuals may be invited to participate. The Council will serve as a forum to exchange ideas and develop strategies designed to make it easier for our Medical Staff to practice excellent medicine. In addition, the Council will also advise the President on matters related to Medical Staff activities, review and approve the Medical Staff budget and unbudgeted expenditures greater than five thousand (\$5,000.00) dollars. It may consider matters in review of the professional practices of the Medical Staff of the Hospital.

11.7. MEDICATION USE COMMITTEE (RO, TROY, GP)

The Medication Use Committee of each Hospital shall consider site level medication safety data, antimicrobial stewardship data, antibiograms, drug utilization, regulatory issues, floor stock, shortages, other site-specific medication-related issues, and implementation of Pharmacy & Therapeutics Committee (P&T) recommendations. The committee shall consist of a physician chairperson, the Director of Pharmacy (Secretary), members of the Medical Staff, and representatives from clinical pharmacy, nursing and Quality. Each hospital committee shall meet monthly and consider recommendations from the P&T committee. It will report its recommendations as well as the recommendations of the P&T committee to each hospital's Medical Executive Committee.

11.8. QUALITY AND SAFETY COMMITTEE (RO, TROY, & GP)

The committee of each Hospital shall consist of at least the Chiefs of the Departments of Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Anesthesiology, Pathology, Laboratory Medicine, Radiology, Emergency Medicine, a member of the Medical Staff Presidents Council, representatives from Nursing and Hospital Administration, and other staff members as needed. The committee's meetings shall be scheduled monthly, but in no event, shall meet less than nine times a year. The Quality and Safety Committee will evaluate and ensure the quality and safety of medical care provided to patients at the hospital and shall recommend policy regarding patient care. The committees shall receive reports from but not limited to quality reviews, infection control, core measure and pay for performance measures, regulatory compliance data, radiation safety. The committee will report to the Hospital Medical Executive Committee and shall provide reports and recommendations to other committees as appropriate.

11.9. RADIATION SAFETY COMMITTEE (CORPORATE)

The Radiation Safety Committee shall be composed of representatives from Medical Physics, Nuclear Medicine, Radiation Oncology and Diagnostic Radiology and others as appointed by the appropriate Chief Medical Officer. The Committee will be responsible for the approval and review of all radioactive materials and other modalities of ionizing radiation used at the Hospitals and the Research Institute in accordance with the regulations of the Nuclear Regulatory Commission. It shall meet at least quarterly and report to the Hospitals' Quality and Safety Committees.

11.10. SPECIAL COMMITTEES

Other special and standing committees may be appointed by the appropriate Chief Medical Officer from time to time as may be required to carry out properly the duties of the Staff and the requirements of these Bylaws. They shall not have authority to establish medical policy except as such authority is extended by recommendation to the Medical Executive Committees with the approval of the Board of Directors.

ARTICLE XII

AMENDMENTS TO BYLAWS OR RULES / REGULATIONS / POLICIES

12.1. AMENDMENTS TO BYLAWS OR RULES / REGULATIONS AND POLICIES

These Bylaws and Rules / Regulations / Policies may be amended only in accordance with the following procedures. Policies may be created or amended by the Medical Executive Committees.

12.2. INITIATION OF AMENDMENTS

Recommendations for amendments to Bylaws and Rules / Regulations / Policies shall be initiated by or through the Bylaws Committee of the Medical Staff, the Chief Medical Officers, the Medical Executive Committees, or the Board of Directors without submission to or approval of the Bylaws Committee.

12.3. PROCEDURE

If amendments to Bylaws or Rules / Regulations / Policies are proposed to be adopted by any Medical Executive Committee, such proposed amendments shall first be presented at such Hospital's next regular or special Medical Staff meeting or through some other means for review and for approval in the case of a proposed Bylaw amendment. Adoption of an amendment to a Bylaw or Rule and Regulation by a Medical Executive Committee shall be communicated to its Medical Staff.

If amendments to Bylaws or Rules / Regulations / Policies are proposed to be adopted by any Hospital's Medical Staff, such amendments shall first be presented at such Hospital's Medical Executive Committee's next regular or special meetings or through some other means for review and approval, and shall be communicated to its Hospital's Medical Executive Committee if adopted by the Medical Staff. However, any Medical Staff which does adopt such amendments may propose them directly to the Board of Directors through a committee it designates to receive such proposals.

12.4. PROPOSAL AND APPROVAL, CONFLICT

Amendments of Rules / Regulations / Policies approved by any or each Medical Executive Committee and amendments of these Bylaws approved by any or each Medical Executive Committee(s) and / or any or each Medical Staff shall then be proposed to the Board of Directors and shall be effective when approved by the Board of Directors. Conflicts arising out of such proposed amendments, or any other matter between the Medical Staff(s) and the Medical Executive Committee(s) and or Medical Staff members, shall be addressed through the conflict resolution procedures as set forth by Medical Staff policy on conflict resolution.

12.5. URGENT AMENDMENTS

In cases of documented need for an urgent amendment to the Rules / Regulations / Policies necessary to comply with law or regulations, the Medical Executive Committee(s) may provisionally adopt, and the Board of Directors may provisionally approve, an urgent amendment without prior notification of the Medical Staffs. In such cases, the Medical Staffs will be immediately notified by the Medical Executive Committee(s). The Medical Staffs will have the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the Medical Staffs and the Medical Executive Committee, the provisional amendment stands. If there is conflict over the provisional amendment, that conflict shall be addressed through the

Medical Staff policy on conflict resolution. If necessary, a revised amendment is then submitted to the Board of Directors for action.

12.6. ADOPTED BYLAWS AND RULES / REGULATIONS / POLICIES

Bylaws and Rules / Regulations / Policies approved by the Board of Directors shall be communicated to each Medical Staff.

ARTICLE XIII

AUTHORIZATIONS AND IMMUNITY FROM LIABILITY

13.1. EXPRESS CONDITIONS

The following shall be express conditions to any applicant or Staff member's application for, or exercise of Staff membership or clinical privileges at these Hospitals.

- 13.1.1. GOOD FAITH DISCLOSURES PRIVILEGED.** Any act, communication, report, recommendation, or disclosure, with respect to the professional ability and qualifications of any such individual made in good faith and without malice at the request of an authorized representative of this or any other health facility or review entity, for the purpose of achieving and maintaining the quality of appropriate patient care in this or any other health facility, shall be privileged to the fullest extent permitted by law.
- 13.1.2. EXTENSION OF PRIVILEGE.** Such privileges shall extend to members of the Board of Directors, the Staff and its officers and committees and to third parties who supply information to any of the foregoing authorized to receive, release or act on the same. For the purpose of this Article the term "third parties" means both individuals and organizations from which information has been requested by an authorized representative of the Hospital.
- 13.1.3. IMMUNITY FROM LIABILITY.** There shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.
- 13.1.4. SCOPE OF IMMUNITY.** Such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to:
- (a) application for appointment or clinical privileges;
 - (b) periodic reappraisals for reappointment or clinical privileges;
 - (c) corrective action, including immediate action;
 - (d) hearings and appellate reviews;
 - (e) medical care evaluations;
 - (f) utilization reviews;
 - (g) peer or professional review organizations, activities or procedures;
 - (h) other Hospital, Department, Section, program or committee activities related to quality patient care and inter-professional conduct.
- 13.1.5. NATURE OF INFORMATION.** The acts, communications, reports, recommendations and disclosures referred to in this Article may relate to an applicant or Staff member's professional qualification, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on maintaining the quality of appropriate patient care.

- 13.1.6. EXECUTION OF RELEASES.** Each applicant or Staff member shall upon request of the Hospitals execute releases as required by the individuals and organizations described above.
- 13.1.7. AUTHORIZATION FOR CONSULTATION AND REVIEW.** The applicant or Staff member authorizes the Hospitals, the Board of Directors, the Staff and their officers and committees to consult with members of the medical staffs of other hospitals with which the applicant or Staff member is or has been associated and with others who may have information bearing on his / her competence, character and ethical qualification. Furthermore, the applicant or Staff member consents to the Hospitals' inspection of all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the clinical privileges requested or maintained as well as their moral and ethical qualifications for Staff membership. The applicant or Staff member also releases from any liability all representatives of the Hospitals and their Staff for their acts performed in good faith and without malice concerning the applicants or Staff member's competence, ethics, character and other qualifications for Staff appointment and clinical privileges, including otherwise privileged or confidential information.
- 13.1.8. CONFIDENTIALITY OF INFORMATION.** The applicant or Staff member recognizes and agrees that all records (including, without limitation, medical records), information, data and knowledge respecting professional practice review functions of the Hospitals are required to be kept confidential pursuant to federal and state law, including without limitation, proceedings for appointment, reappointment, advancement, denial or termination of appointment; reduction, suspension or termination of privileges; transfer to any other division of the Staff; and the work of committees and individuals assigned professional practice review functions pursuant to these Bylaws, the Rules / Regulations / Policies and the policies and procedures of the Hospitals and the Staff, and that dissemination of such information and records shall only be made where expressly required by law, pursuant to officially adopted policies of the Staff, or with the express approval of the Medical Executive Committees or their designee(s). The applicant or Staff member specifically agrees to keep all such information confidential, recognizing that any breach of such confidentiality may result in the Medical Executive Committees undertaking such action as they deem appropriate.

ARTICLE XIV

DUES

14.1. CATEGORIES ASSESSED

Annual Dues, as determined by the Medical Executive Committees, shall be required of members of the Active Staff, Institutional Staff, Affiliate Staff, Administrative Staff, Bioscientific Staff, Allied Staff and Ambulatory Staff are payable as billed annually.

14.2. CATEGORIES NOT ASSESSED

Members of the Limited, Honorary Consulting, Emeritus, and Retired Staff shall not be assessed dues. They shall be assessed for the cost of each Hospital function (e.g., the Annual Dinner Dance, Annual Meeting) if they wish to attend.

14.3. PRORATION

Dues of members joining the Staff during the designated Staff year shall be prorated for the appropriate fraction of that Staff year.

14.4. PAYMENT OF DUES

Unless extenuating circumstances are presented to and accepted by the Medical Executive Committees non-payment of dues shall be grounds for suspension, termination, or declining reappointment to the Staff.

14.5. EXPENDITURES

At each Hospital, expenditure of funds from the Medical Staff Fund may be authorized by the Presidents of the Medical Staff. The President of the Medical Staff and the President's Council shall review and approve the Medical Staff budget and unbudgeted expenditures greater than five thousand (\$5,000.00) dollars and report a summary of such budget and all unbudgeted expenditures greater than five thousand (\$5,000.00) dollars at the Medical Executive Committee. The Secretary-Treasurer will submit an annual report of the Medical Staff Fund at the Medical Staff Meeting in December of each year.

ARTICLE XV

STAFF DISASTER ASSIGNMENTS

15.1. ASSIGNMENTS

A written plan for the care of mass casualties coordinated with the Inpatient and Ambulatory Services of the Hospital, as currently formulated, adopted or hereafter modified, shall be maintained at all times. All members of the Active Staff must fulfill Staff disaster assignments. Failure to fulfill this assignment will be reported to the Medical Executive Committees and may be grounds for declining reappointment to the Staff.

15.2. DISASTER PRIVILEGING

In a state of emergency when the emergency management plan has been activated and the Hospital is unable to meet immediate patient needs, external licensed independent practitioners (LIPs) or Advanced Practice Providers (who volunteer to assist the Hospital) may be privileged on an emergency basis as needed to care for the Hospital's patients. The Chief Medical Officer or designee has the authority to emergently privilege appropriate licensed independent practitioners or Advanced Practice Providers but is not required to grant disaster privileges to any individual. Specific credentialing, privileging, and patient care oversight details are outlined in the Disaster Volunteers Policy.