MUNSON MEDICAL CENTER  
MEDICAL STAFF BYLAWS  
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12/14 Approved by the Board of Trustees
MUNSON MEDICAL CENTER
TRAVERSE CITY, MICHIGAN

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Adopted By the Medical Staff - July 2014
Adopted by the Board of Trustees - December 2014

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BYLAWS OF THE MEDICAL STAFF OF MUNSON MEDICAL CENTER

DEFINITIONS

1. ACTIVE MEMBER means a Member assigned to the Active Category of the Medical Staff.

2. ADVERSE RECOMMENDATION OR ACTION means those actions and recommendations specified in 14.2 below.

3. ALLIED HEALTH PROFESSIONAL means an individual, other than a licensed Physician, Oral Surgeon, Dentist or Podiatrist, who is permitted to render patient care in accordance with the Credentials, Policy and Procedure Manual. Professionals in the following categories are eligible to apply for Allied Health Professional status: clinical psychologists, certified registered nurse anesthetists, nurse clinicians/practitioners, certified nurse midwives, and physician’s assistants. Other categories of professionals may from time to time be recommended by the MEC and approved by the Board for addition to the Allied Health Professional category.

4. BOARD means the Board of Trustees of Munson Medical Center.

5. CHIEF EXECUTIVE OFFICER means the individual appointed by the Board as the President of the Hospital.

6. CLINICAL PRIVILEGES means the rights granted to a Member to provide diagnostic, therapeutic, medical, surgical, dental or podiatric services in the Hospital.

7. CONSTRUCTION OF TERMS AND HEADINGS. Use of the masculine gender shall be deemed to include the feminine.

8. DENTIST means a Doctor of Dental Surgery (D.D.S.) licensed by the State of Michigan or Doctor of Dental Medicine (D.D.M.), licensed by the State of Michigan.

9. DEPARTMENT means a clinical unit of the Medical Staff and includes Sections thereof.

10. EFFICIENT/EFFICIENCY means seeking good patient care results without using diagnostic or treatment modalities that do not substantially contribute to that result.
11. EX OFFICIO means service as a standing or appointed member of a body by virtue of an office or position held and, unless otherwise expressly provided, means without voting rights.

12. HONORARY MEMBER means a Member assigned to the Honorary category of the Medical Staff.

13. HOSPITAL means Munson Medical Center, Traverse City, Michigan.

14. IMPAIRMENT means a physical, mental or behavioral disorder that interferes with the qualifications specified in 3.1-2, 3.1-3 and 3.1-5.

15. MEC means the Medical Executive Committee which consists of Active/Community Affiliate Members authorized to accomplish the Medical Executive function, in concert with the Medical Staff President and Vice President-Medical Affairs.

16. MEDICAL STAFF means the formal organization of all physicians, oral surgeons, dentists and podiatrists who hold Clinical Privileges (other than temporary privileges). The Medical Staff is the formal structure which accomplishes specific organization functions, including continuing education, developing and using Performance Improvement information, making credentials recommendations to the Board, and providing coordinated input regarding clinical matters to Hospital administration and the Board.

17. MEDICAL STAFF YEAR means the period from June 1 through May 31.

18. MEDICO-ADMINISTRATIVE OFFICER means a Member with administrative responsibilities who may also perform clinical services for which Clinical Privileges are required.

19. MEMBER shall mean a Physician, Dentist, Oral surgeon or Podiatrist who is granted the rights and responsibilities of membership in the Medical Staff, as described in these bylaws. Unless otherwise expressly provided, “Member” does not include Honorary Members.

20. MEMBERSHIP means the status resulting from the Board’s decision to grant the request of a Physician, Dentist, Oral Surgeon or Podiatrist to become a Member.

21. ORAL SURGEON means a dentist with advanced training qualifying him for board certification by the American Board of Oral and Maxillofacial Surgery.
22. PHYSICIAN means an individual with a M.D. or D.O. degree who is licensed by the State of Michigan to practice medicine.

23. PODIATRIST means a Doctor of Podiatric Medicine (DPM) licensed by the State of Michigan with advanced training qualifying for board certification by the American Board of Podiatric Medicine.

24. POLICIES AND PROCEDURES means all applicable policies, procedures, rules, regulations and standards adopted by the Hospital, Medical Staff, MEC, or by a department or Section; Policies and Procedures adopted by a Department or Section must be approved by the MEC. All Policies and Procedures approved by the Medical Executive Committee are incorporated into these Bylaws by reference.

25. REGIONAL AFFILIATE MEMBER means a Member assigned to the Regional Affiliate category of the Medical Staff.

26. QUORUM means the number of Voting Members who choose to attend the meeting.


28. SECTION means a sub-division of a Department, established on recommendation of the Department, by action of the MEC.
PREAMBLE

Munson Medical Center is a nonprofit corporation organized under the laws of the State of Michigan.

The Hospital’s purpose is to serve as the core of a regional health system and to provide, in partnership with physicians, quality, compassionate, comprehensive and cost-effective services for improvement of the health of the patients and communities served by the Hospital.

It is recognized that the Medical staff is responsible for the quality of medical care in the Hospital and must accept and discharge this responsibility, through an organized Medical Staff, subject to the ultimate authority of the Board, and that the cooperative efforts of the Medical Staff, the Chief Executive Officer and the Board are necessary to fulfill the Hospital’s obligations.

THEREFORE, the Physicians, Oral Surgeons, Dentists and Podiatrists practicing in the Hospital are hereby organized into the Medical Staff in conformity with these bylaws.

ARTICLE I. NAME

1.1 NAME

The name of this organization is “The Medical Staff” of Munson Medical Center, Traverse City, Michigan.

ARTICLE II. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

2.1 PURPOSES

The purposes of the Medical Staff are:

2.1-1 To make reasonable efforts to see that the quality of patient care provided under the auspices of the Hospital is consistent with generally recognized standards of care.

2.1-2 To constitute a professional body, providing mutual educational, consultative and professional support.

2.1-3 To provide a structure through these bylaws, the Related Manuals and the Policies and Procedures which defines the responsibility,
authority, and accountability of each Member and organizational component of the Medical Staff and each Allied Health Professional.

2.1-4 To provide a mechanism for appropriate delineation of Clinical Privileges and a means for the ongoing evaluation of the performance of all Members and Allied Health Professionals.

2.1-5 To provide a means by which the Medical Staff can participate in the development of Hospital policy and planning and to serve as the body through which such policies and plans are communicated to Members and Allied Health Professionals.

2.2 RESPONSIBILITIES

To accomplish the above purposes, it is the obligation and responsibility of the Medical Staff to:

2.2-1 Provide leadership to activities designed to maintain and improve the effectiveness and efficiency of performance by Members and Allied Health Professionals and to participate in the Hospital’s Performance Improvement (PI) program including:

A. Evaluate Member, Allied Health Professional and institutional performance through sound measurement systems, details of which are in the PI Plan of the Medical Staff, and in the Related Manuals.

B. Continuously monitor patient care practices.

C. Evaluate credentials for initial and continuing Medical Staff Membership, for the delineation of Clinical Privileges and for the approval of Allied Health Professionals, in a manner that is thorough, effective and timely, details of which are found in the Credentials, Policy and Procedure Manual.

D. Establish a continuing education program based in part on needs identified through the Performance Improvement program.

E. Develop a system of utilization review, which promotes efficient patient care.
2.2-2 Make recommendations to the Board regarding each request for Membership (initial and renewal), including Medical Staff category, Department and Section assignment, and Clinical Privileges.

2.2-3 Make recommendations to the Board regarding each request for Allied Health Professional status, including Department and Section assignment and scope of permitted patient care activities.

2.2-4 Participate in the Hospital’s planning activities, by identifying community and regional health needs and suggest to the Board appropriate institutional policies and programs to meet those needs.

2.2-5 Develop and recommend amendments to, and enforce compliance with, these Bylaws and the Related Manuals.

The duties listed in 2.2 are accomplished through a network of responsible individuals and groups, including the Department Chairs, Section Chiefs, the Medical Staff President, the Medical Staff President-Elect, the MEC, and the Vice President-Medical Affairs.

ARTICLE III. MEMBERSHIP

3.1 GENERAL QUALIFICATIONS

Every Physician, Oral Surgeon, Dentist, Licensed Physician Assistant or Nurse Practitioner, or Podiatrist who seeks or enjoys Membership must continuously demonstrate to the satisfaction of the MEC and the Board the following qualifications:

3.1-1 LICENSURE

Each applicant for Membership and each Member shall:

A. Be a graduate of an approved medical school with the degree of Doctor of Medicine or Doctor of Osteopathy or a graduate of an approved dental school with a degree of Doctor of Dental Surgery or a graduate of an approved podiatric medicine school, with a degree of Doctor of Podiatric Medicine, or be a graduate of an approved PA/NP Program.

B. Be legally licensed to practice his profession in the State of Michigan.
3.1-2 EDUCATIONAL AND PERFORMANCE REQUIREMENTS

A. Each applicant for Membership and each Member shall demonstrate appropriate professional education, training and experience and current appropriate performance.

B. Any applicant to the Medical Staff after May 2004 shall be certified by or eligible for certification or recertification by a certifying board acceptable to the MEC and the Board, provided, however, the requirement of such certification or eligibility may be waived by the Board, if the applicant has received and provides satisfactory evidence of equivalent or specialized education, training and experience under other approved programs or medical fellowships.

3.1-3 PERSONAL REQUIREMENTS

Each applicant for Membership and each Member shall demonstrate a willingness and capability, based on current attitude and documented performance, to:

A. Discharge all obligations to patients, the Hospital and the Medical Staff.

B. Work with and relate to other Members, the Hospital staff and administration and the community, in a cooperative, professional manner.

3.1-4 PROFESSIONAL LIABILITY INSURANCE

Each applicant for Membership and each Member shall provide evidence of professional liability insurance, in an amount determined from time to time by the Board and stipulated in the Policies and Procedures.

3.1-5 IMPAIRMENT

Each applicant for Membership and each Member shall be free from impairment. If the MEC or Board determines that there is a question regarding an applicant’s or Member’s current physical or mental
ability to exercise appropriately existing or requested Clinical Privileges, the MEC or Board, as applicable, may require the applicant or Member to undergo a physical and/or mental health examination by a practitioner acceptable to the body requesting the exam.

3.1-6 NON-DISCRIMINATION

There shall be no discrimination on the basis of sex, sexual preference, age, race, color, religion, or national origin, or registration or professional education as Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatry, or Doctors of Dental Surgery in determining qualifications for initial or continuing Membership.

3.2 TERM OF MEMBERSHIP

3.2-1 MEMBERSHIP RENEWAL

Renewal of Memberships and Clinical Privileges will be for a period of not more than two (2) years.

3.2-2 PROCEDURES

The procedures for granting and renewing Membership and Clinical Privileges are set forth in the Credentials, Policy and Procedure Manual and are incorporated herein by reference.

3.3 CONTRACTUAL PROFESSIONAL SERVICES

The Membership and Clinical Privileges of Members who enter into group or individual professional service contracts with the Hospital, and the effect of contract termination on such status, shall be set forth in the Credentials, Policy and Procedure Manual.

3.4 MEDICAL DIRECTORS

A Physician, Dentist, Oral Surgeon or Podiatrist who is assigned administrative duties and who also performs clinical service for which Clinical Privileges are required, must be a Member of the Medical Staff, achieving such status by the procedures provided in Article III. The Membership and Clinical Privileges of a Medical Director shall not be affected upon termination of the administrative assignment.
All issues arising with regard to the clinical performance of a Medical Director shall be governed by these bylaws, the Related Manuals and the Policies and Procedures. All issues which arise with regard to the administrative performance of such Officers shall be resolved in accordance with the terms of the assignment or contract and Hospital policies. A Physician, Dentist, Oral Surgeon or Podiatrist employed by the Hospital in a purely administrative capacity, with no clinical duties, is subject to the policies of the Hospital and the terms of the administrative contract and need not be a Member.

Medical Directors are appointed by administration, in consultation with the Medical Staff Leadership, to facilitate physician involvement in clinical departments, sections or programs for the purpose of achieving the mission and vision of Munson Medical Center. Medical Director responsibilities may include assessing and improving the quality of patient care, implementing general Medical Staff policies in conjunction with the department chair, ensuring the delivery of cost effective, efficient care, and functioning as a physician clinical leader of the service. The duties include administration as a physician in goal setting, policy development, maintaining professional standards, continuous improvement, education, research and budget control and development, and those additionally required in a participative management structure. See the Organization, Functions and Policy Manual for outline of duties and responsibilities of Medical Director.

ARTICLE IV. MEDICAL STAFF CATEGORIES

4.1 INTRODUCTION

All Members must:

4.1-1 Provide patients with continuity of care, including arranging for coverage by practitioners with appropriate Clinical Privileges.

4.1-2 Complete patients’ medical records as specified in Policies and Procedures governing patient records, including standards for timeliness, legibility and accurate content.

4.1-3 Comply with these bylaws, the Related Manuals, and the Policies and Procedures, and decisions of the MEC and Board.

4.1-4 Participate, on request, in the Hospital’s Performance Improvement program, including development of Member performance data (including data regarding appropriate performance, efficient practice,
accessibility, and attitude) and respond to suggestions for performance improvement.

4.1-5 Respond to requests to perform Medical Staff activities.

4.1-6 Comply with procedures for renewal of Membership and Clinical Privileges every two years.

4.1-7 Abide by generally recognized standards of professional ethics.

4.2 CATEGORIES

There are six (6) categories of Membership: Active, Regional Affiliate, Community Affiliate, Consulting, Telemedicine and Honorary. Current members may not change categories without review by the Department/Section and approval by the Medical Executive Committee. Allied Health Professionals, medical students, and residents are not members of the Medical Staff but may be authorized to provide patient care at the Hospital and may participate in the Medical Staff organization in accordance with Article V.

4.3 ACTIVE CATEGORY

4.3-1 QUALIFICATIONS

Active Members must:

A. Be located (office and residence) within a reasonable distance of the Hospital consistent with the appropriate exercise of the Clinical Privileges held, in order to provide timely continuing care for patients.

B. Regularly admit or otherwise be involved in the care of patients at the Hospital.

C. Demonstrate the qualifications set forth in 3.1 and comply with 4.3-3.

4.3-2 PREROGATIVES

Active Members may:
A. Admit patients, subject to the limitations provided in these bylaws and Related Manuals.

B. Attend and vote on all matters presented at duly constituted meetings of the Medical Staff, and of the Department, Section and Committees to which appointed.

C. Hold office and sit on or serve as the chairperson of any committee, unless otherwise specified in these bylaws.

4.3-3 RESPONSIBILITIES

Active Members must:

A. Contribute to the organizational and administrative affairs of the Medical Staff.

B. Actively participate in recognized functions of the Medical Staff including participating in Performance Improvement and other monitoring activities, supervising Members and Allied Health Professionals during their provisional or probationary periods, and discharging other Medical Staff functions as may be assigned.

C. Participate in the emergency room specialty coverage program, except as excused by the Department to which assigned with the approval of the MEC. Any disputes between the Member and Department regarding participation in emergency room coverage will be decided by the MEC.

D. Attend not less than 50 percent of the meetings of the Department and Section to which assigned.

E. Pay all dues and assessments promptly.

4.4 REGIONAL AFFILIATE CATEGORY

4.4-1 QUALIFICATIONS

Regional Affiliate Members must:

A. Admit or otherwise be involved in the care of fewer than 25 Hospital patients per year; and,
B. Be a Member of another hospital's active medical staff.

4.4-2 PREROGATIVES

Members of this category may:

A. Admit patients in the same manner as an Active category Member, except at times of shortage of Hospital resources, as determined by the Chief Executive Officer, the elective admissions/procedures of Members with Affiliate status shall be subordinate to those Members with Active category status;

B. Exercise such Clinical Privileges as are granted.

C. Attend general and special meetings of the Medical Staff, and of the Department/Section and Committees to which appointed, but without vote.

4.4-3 RESPONSIBILITIES

A Regional Affiliate Member must:

Pay all dues and assessments promptly.

Note: Members of the Regional Affiliate Category will not be bound by the parameters set forth in the Professional Plan of the Board of Trustees.

4.5 COMMUNITY AFFILIATE CATEGORY

4.5-1 QUALIFICATIONS

Community Affiliates are practitioners who do not admit patients to the facility but practice in the surrounding community, refer patients and wish to utilize ancillary services at the facility as well as visit and round on their patients.

4.5-2 PREROGATIVES

Members of this category may:
A. Visit their patients when hospitalized, and make notations in the chart related to outpatient documentation and social visitations. They may apply for privileges for specific diagnostic or therapeutic endeavors, including, but not limited to the ability to dictate consults and write progress notes. They may also apply for provision of medical education supervision.

B. Attend general and special meetings of the Medical staff, and of the Department/Section and Committees to which appointed. May vote on all matters of the Department, Section and Committees to which appointed. May hold office and sit on or serve as the chairperson of any committee, unless otherwise specified in these bylaws.

4.5-3 RESPONSIBILITIES

Members of this category must:

A. Participate in the Emergency Department outpatient backup call schedule, except as excused by the Department to which assigned with the approval of the MEC. Any disputes between the Member and Department regarding participation in emergency room coverage will be decided by the MEC.

B. Pay all dues and assessments promptly.

NOTE: Members of the Regional Affiliate Category will not be bound by the parameters set forth in the Professional Plan of the Board of Trustees.

4.6 CONSULTING CATEGORY

4.6-1 QUALIFICATIONS

Consulting Members must:

A. Provide clinical consultation in the form of an organized clinic or contracted service (typically at least yearly but less than weekly).

B. Be a member of the active staff at another facility and hold privileges in the consulting specialty provided at MMC.
4.6-2 PREROGATIVES

Consulting Members may:

A. Apply for privileges for specific diagnostic or therapeutic endeavors, including but not limited to, the ability to dictate consults and write progress notes.

B. Apply for provisions of medical education supervision.

C. Attend general and special meetings of the Medical Staff, and of the Department/Sections and Committees to which appointed; however, they may not vote.

4.6-3 RESPONSIBILITES

Consulting Members must:

Pay all dues and assessments promptly.

4.7 TELEMEDICINE CATEGORY

4.7-1 QUALIFICATIONS

Telemedicine Members provide clinical consultation via remote communication.

4.7-2 PREROGATIVES

Telemedicine Members may:

Apply for privileges for specific diagnostic or therapeutic endeavors, including but not limited to, the ability to dictate consults and write progress notes.

4.8 HONORARY CATEGORY

Honorary category is restricted to former members who are retired from practice and whom the Medical Staff wishes to honor. Honorary Members are not eligible to admit patients to the Hospital, or to exercise Clinical Privileges. They may attend Medical Staff, Department and Section meetings, without voting.
Honorary Members are not subject to credentialing procedures, because they are not eligible to admit patients, or to exercise Clinical Privileges.

ARTICLE V. NON-STAFF; ALLIED HEALTH PROFESSIONALS, MEDICAL STUDENTS AND RESIDENTS

5.1 ALLIED HEALTH PROFESSIONALS

5.1-1 GENERAL

Allied Health Professionals shall consist of those professionals who are approved by the Board to participate in patient care at the Hospital but who are not eligible for Membership. Allied Health Professionals and prospective Allied Health Professionals are subject to those portions of these bylaws which expressly apply to them, such as Article XV. In addition, Allied Health Professionals and prospective Allied Health Professionals are subject to the requirements and responsibilities imposed by the following sections of these bylaws, although Allied Health Professionals shall not thereby be deemed to be Members or to possess Clinical Privileges: Section 3.1-2 through 3.1-5; Sections 3.2, 3.3, 4.1, 6.5, and 6.6; Articles XII and XV.

5.1-2 DEPENDENT AND INDEPENDENT PRACTITIONERS

The Board, acting on the recommendation of the MEC, will designate each category of Allied Health Professionals as either “Independent Practitioners” or “Dependent Practitioners,” as defined in the Credentials, Policy and Procedure Manual.

5.1-3 SCOPE OF CLINICAL ACTIVITIES

Requests by Independent Practitioners and Dependent Practitioners to perform specified patient care services at the Hospital will be processed in accordance with the Credentials, Policy and Procedure Manual.

5.1-4 DUE PROCESS

Allied Health Professionals are not entitled to the procedural rights described in Article XIV of these Bylaws or in the Fair Hearing Plan. An Allied Health Professional shall, however, be entitled to the following before the Board makes the final decision:
A. Receive written notice of any adverse recommendation by the MEC or adverse action by the Board with respect to the Allied Health Professional’s authority to furnish patient care at the Hospital, including a statement of the reason(s) for said recommendation or action.

B. Appear before the MEC to respond to an adverse recommendation by the MEC, before the deadline set forth in the notice described in (A) above.

C. Submit to the Board a written response to an adverse action by the Board, before the deadline set forth in the notice described in (A) above.

5.2 MEDICAL STUDENTS AND RESIDENTS

Medical students and residents are not Members and are not entitled to the procedural rights described in Article XIV of these bylaws or in the Fair Hearing Plan. Medical students and residents are permitted to participate in the provision of patient care at the Hospital in accordance with the Resident Training Manual or the Medical Student Manual, whichever applies.

ARTICLE VI. DELINEATION OF CLINICAL PRIVILEGES

6.1 PRIVILEGE DELINEATION

The procedure by which requests for Clinical Privileges are processed is in the Credentials, Policy and Procedure Manual.

6.2 SPECIAL CONDITIONS FOR DENTAL AND PODIATRIC PRIVILEGES

All Oral Surgery, Podiatry and Dental patients will receive a basic medical appraisal by a Physician who is a Member, unless otherwise provided by specific privilege delineation. Upon admission of the patient, the physician will have the responsibility for the medical status of the patient and determining whether the surgical procedure to be performed entails an acceptable medical risk.
6.3 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONALS

Requests to perform specified patient care services from Allied Health Professionals are processed in the manner specified in the applicable section of the Credentials, Policy and Procedure Manual.

6.4 TEMPORARY PRIVILEGES

Temporary Clinical Privileges may be granted or rescinded only in the circumstances described in the Credentials, Policy and Procedure Manual.

Practitioners who seek or who are granted temporary Clinical Privileges are not entitled to the procedural rights afforded by these bylaws or the Fair Hearing Plan when the request for temporary Clinical Privileges is denied or when all or any part of temporary Clinical Privileges are terminated or suspended.

6.5 EMERGENCY PRIVILEGES

In case of emergency, any Medical Staff Member is authorized to do everything possible to save the patient’s life or save the patient from serious harm, to the degree permitted by the Member’s license, regardless of Section or Department affiliation, Staff category, or Clinical Privileges. A Member who responds to an emergency is obligated to summon all consultative assistance and to arrange appropriate follow-up.

6.6 DISASTER PRIVILEGING

Practitioners who do not possess medical staff privileges may be granted disaster privileges by the CEO, VPMA, and President of the Medical Staff (or designee). See Policy 019.049

ARTICLE VII. OFFICERS

7.1 OFFICERS OF THE STAFF

7.1-1 IDENTIFICATION

The officers of the Staff shall be:

A. President
B. President-elect

C. Treasurer

D. Immediate Past President

7.1-2 QUALIFICATIONS

The President and President-Elect must be Active Members and have been Active Members for at least three (3) years. The Treasurer must be an Active member. Failure to remain an Active Member shall immediately create a vacancy in the office involved.

Neither the President nor the President-Elect may serve simultaneously as an officer of the Medical Staff and department chair.

7.1-3 NOMINATIONS

A. By Nominating Committee: The Medical Staff nominating committee shall consist of the three (3) Past Presidents of the Medical Staff and shall submit to the Medical Staff Services Department, the name(s) of one or more qualified nominee for the office of President-Elect and Treasurer. The names of such nominees shall be reported to the Medical Staff at least thirty (30) days prior to the annual meeting.

B. By Petition: Nominations may also be made by petition signed by at least fifteen (15) percent of the Active Members and filed with the Medical Staff Services Coordinator at least fifteen (15) days prior to the annual meeting. As soon thereafter as reasonably possible, the names of these additional nominees shall be reported to the Medical Staff.

C. By Other Means: If, before the election, any of the individuals nominated for an office pursuant to Section 7.1-3-A shall refuse, be disqualified from, or otherwise be unable to accept nomination, then the nominating committee shall submit one or more substitute nominees at the annual meeting.
7.1-4 ELECTION

President-Elect and Treasurer shall be elected at the annual meeting of the Medical Staff. Voting shall be by secret written ballot or absentee ballot, and voting by proxy shall not be permitted. A nominee shall be elected upon receiving over fifty (50) percent of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. Alternatively, elections shall be by the affirmative majority vote of the active medical staff responding via mail ballot. Ballots must be returned within 10 business days.

7.1-5 EXCEPTIONS

Sections 7.1-3 and 7.1-4 shall not apply to the office of President. The President-Elect shall, upon the completion of the term of that office or a vacancy in that office, immediately succeed to the office of President.

7.1-6 TERM OF OFFICE

Each officer shall serve a two-year term, commencing on the first day of the Medical Staff Year following election, except as otherwise provided in Section 7.1-8. Each officer shall serve until the end of the term and until a successor is elected, unless the officer resigns or is removed from office.

7.1-7 REMOVAL OF OFFICER

Failure of an officer to maintain Active category status results in automatic removal from office. In addition, the medical staff may remove an officer for failure to fulfill his responsibilities, malfeasance in office, physical or mental infirmity to a degree that renders him incapable of fulfilling the duties of the office, or conduct detrimental to the interest of the Hospital and/or medical staff.

A. Removal of an officer may be initiated by a petition or vote of 33 percent of the Active Members, or by action of the MEC.

B. Following initiation of removal as described in 7.1-7-A, removal shall occur only upon vote of 2/3 of those Active Members present at a subsequent duly constituted Medical Staff meeting.
7.1-8 VACANCIES IN OFFICE

Vacancies in the office of Treasurer shall be filled by the Medical Staff President with concurrence of the MEC. If there is a vacancy in the Office of President, the President-Elect shall assume the office of President and shall serve as President for the remainder of his predecessor’s unexpired term in addition to his own two-year term. A vacancy in the Office of President-elect shall be filled by a special election conducted as soon as reasonably possible after the vacancy occurs, following the process described in Sections 7.1-3 and 7.1-4.

7.2 DUTIES OF OFFICERS

7.2-1 PRESIDENT

As the principal elected official of the Medical Staff the President shall:

A. Coordinate the enforcement of Medical Staff Bylaws, Related Manuals, and Policies and Procedures, the implementation of sanctions when indicated, and promote the Medical Staff’s compliance with procedural safeguards in all instances of corrective action against a Member.

B. Assist in coordinating the activities of the Hospital and of the nursing and other patient care services with those of the Medical Staff.

C. Communicate and represent the opinions, policies, concerns, needs and grievances of the Medical Staff to the Board and the Hospital.

D. Call, preside at, and be responsible for the agenda of all duly constituted meetings of the Medical Staff.

E. Serve as an ex-officio member with vote on the Board, the Joint Conference Committee of the Board and the MEC and as an ex-officio member on all other Medical Staff committees.

F. Consult with the President-Elect on matters of special concern to Members and maintain liaison with the Vice President – Medical
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Affairs, and assist in settling grievances and problems of the Medical Staff.

G. Except as otherwise provided, appoint all Department Chairs and all members and officers of Medical Staff committees, with input of relevant Members such as members of a Department in the case of the Department Chair.

7.2-2 PRESIDENT-ELECT

The duties of the President-Elect shall be to:

A. Serve as the Chairman of the MEC and as a Medical Staff representative on the Joint Conference Committee of the Board.

B. In the absence of the President, assume all the duties and have the authority of the President.

C. Perform such additional duties as may be assigned to the President-Elect by the President.

7.2-3 TREASURER

The duties of the Treasurer shall be to:

A. Supervise the collection of Medical Staff dues, assessments, and other fees, and account for the funds collected.

B. Submit a Treasurer’s report to the Medical Staff at the annual meeting of the Medical Staff.

C. Perform such other duties as ordinarily pertain to the office of treasurer.

ARTICLE VIII. MEETINGS OF THE MEDICAL STAFF DEPARTMENTS, SECTIONS AND COMMITTEES

8.1 MEDICAL STAFF

8.1-1 REGULAR MEETINGS
Regular meetings of the Medical staff are held at least 2 times per year. One of these meetings shall be designated as the annual meeting of the Medical Staff.

8.1-2 SPECIAL MEETINGS

Special meetings of the Medical staff may be called at any time by the Medical Staff President or on written petition of twenty (20) Active Members. Special meetings shall be held at the time and place designated in a written meeting notice, which shall describe the purpose of the meeting and be provided at least fifteen (15) days prior to the meeting unless the President of the Medical Staff determines that the nature and urgency of the matter to be considered at the special meeting necessitates a shorter notice period.

8.2 DEPARTMENTS AND SECTIONS

8.2-1 DEPARTMENTS

The frequency of meetings of Departments and Sections shall be established by each Department, subject to MEC approval.

8.2-2 SECTIONS

Special meetings of a Department may be called by the Department Chair. Special meetings of a Section may be called by the Section Chief.

8.3 COMMITTEES

The MEC will meet at least monthly.

Any other Medical Staff committees meet only as often as necessary to perform their assigned functions.

8.4 NOTICE OF MEETINGS

Notice of all meetings of the Medical Staff, Departments, Sections, and Committees shall be provided in writing (ordinarily by the Medical Staff Services Coordinator), in a timely manner. Meeting notices shall state the time and place (and in case of special meetings, the purpose) of the meeting.
8.5 ATTENDANCE REQUIREMENTS

Each Member shall attend at least 50% of meetings of the Department and Section to which the Member is assigned.

8.6 MINUTES

A file of minutes of meetings of the Medical Staff, Departments, Sections, the MEC, and all other Medical Staff committees shall be maintained in accordance with the Hospital’s Record Retention Policy. Minutes of meetings include a record of attendance and actions taken.

8.7 MAJORITY VOTE

Except as otherwise specified, actions taken at meetings shall be by majority vote of the voting Members present.

8.8 RULES OF ORDER

Wherever they do not conflict with these bylaws, the latest edition of Robert’s Rules of Order shall be followed.

ARTICLE IX. VICE PRESIDENT – MEDICAL AFFAIRS

9.1 SELECTION AND APPOINTMENT

The Chief Executive Officer, with advice from the President of the Medical Staff and the Chairman of the MEC, may appoint a Physician to the administration position of Vice President - Medical Affairs. The Vice President - Medical Affairs must be an Active Member, except that the Vice President - Medical Affairs will not be subject to 4.3-1-A, 4.3-1-B, and 4.3-3-C.

9.2 QUALIFICATIONS

The Vice President - Medical Affairs must be certified in his medical specialty and have at least five years experience practicing medicine.

9.3 DUTIES

The duties of the Vice President – Medical Affairs shall be defined in the Related Manuals.
ARTICLE X. DEPARTMENTS AND SECTIONS

10.1 ORGANIZATION OF DEPARTMENTS AND SECTIONS

10.1-1 DEPARTMENTS

Each Department shall be organized as a separate part of the Medical Staff and shall have a Chair who is selected and has the authority, duties and responsibilities specified in 10.4 below.

10.1-2 SECTIONS

Sections of the Department may be established by the Department, with approval of the MEC, if sub-division is necessary to best accomplish the organizational functions described in these bylaws and the Related Manuals.

10.2 DESIGNATION

10.2-1 CURRENT DEPARTMENTS AND SECTIONS

An up-to-date list of Departments and Sections will be maintained by the Medical Staff Services Coordinator.

10.2-2 FUTURE DEPARTMENTS AND SECTIONS

The MEC and the Board, acting jointly, may create, eliminate, and combine Departments. The MEC may create, eliminate and combine Sections.

10.3 ASSIGNMENT TO DEPARTMENTS AND SECTIONS

Each Member shall be assigned to at least one Department and may be assigned to a Section, but may be granted Clinical Privileges in one or more other Departments or Sections. Members may request to be assigned to more than one Department, if approved by the MEC.

10.4 DEPARTMENT CHAIRS AND SECTION CHIEFS

10.4-1 QUALIFICATIONS
In selecting Department Chairs and Section Chiefs, attention shall be paid to the responsibilities involved and candidates’ interest, availability, organizational skills (including communication skills, written and oral), objectivity and fairness, all of which are required to provide quality leadership to the Medical Staff.

Department Chairs must be board certified in their medical specialty. Department Chairs must be active members unless waived by the Medical Executive Committee.

NOTE: The following provisions apply unless the Hospital’s contractual arrangements determine the Chair of a Department or the Chief of a Section, in which case the terms of the contract control, provided that an individual designated as Chair or Chief pursuant to the contract shall be subject to MEC approval.

10.4-2 SELECTION

The Medical Staff President appoints Department Chairs and Section Chiefs, considering input from the Members assigned to the Department or Section, the MEC, and the Hospital.

10.4-3 TERM AND SUCCESSION

Department Chairs and Section Chiefs shall serve two-year terms and may serve consecutive terms.

10.4-4 VACANCIES

Vacancies in the position of Department Chair or Section Chief will be filled in accordance with the procedure described above, as soon as is reasonably possible.

10.4-5 REMOVAL

Removal of a Department Chair or Section Chief may be initiated by the President of the Medical Staff or by vote of a majority of the Members assigned to the Department or Section in question and present at a duly constituted meeting of the Department or Section in question. Removal is not final until acted upon by the MEC.
10.4.6 RESPONSIBILITIES

Responsibilities of Department Chairs and Section Chiefs are stated in the Related Manuals.

ARTICLE XI. COMMITTEES

11.1 ESTABLISHMENT OF COMMITTEES

There shall be a Medical Executive Committee, and such other permanent and temporary committees of the Medical Staff as may be necessary. These Committees shall be described in these bylaws and the Related Manuals.

Committees may be established by resolution of the MEC, which shall state the purpose, composition, duties and duration of the Committee’s existence.

11.2 MEDICAL EXECUTIVE COMMITTEE

11.2-1 COMPOSITION

A. The voting members of the MEC shall consist of the President and President-Elect and Treasurer of the Medical Staff, the Chair of each Department, three (3) Active Members elected at-large, the Chair of the Credentials Committee, the Chair of the Medical Performance Improvement Committee and a representative of the Graduate Medical Education Program.

B. The at-large members of the MEC shall be elected by the Medical Staff for staggered terms of three (3) years. The Nominating Committee shall present candidates to the Medical Staff. Nominations are allowed from the floor. The Active Members shall elect one (1) at-large MEC member by secret ballot from among the nominees. Members at-large are each representative of one of the following subspecialty areas: hospitalists, medical subspecialists and surgical subspecialists.

C. The MEC has the prerogative to appoint up to two (2) Members of the Medical Staff to the MEC for no longer than a two (2) year period. These appointments may be made when there is a special or perceived need by the MEC to provide input to the MEC. The appointments shall expire with the election of a new MEC chair.
They may be re-appointed at the chair’s discretion with input from the MEC.

D. Ex-officio Members (non-voting) of the MEC shall be the Vice President – Medical Affairs, the Vice President – Patient Care Services, a representative from the Medical Staff Services Department and the Chief Executive Officer or his designee. Medical Directors may be appointed as ex-officio Members as determined necessary by the MEC. The appointments shall expire with the election of a new MEC chair. They may be re-appointed at the chair’s discretion with input from the MEC.

E. The President of the Medical Staff shall fill unexpired terms of the at-large MEC members by appointment, with the advice of the remaining at-large members of the MEC.

F. The immediate Past President of the Medical Staff shall be a voting member of the MEC, for a term of six (6) months following the completion of his term as President.

G. The President-Elect shall serve as Chair of the MEC, as provided for in Section 7.2-2.

11.2-2 DUTIES

A. To perform the Medical Executive function, acting on behalf of the Medical Staff, subject to such limitations as may be imposed by these bylaws.

B. To coordinate the activities of and policies adopted by the Medical Staff, Departments, Sections and Committees.

C. To receive and act upon reports and recommendations from the Departments, Sections and Committees and Officers of the Medical Staff.

D. To recommend to the Board all matters relating to Membership, Staff category, Department and Section assignments, and Clinical Privileges; and any other issues affecting the Medical Staff.

E. To pursue corrective action to necessary conclusions.
F. To make recommendations on medico-administrative and Hospital management affairs, including patient care needs such as space, staff and equipment.

G. To obtain Medical Staff cooperation regarding the accreditation status of the Hospital.

H. To participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs and achieve goals.

I. To resolve interdepartmental disputes, when necessary and possible, to avoid the need for intervention by the Chief Executive Officer and/or Board.

11.2-3 MEETINGS

The MEC will meet at least monthly and maintain a permanent record of its proceedings and actions.

ARTICLE XII – MEDICAL RECORDS REQUIREMENTS

A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient’s condition, must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.
ARTICLE XIII. CORRECTIVE ACTION

13.1 ALTERNATIVES TO CORRECTIVE ACTION

The formal process for corrective action described in this Article XII is not always the initial approach to cases of unacceptable Member performance or behavior. Depending upon the severity and frequency of the conduct in question, and the degree of cooperation exhibited by the Member, the Hospital and Medical Staff may attempt to resolve the matter through less formal interactions with the Member, before resorting to the formal corrective action process (See Policy 19.19, Medical Staff Behavior Policy and Policy 19.64, Focused Professional Practice Evaluation Process).

13.2 TYPES OF CORRECTIVE ACTION

Corrective action includes routine corrective action, summary suspension and automatic suspension. The types of conduct that may lead to corrective action and the procedures relating to corrective action are set forth in the Credentials, Policy and Procedure Manual.

ARTICLE XIV. PROCEDURAL RIGHTS

14.1 NECESSITY FOR ADVERSE RECOMMENDATION OR ACTION

14.1-1 BY THE MEDICAL EXECUTIVE COMMITTEE

When a Member receives notice of an adverse recommendation by the MEC, the Member is entitled, upon timely and proper request, to a hearing before a Judicial Review Committee of the Medical Staff. If the recommendation of the MEC following the hearing is still adverse, the Member is entitled, upon timely and proper request, to review by the Board, before the Board makes a final decision.

14.1-2 BY THE BOARD OF TRUSTEES

When a Member receives notice of an adverse action made by the Board under circumstances in which no prior right to a hearing existed, the Member is entitled, upon timely and proper request, to a hearing before a Judicial Review Committee of the Medical Staff. If the action following the hearing is adverse, the Member is then entitled, upon timely and proper request, to review by the Board, before the Board makes a final decision.
14.2 ADVERSE RECOMMENDATIONS AND ACTIONS

The following recommendations by the MEC and actions by the Board are considered adverse when related to professional competence or professional conduct:

14.2-1 Denial or revocation of Medical Staff Membership, either initial or renewal, except where:
   A. the application does not meet the minimum objective criteria set forth in either the Bylaws, Credentials, Policy & Procedure Manual or department policy; or
   B. the applicant is requesting privileges in a department in which membership has been closed or the number of members has been limited by action of the Board including the award of an exclusive contract.

14.2-2 Suspension of Membership for more than 30 days.

14.2-3 Denial of requested appointment to, or involuntary change in, Medical Staff category.

14.2-4 Denial or revocation of Clinical Privileges.

14.2-5 Suspension, reduction in, or restriction of Clinical Privileges for more than 30 days.

14.2-6 Individual application of, or individual changes in, mandatory consultation requirements, except those imposed during a Focused Professional Practice Evaluation (FPPE) or an Ongoing Professional Practice Evaluation (OPPE).

14.2-7 Denial of a timely request for reinstatement from an approved leave of absence.

14.3 ACTIONS NOT DEEMED ADVERSE

The following recommendations by the MEC and actions by the Board are not considered adverse:

14.3-1 Issuance of a letter of guidance, a letter of counsel, a letter of warning or a letter of reprimand.
14.3-2 Initiation of a Focused Professional Practice Evaluation (FPPE) or Ongoing Professional Practice Evaluation (OPPE).

14.3-3 The imposition of conditions for continued appointment that do not adversely affect an individual’s clinical privileges, including but not limited to:
   A. The imposition of supervision or observation of a Member other than individual application of, or individual changes in, mandatory consultation requirements;
   B. Mandatory consulting requirements imposed during a Focused Professional Practice Evaluation (FPPE) or an Ongoing Professional Practice Evaluation (OPPE); and
   C. The imposition of a requirement that the Member obtain additional training or continuing education.

14.3-4 Denial, termination, expiration or reduction of any temporary or disaster privileges.

14.3-5 Automatic terminations or suspensions unrelated to patient care as specified in the Credentials, Policy and Procedure Manual.

14.3-6 Suspension of Medical Staff Membership for 30 days or less.

14.3-7 Suspension, reduction in, or restriction of Clinical Privileges for 30 days or less.

14.3-8 The rejection of an application that contains a misrepresentation, misstatement or omission.

14.3-9 The failure to process an application because it is incomplete.

For all actions not deemed adverse, the affected Member shall not be entitled to a hearing or review in accordance with the Fair Hearing Plan, except the MEC will grant a Member the opportunity to address the MEC (but not subject to the Fair Hearing Plan), if requested by the affected Member.

14.4 PROCEDURES FOR HEARINGS AND APPELLATE REVIEWS

All hearings and reviews resulting from adverse recommendation and actions will be conducted in accordance with the procedures and safeguards set forth in the Fair Hearing Plan which is incorporated herein by reference.
ARTICLE XV. CONFIDENTIALITY, IMMUNITY AND RELEASES

15.1 SPECIAL DEFINITIONS

For purposes of this Article XIV only, the following definitions shall apply:

15.1-1 INFORMATION means a record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communications, in written or oral form, that relate to a Practitioner’s professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, ability to work cooperatively with others, or any other matter that might directly or indirectly affect patient care or the efficient operation of the Hospital.

15.1-2 MALICE means the dissemination of a known falsehood or of information with a reckless disregard for its truthfulness.

15.1-3 PRACTITIONER means a Member, applicant for Membership, an Allied Health Professional or an applicant for Allied Health Professional status.

15.1-4 REPRESENTATIVES means the board of a hospital and any director or committee thereof; a hospital chief executive or his designee; a medical staff organization and any member, officer, clinical unit, or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.

15.1-5 THIRD PARTIES mean both individual and organizations that provide information to a Representative.

15.2 AUTHORIZATIONS AND CONDITIONS

By submitting an application for Membership or Allied Health Professional status or by applying for or exercising Clinical Privileges, or by applying for authorization to provide or by providing specified patient care services in the Hospital, a Practitioner:

15.2-1 Authorizes Representative to solicit, provide and act upon Information regarding the Practitioner including query to and filing
reports with the National Practitioner Data Bank and State reporting agencies.

15.2-2 Agrees to be bound by the provisions of this Article and waives all claims against any Representative who acts in accordance with the provisions of this Article.

15.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any Practitioner submitted, collected or prepared by any Representative, for the purposes of evaluating the Practitioner and improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, or determining that health care services are professionally indicated, or performed in compliance with the applicable standards or care shall, to the fullest extent permitted by law, be confidential and shall not be used in any way except as provided herein or except as otherwise provided by law. Such confidentiality shall also extend to Information provided by Third Parties. This Information shall not become a part of any patient’s medical record.

15.4 IMMUNITY FROM LIABILITY

15.4-1 FOR ACTION TAKEN

No Representative shall be liable to a Practitioner for damages or other relief for any decision, opinion, action, statement or recommendation made within the scope of the individual’s duties as a Representative, if such Representative acts in good faith and without malice.

15.4-2 FOR PROVIDING INFORMATION

No Representative and no Third Party shall be liable to a Practitioner for damages or other relief by reason of providing Information concerning a Practitioner, including otherwise privileged or confidential information, to a Representative or to an appropriate state or federal regulatory agency, provided that such Representative acts in good faith and without malice; and provided further that such Information will not be provided to any other hospital, health care facility, organization of health professionals, or individuals without that Practitioner’s expressed or implied consent.
15.5 ACTIVITIES AND INFORMATION COVERED

The confidentiality and immunity provided by this Article apply to all Information and to all acts, communications, proceedings, interviews, and disclosures performed or made in connection with this or any other health care facility’s or organization’s activities concerning, but not limited to:

15.5-1 Applications for appointment to medical staff membership, clinical privileges or authorization to provide specified services.

15.5-2 Periodic reappraisals for reappointment, clinical privileges or specified services.

15.5-3 Corrective or disciplinary action including summary suspension.

15.5-4 Hearings and appellate reviews.

15.5-5 Performance Improvement program activities.

15.5-6 Utilization and claims reviews.

15.5-7 Profiles and profile analysis.

15.5-8 Malpractice loss prevention.

15.5-9 Other hospital and medical staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

15.6 RELEASES

Each Practitioner shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith and absence of malice, as may be applicable under the laws of the State of Michigan. Execution of such releases is not a prerequisite to the effectiveness of this Article. This Article XIV is in addition to any immunity provided by law.
ARTICLE XVI. CONFLICT RESOLUTION

16.1 COMMUNICATION AND CONFLICT RESOLUTION

The Organized Medical Staff can communicate directly with the Medical Executive Committee to propose changes to Medical Staff Bylaws, Credentials Policy and Procedure Manual and Medical Staff Policies or other recommendations. The Medical Staff Member should document the concern in a written correspondence to the Medical Staff President or Chair of the Medical Executive Committee at least fourteen (14) days prior to the next scheduled Medical Executive Committee meeting. The request will be reviewed and discussed at the next scheduled Medical Executive Committee meeting and a written response will be provided back to the Medical Staff Member.

16.2 CONFLICT RESOLUTION BETWEEN MEC AND ORGANIZED MEDICAL STAFF

After Communication to the Medical Executive Committee, if the Medical Staff Member’s concerns are not resolved and warrant further discussion, the Medical Staff Member may request a meeting to address the conflict by means of a written request to the Chair of the MEC or the Medical Staff President. If possible, a meeting will be initiated within thirty (30) days between the relevant parties. The results of the meeting will be reported at the next Medical Executive Committee meeting.

16.3 COMMUNICATION TO BOARD OF TRUSTEES

Medical Staff Members can propose changes to the Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies directly to the Governing Body. The Medical Staff Member should document the request in a letter to the Chief Executive Officer at least fourteen (14) days prior to the next scheduled Board of Trustees meeting. The request will be reviewed and discussed at the next scheduled Board meeting and a written response will be provided back to the Medical Staff Member and the Medical Executive Committee.

16.4 CONFLICT RESOLUTION BETWEEN MEC AND BOARD OF TRUSTEES

A Joint Conference is a Medical Staff-Hospital Body that may be convened as needed to address specific issues related to the hospital, including conflicts between the Medical Executive Committee and Chief Executive Officer and/or Board of Trustees. A Joint Conference shall be composed of equal
representation from the Board of Trustees and the Medical Executive Committee. The Medical Executive Committee and the Board of Trustees will each select three (3) representatives for members of the Joint Conference. A facilitator, who is sufficiently independent of the issues related to the conflict, will be appointed by the President of the Medical Staff and Chief Executive Officer to lead the Joint Conference. The process shall be in accordance with the policies and procedures set forth in the Board of Trustees Conflict Management Policy.

ARTICLE XVII. ADOPTION AND AMENDMENT

17.1 MEDICAL STAFF RESPONSIBILITY

The Medical Staff shall formulate, adopt and recommend to the Board, the Medical Staff Bylaws, Credentials, Policy and Procedure Manual, Fair Hearing Plan, and amendments thereto, which shall be effective when approved by the Board. The Medical Staff shall exercise this responsibility in good faith and in a reasonable, responsible and timely manner. These bylaws and the Related Manuals will be reviewed annually.

17.2 METHOD OF ADOPTION AND AMENDMENT

17.2-1 Medical Staff Bylaws, Credentials, Policy and Procedure Manual and Fair Hearing Plan

The Medical Staff Bylaws, Credentials, Policy and Procedural Manual, and the Fair Hearing Plan may be adopted, amended or repealed by the following combined actions of the Medical Staff and Board:

A. MEDICAL STAFF ACTION

The Medical Staff shall vote on the proposed adoption, amendment or repeal in one of two ways:

i. Voting at a Meeting.
   The affirmative vote of two-thirds of the Active Members present at a duly constituted meeting, providing that a copy of the proposed documents or amendments was given to each Active Member with the notice of the meeting at least twenty-one (21) days prior to the date of the meeting.
A bylaw amendment may be presented and tabled at a duly constituted Medical Staff meeting. Provided Active Members are given at least thirty (30) days advance written notice of the next Medical Staff meeting, the amendment may be removed from the table at the next meeting and approved by the affirmative vote of two-thirds of the Active Members present at the meeting.

ii. Mail Ballot
The affirmative vote of two-thirds of the Active Members responding via mail signed ballot. A copy of the proposed documents or amendments must be included with the ballot. Ballots must be returned within 10 business days.

B. BOARD ACTION

The majority vote of the Board at a duly constituted meeting of the Board.

17.2-2 DEPARTMENT AND SECTION POLICIES

Subject to the approval of the MEC, each Department and Section may formulate policies and procedures for the conduct of its affairs and discharge of responsibility. Such policies and procedures shall not be inconsistent with these bylaws, the Related Manuals or any Policies and Procedures adopted by the Hospital.

17.2-3 OTHER DOCUMENTS

The Organization and Functions Manuals, Performance Improvement Plan and other guidelines, and Policies and Procedures of the Medical Staff may be adopted, amended or repealed by action of the MEC.

ADOPTED by the Medical Staff - July 2014
APPROVED by the Board of Trustees - December 2014