MUNSON HEALTHCARE
Cadillac Hospital

Munson Healthcare Cadillac Hospital
The Medical Staff Documents

Part I: Bylaws

Approval:

- **Medical Executive Committee – November 3, 2017**
- **Munson Healthcare Cadillac Board of Trustees – June 5, 2018**

BYLAWS OF THE MEDICAL STAFF
MUNSON HEALTHCARE CADILLAC HOSPITAL

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DEFINITIONS

Adverse Decision	This term means a decision by the Board to deny, revoke, or restrict medical staff membership and/or clinical privileges. The 'first adverse decision' refers either to a decision of the Medical Executive Committee (MEC) to make a negative recommendation or to a negative Board action following a positive MEC recommendation.
Adverse Recommendation	A recommendation by the MEC that the Board deny an applicant's request for medical staff appointment, reappointment, or specific clinical privilege(s), or a recommendation by the MEC that the Board reduce or rescind the clinical privileges of a current medical staff member.
Allied Health Professional (AHP)	Any practitioner subject to these Bylaws who functions under the supervision of, whether or not in the employ of, a duly licensed physician with relevant clinical privileges at this Hospital, shall be designed an Allied Health Professional.
Appendix 'Immunity from Liability'	This appendix is part of this Bylaws document and is hereby incorporated by reference.
Board and Governing Body	These terms are synonymous with the Munson Healthcare Cadillac Hospital Board. Details and provisions for establishing a Medical Staff organization are in the organizational Bylaws ('Board Bylaws') of Munson Healthcare Cadillac Hospital.
Categories	Membership divisions of organized medical staffs defining a medical staff member's degree of membership status.
Clinical Departments	In the context of this document, clinical department means a grouping of practitioners according to clinical activities and interests.
Clinical Privileges	Permission granted by the Board to a practitioner, acting (favorably or unfavorably) upon MEC recommendations, to render specific types of patient care to inpatients and outpatients at this Hospital.
Completed Application	This term refers to an application for medical staff membership and/or clinical privileges, initial or renewal, which has been declared complete by a representative of the MEC and by the President, or by their designees. A completed application must include any information the applicant has been called upon to provide. Validation of some information will be requested.
Effective	Accomplishing a reasonably expected result.
Efficient/Efficiency	In the context of this document, unless usage suggests otherwise, 'efficient' means accomplishment of reasonably expected results of patient care in a reasonable period of time without over-utilization of

	patient care services.
Focused Professional Practice Evaluation (FPPE)	The time-limited evaluation of a Medical Staff or Allied Health Professional's competence in performing specific Clinical Privilege(s) and professional behavior.
Gender	Words of masculine gender include correlative words of the feminine gender unless usage indicates otherwise.
Hospital	This term means Munson Healthcare Cadillac Hospital. The Hospital is all clinical care locations providing care for outpatients and inpatients. When used in the organizational sense, Hospital means the leaders of the Medical Staff plus the executive/administration staff plus the Board.
Input	'Contribution to a common effort.' (Webster). A voice; an opinion clearly and objectively expressed, provided for the purpose of guiding decisions of authoritative bodies and individuals.
Locum Tenens	A form of temporary privileges which might be granted to a practitioner who is not a member of the Medical Staff for the purpose of providing temporary coverage for a Medical Staff member for a defined period of time.
Medical Executive Committee (MEC)	The representatives of the Medical Staff and of the Board, authorized to accomplish the Medical Executive Committee functions.
Medical Staff Appointment	Acceptance as a member of the organized Medical Staff of this Hospital and assignment to a medical staff category and to a clinical department. Medical staff appointment does not automatically confer clinical privileges.
Ongoing Professional Practice Evaluation (OPPE)	Ongoing collection, verification and evaluation of data relevant to the Medical Staff or Allied Health Professional's clinical competence and professional behavior.
Organized Medical Staff	The physicians (MD and DO), dentists, oral surgeons and podiatrists providing healthcare services at Munson Healthcare Cadillac Hospital, subject to the provisions of these Bylaws.
Performance Assessment, Maintenance and Improvement (PAMI) Committee	Receives and makes recommendations on performance improvement and peer review activities from the Medical Staff Departments. The focus of this committee is on physician-specific information.
Practitioners	Clinicians who provide services to patients in the Hospital subject to these Bylaws. (For practitioners other than Medical Staff members, see Article V.)
Precautionary Suspension	An immediate suspension of medical staff membership and clinical privileges, imposed by an individual with relevant authority; i.e.,

	Medical Staff President, the chair of the clinical department of which the practitioner is a member, the President, or the Chair of the Board.
President/Vice President of Patient Care Services	The individual appointed to act for the Board(s) in the day-to-day management of the Hospital.
Section	A division of a clinical department, established when necessary, by the department with MEC and Board approval to accomplish the various functions of the organized medical staff of Munson Healthcare Cadillac Hospital.
Summary Suspension	A suspension of medical staff membership and clinical privileges imposed by vote of the Board, usually on MEC recommendation, in response to concerns about the performance or behavior of a medical staff member. (See Article XV.G.)
System	The integrated healthcare delivery system of which this Hospital is a part. Munson Healthcare Cadillac Hospital is part of Munson Healthcare.

ARTICLE I
PURPOSE OF THE ORGANIZED MEDICAL STAFF

This Medical Staff Bylaw documents governs only the Medical Staff of Munson Healthcare Cadillac Hospital. The purposes of the single organized Medical Staff are:

A. The medical staff develops and adopts bylaws and rules and regulations to establish a framework for self-governance of medical staff activities and accountability to the governing body. Medical Staff Bylaws and Rules and Regulations create a framework within which medical staff members can act with a reasonable degree of freedom and confidence.

B. To direct, influence and maintain the professional nature of medical practice.

C. To perform certain functions delegated by the Board, including but not necessarily limited to:

1. Through the Medical Executive Committee, provide recommendations to the Board regarding applications for medical staff membership and clinical privileges;

2. through responsible leaders:

a) Establish guidelines, policies and methods related to professional activities of fully licensed physicians and other licensed independent practitioners;

b) With the assistance of qualified support personnel, develop and use physician-specific performance data, including objective conclusions;

c) Select leaders carefully, considering reputation for objectivity and fairness and organizational skills including communication skills;

d) Establish mechanisms whereby practitioners have input to executive and management decisions affecting clinical practice;

e) Provide continuing education opportunities for practitioners and state whether or not a certain level of participation in these activities is required;

f) Pursue effective courses to motivate, or mandate when necessary, needed improvements in the performance or behavior of Medical Staff members (See Article XV);

g) Provide periodic reports to the Board.

ARTICLE II
MEDICAL STAFF APPOINTMENT: ELIGIBILITY AND PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

A. Eligibility: A successful applicant for Medical Staff appointment must:

- Hold a current and unrestricted license from the State of Michigan
- Provide evidence of training, experience and dependable performance in requested areas

of clinical practice. Eligibility for surgical privileges requires documentation of adequate experience and completion of an approved residency-training program

- Hold an unrestricted DEA registration and a State of Michigan Controlled Substances license, if the applicant seeks Clinical Privileges to prescribe controlled substances.

- Provide evidence of good citizenship, good reputation and character, mental, physical and emotional stability to the degree that any disabilities do not impair the practitioner's ability to pursue requested areas of clinical practice and ability to work in harmony with others.

Board certification in a clinical specialty is not an absolute requirement for medical staff membership, but is used as one available benchmark when awarding individual-specific clinical privileges.

Race, gender, creed, national origin or physical disability (unless it is to a degree that impairs the practitioner's ability to perform dependably in requested areas of practice) shall not be the basis for denial of medical staff membership or clinical privileges.

B. Disclaimers

No practitioner shall be automatically entitled to membership on the medical staff or to the exercise of clinical privileges merely because he/she meets the requirements of eligibility, is licensed to practice in this or in any other state, or because he is a member of any professional organization, or because he is certified by any clinical board, or because he is a member of a medical school faculty, or because he had, or presently has, medical staff membership or privileges at another healthcare facility or in another practice setting, even if that setting is within this System. Individuals in administrative positions or contracted physicians who desire medical staff membership or clinical privileges are subject to the same procedures as all other applicants for membership or privileges.

C. Ethics and Conduct

Professional conduct shall be governed by the Code of Ethics of the practitioner's relevant professional organization.

In addition, every practitioner, at the time of appointment and reappointment and at any time during the appointment period, must demonstrate, to the satisfaction of the Medical Executive Committee and responsible Board, a willingness and capability, based on current attitude and information confirming dependable performance, to work with and relate to other medical staff members, members of other healthcare disciplines, hospital management and employees, patients and the community in general, providing continuous care, in a cooperative, professional manner that is essential for maintaining a dependable patient care environment, and supports the good reputation of the hospital and our community.

D. Initial Application

Each applicant shall provide in writing, on a form provided by the Hospital, at least the following:

1. Names of at least three (3) professional references familiar with the applicant's practice habits and results, only one of whom may be from his practice group and one of whom is the applicant's peer;

2. Information regarding professional school diploma, post-graduate training, experience, current competence, all current licenses to practice and DEA registration which will be verified from the primary source whenever feasible;

3. Information as to whether the applicant's license in any jurisdiction, or DEA registration, or medical staff appointment or clinical privileges at another hospital or other healthcare entity (e.g., in managed care components) have ever been reduced, revoked, suspended, not renewed or voluntarily or involuntarily relinquished, and if applications for medical staff appointment and/or clinical privileges at other hospitals or healthcare facilities have been denied or if there are currently pending challenges to licensure or registration;

4. Information regarding malpractice suits, claims and judgments.

5. Attestation of eligibility to participate in Medicare, Medicaid and other Federal or State funded health care programs.

Failure by the applicant to provide requested information within sixty (60) days of written request for the information shall result in the application being null and void, with no further processing required and no right to hearing and appeal.

Failure by the applicant to provide truthful, accurate and complete information shall in itself be grounds for denial or revocation of medical staff membership and clinical privileges.

A query to the National Practitioner Data Bank (NPDB) shall be accomplished for every applicant as required by law.

E. Waiver of Threshold Eligibility Criteria

1. Any applicant who does not satisfy one or more of the threshold eligibility criteria outlined above may request that it be waived. The applicant requesting the waiver bears the burden of demonstrating exceptional circumstances, and that his or her qualifications are equivalent to, or exceed, the criterion in question.

2. A request for a waiver shall be submitted to the Credentials Officer for consideration. In reviewing the request for a waiver, the Credentials Officer may consider the specific qualifications of the applicant in question, input from the relevant department chair, and the best interests of the Hospital and the communities it serves. Additionally, the Credentials Officer may consider the application form and other information supplied by the applicant. The Credentials Officer's recommendation will be forwarded to the MEC. Any recommendation to grant a waiver must include the specific basis for the recommendation.

3. The MEC shall review the recommendation of the Credentials Officer and make a recommendation to the Board regarding whether to grant or deny the request for a waiver. Any recommendation to grant a waiver must include the specific basis for the recommendation.

4. No applicant is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an applicant is not entitled to a waiver is not a "denial" of appointment or clinical privileges. Rather, that individual is ineligible to request

appointment or clinical privileges. A determination of ineligibility is not a matter that is reportable to either the State of Michigan or the National Practitioner Data Bank.

5. The granting of a waiver in a particular case does not set a precedent for any other applicant or group of applicants.

6. An application for appointment that does not satisfy an eligibility criterion will not be processed until the Board has determined that a waiver should be granted.

7. Except for those waivers granted on a time-limited basis, waivers do not need to be renewed and will remain in effect for the life of the member's appointment to the Medical Staff.

F. Applicant's Agreement: Appointment, Initial Privileges, Reappointment, Privileges Renewal or Privileges Increase Request

Each applicant for medical staff appointment or reappointment, with or without clinical privileges, shall acknowledge:

1. That he has received, has read, and agrees to be bound by these Bylaws (each applicant will receive a copy of the Bylaws with his application form);

2. That he is willing to appear for an interview as part of the application process;

3. That he authorizes Hospital representatives to obtain validation of information supplied in support of the application;

4. That he releases from liability all hospital and medical staff representatives who in good faith evaluate the applicant and his qualifications and experience;

5. That he releases from liability all individuals and organizations who in good faith provide information relevant to the application;

6. That he is responsible for the truth, accuracy, and completeness of information provided in support of the application;

7. That he understands submitting an application to be processed is deemed acceptance of the credentialing and re-credentialing process described in this document and related documents and that he will be subject to the Medical Staff Bylaws, Rules and Regulations and Policies.

8. That any denial of pre-application for medical staff membership and/or clinical privileges does not entitle the individual to a hearing or appeal under Article XVI.

G. Applicant's Burden

In all matters pertaining to any application for initial appointment and clinical privileges and for reappointment, renewal, or updating of clinical privileges, including obtaining of and validation of supporting information, the burden is the applicants. Processing of an application cannot begin until all required information is on file and validated by the Medical Staff Coordinator and reviewed by the Quality/Risk Manager.

H. Route of the Completed Application Whether Initial or Renewal

An application shall not be considered at a meeting of the MEC or responsible Board until it has been declared complete as outlined above.

A 'completed application' must include all information the applicant has been called upon to provide and verification of the information.

The relevant clinical department chairs or his designee is then given the opportunity to review the application and to provide a report on the applicant's qualifications and performance as a practitioner. This report shall be provided within ten (10) working days after the department chair has been notified by the Medical Staff Office that the application has been declared complete. The application is then presented to the Credentialing Officer for review and recommendation.

No application shall be considered at a meeting of the MEC or Board which does not include the Department Chair(s) report or, in the event this report is not forthcoming within the required time period, the report of an individual selected by the Medical Staff President and the President, or their designee(s). The MEC acts upon the application as soon as is practical and forwards its recommendation to the responsible Board. The Board acts on the application as soon as is practical.

An application for appointment, reappointment or renewal or modification of clinical privileges may qualify for expedited credentialing if it meets the guidelines outlined in the Medical Staff Policy entitled "Expedited Credentialing."

The Medical Executive Committee and Board steps should be completed within 60 days after the application has been declared complete, unless further information is requested, or unless the MEC has made an adverse recommendations and the applicant has exercised his right to a hearing.

Once the Board has approved the practitioner's application, reappointment or modification of privileges, the President notifies the practitioner in writing of the approval with a copy of the approved privileges attached. In addition, the Medical Staff Database is updated to reflect current status and relevant clinical areas are alerted to privileging additions, deletions or modifications electronically with a copy of the recently approved practitioner privileges.

Withdrawal of an application for reasons other than competence or conduct is not reportable to the National Practitioner Data Bank.

I. Reappointment and Renewal of Privileges

Appointments and clinical privileges will be reviewed every two years for current dependable performance.

The Board reviews and acts on MEC recommendations regarding reappointment and renewal of clinical privileges.

As required, each medical staff member receives an application for renewal of his medical appointment and, if relevant, clinical privileges. The re-application process includes eliciting:

1. Opportunity to request continuation of present medical staff status.

2. Opportunity to request a change in medical staff category.

3. Opportunity to request either an addition to or a deletion from specific clinical privileges.

4. Opportunity to provide updated information regarding appointments, honors, articles published, and other activities.

5. Opportunity to request assignment to particular activities of the medical staff organization; such as appointment as a physician analyst (conducts peer review).

6. Opportunity to request that medical staff membership and privileges be terminated.

7. Revalidation of licensure and DEA registration.

8. Review of performance information, ordinarily accumulated by the Director of Quality Management and the Performance Assessment, Maintenance and Improvement (PAMI) office, reflecting clinical knowledge, judgment and skills and technical proficiency; relationship with other practitioners and with the Hospital and its employees and with patients; availability, any new mental or physical disabilities of a nature that might impair the physician's ability to pursue requested areas of clinical practice and efficiency.

9. Information ordinarily accumulated by the Medical Staff Office about the degree of participation in medical staff educational and professional meetings and in other medical staff activities.

10. Evidence of continued liability insurance coverage in amounts established by the MEC and Board, if any, and information about malpractice judgments, suits, claims and settlements, at a minimum final judgments or settlements.

11. Information about changes in status at other healthcare entities, including entities within this System.

12. Information provided by peer(s).

13. Such other information as the MEC and/or Board may require confirming current dependable performance.

14. Revalidation of eligibility to participate in Medicare, Medicaid and other Federal or State funded health care programs.

A query to the National Practitioner Data Bank (NPDB) shall be accomplished, as required by law.

J. Responsibilities of Medical Staff Membership

Each Member shall continuously fulfill the following responsibilities:

1. Provide their patients with care in the Hospital at the generally recognized level of quality and efficiency, including arranging for consultations when appropriate, providing daily care and supervision for Hospital inpatients who are under their care, and providing coverage at all time for their patients who are in the Hospital or who present at the Hospital (either personally or through

arrangements with another qualified Member).

2. Abide by these Bylaws, Medical Staff Rules and Policies including Membership Declaration policy, Munson Healthcare's Corporate Compliance Plan, and the ethical code of the Member's profession.

3. Participate in staff activities, at a level consistent with his staff category, and carry out all duties for which the Member is responsible by appointment, election or otherwise.

4. Treat employees, patients, volunteers, visitors and other practitioners at the Hospital in a dignified and courteous manner.

5. Timely complete medical and other records for which he is responsible, in accordance with the Rules.

6. Perform a timely inpatient consultation within the scope of his Clinical Privileges at the request of the Member treating the patient.

7. Comply with applicable state and federal laws and regulations.

8. Be available to furnish emergency care at the Hospital in accordance with the Rules.

9. Report any of the following events in writing to the Medical Staff President within fifteen (15) days after it occurs:

    - Member is convicted of (or pleads guilty or no contest to) a felony.

    - Disciplinary action is imposed on the Member by a licensed health facility.

    - Member resigns or limits his clinical privileges at a licensed health facility while under investigation or in order to avoid an investigation or proceedings.

    - Practitioner's professional license in any jurisdiction, or DEA registration, has been limited revoked, restricted, suspended, not renewed or voluntarily or involuntarily relinquished.

    - Payment is made in settlement or judgment of a professional liability claim against the Member.

    - Practitioner fails to maintain continuous professional liability malpractice insurance coverage.

10. Information about change in mental or physical health status and/or medications of a nature that might impair the physician's performance in requested areas of clinical practice.

11. Comply with the following requirements with respect to the Member's patients: A physical examination and medical history must be completed and documented for each patient no later than twenty-four (24) hours after the patient is admitted or registered, and in any event before the patient undergoes surgery or a procedure that requires anesthesia. A history and physical performed no more than thirty (30) days before the patient was admitted or registered may be used, provided an updated examination of the patient is completed and documented no later than twenty-four (24)

hours after admission or registration, and in any event before the patient undergoes surgery or a procedure that requires anesthesia. Additional requirements regarding histories and physicals are contained in the Rules and Regulations.

12. Timely pay Medical Staff dues as established by the Medical Staff.

ARTICLE III
MEDICAL STAFF CATEGORIES

A. Assignment and General Characteristics

Each medical staff appointee is assigned to a medical staff category by the MEC and Board, following category descriptions in this Article.

Assignment to a medical staff category, the primary purpose of which is to define membership privileges and obligations relative to clinical activity at this Hospital, shall be made at the time of initial appointment. Changes in category assignment may be made if there is a significant change in the medical staff member's clinical activity at Munson Healthcare Cadillac Hospital, such that the medical staff member no longer meets the description of the category to which he was originally assigned.

Regardless of category, all medical staff members with clinical privileges must:

1. Be available to provide timely and continuous care to their patients, including arranging for night, weekend, holiday and vacation coverage by a medical staff member with relevant clinical privileges.

2. Complete patients' medical records as specified in rules governing patient records, including factors of timeliness, legibility and accurate content.

3. Be subject to any relevant policies of the clinical department to which the individual is assigned and to the authority of the MEC and Board through the chair of the department to which the individual is assigned with relevant input of other section chiefs, depending upon the individual's requested area(s) of clinical practice.

4. Be included in development of Performance Assessment, Maintenance, and Improvement data, including information about dependable performance, efficient practice, availability and attitude, and shall respond to reasonable suggestions, if properly presented by individuals in authority.

5. Respond to reasonable requests to perform necessary organizational functions, such as serve as physician analyst.

6. Cooperate with procedures for reviewing clinical privileges.

B. Categories for Medical Staff Members and Clinical Privileges

1. Active - Physicians (MD and DO, Dentists, Oral Surgeons and Podiatrists) assigned to the Active category:

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

b) Must comply with any established attendance requirements.

c) Are eligible to vote and hold office.

d) Accomplish tasks assigned by the Medical Staff President, MEC, or chair of the clinical department to which the individual is assigned.

e) Participate in city call schedule, to be made by the appropriate section chief or his/her designee, to provide needed medical care to unassigned patients.

f) Are entitled to use the Medical Library and physicians' parking spaces in the Hospital parking lot.

g) Pay an application fee and any annual assessed membership dues which apply to members of this medical staff category.

h) Are required to obtain a Leave of Absence (See Article XII) or staff assignment will be automatically resigned if there is any failure to actively practice medicine for two months or more.

2. Consulting - Practitioners assigned to the Consulting category:

a) Provide clinical consultation or participate in the care of specific patients in their area of clinical privileges at this Hospital periodically (typically at least yearly but less than weekly). Provide coverage for all of their patients in accordance with Article III.A.1. Members of the consulting staff may infrequently admit patients (typically less than monthly).

b) Need not comply with any established requirements to attend a certain number or percent of business and/or CME meetings of the medical staff.

c) Are not eligible to vote and hold office.

d) May be assigned tasks by the Medical Staff President, MEC, or chair of the clinical department to which the individual is assigned, such as providing consultation in their area of clinical expertise to physician leaders responsible for credentialing and PAMI activities.

e) Are entitled to use the Medical Library and the physicians' parking spaces in the Hospital parking lot.

f) Pay an application fee and any assessed annual membership dues which apply to members of this medical staff category.

3. Telemedicine

a) The Telemedicine Staff shall consist of physicians who are licensed to practice medicine in Michigan (or who meet the alternative licensing requirements

applicable to telemedicine providers in both the state where the individual is located and Michigan) and who meet all of the qualifications for Medical Staff appointment, except for those requirements relating to geographic residency, coverage arrangements, and emergency call responsibilities.

b) may not admit patients to the Hospital;

c) may exercise such privileges as are granted to them;

d) may attend Medical Staff, committee, department, and section meetings if invited to do so (without vote);

e) may not hold office or serve as department chairs, section chiefs, or committee chairs;

f) shall cooperate in the performance improvement and ongoing and focused professional practice evaluation activities; and

g) are required to pay applicable application fees.

4. Administrative

a) Physicians who provide administrative services to the Medical Staff and Hospital shall be eligible for appointment to this category of the Medical Staff. Since such appointments are for administrative purposes only, they shall carry no admitting privileges, no clinical privileges, and no patient responsibilities.

b) Administrative Staff members:

a. Physicians in this facility that do not actively practice.

b. may not consult, admit, or attend to patients;

c. may attend Medical Staff and department meetings (without vote);

d. must attend a minimum of one General Medical Staff meeting yearly;

e. may serve on committees (without vote unless he or she also holds a voting position);

f. are entitled to attend educational programs of the Medical Staff and the Hospital; and

g. are required to pay applicable application fees and dues.

5. Senior Emeritus - Active

An individual eligible for assignment to the Senior Emeritus - Active category is one who has been an Active category member in good standing for twenty-five (25) years. Assignment to the Senior Emeritus - Active category must be requested by the individual. Members of this category:

a) Admit or participate in the care of patients at this Hospital in whatever frequency they desire.

b) Need not comply with any established requirements to attend a certain number or percent of business and/or CME meetings of the medical staff.

c) Are eligible to vote and hold office.

d) May volunteer to accomplish organizational tasks assigned by the Medical Staff President, MEC, or chair of the clinical department to which the individual is assigned.

e) May volunteer to participate in a call schedule to provide needed medical care to his own or unassigned patients.

f) Are entitled to use the Medical Library and physicians' parking spaces in the Hospital parking lot.

g) Are not obligated to pay any annual members dues or application fees.

6. Senior Emeritus - Retired

a) Receive mailings and are invited to CME activities and general medical staff meetings as non-voting individuals.

b) Are entitled to use the Medical Library and physicians' parking spaces in the Hospital parking lot.

c) Are not obligated to pay any annual members dues or application fees.

ARTICLE IV
INDIVIDUAL-SPECIFIC CLINICAL PRIVILEGES

A. Clinical Privileges and Obligations: General

Practitioners must exercise only those clinical privileges that they have requested, the MEC recommends, and the responsible Board grants.

Applicants for clinical privileges must provide confirmation of training, experience, and current dependable performance. For general clinical obligations, see Article III. A.

B. Initial Clinical Privileges

Each applicant, as part of the initial application procedure, shall request those specific clinical privileges that he wishes to exercise. It is the applicant's burden to provide objective evidence of qualifications in these clinical areas.

C. Periodic Review of Clinical Privileges

As required, specific clinical privileges requests must be updated by the medical staff member and acted on by the MEC and Board based upon review of current dependable performance.

D. Evaluation of Qualifications

Recommendations and subsequent Board actions shall be based upon:

1. Information about the applicant's qualifications, including sufficient training to perform well in the clinical area(s) requested; and

2. Evidence of current dependable performance, in addition to relevant factors detailed in Article II.

E. Focused Professional Practice Evaluation (FPPE)

Privileges granted to initial applicants and additional privileges granted in connection with reappointment or a mid-appointment request for additional privileges shall be subject to Focused Professional Practice Evaluation as provided in the Medical Staff Professional Practice Evaluation Plan.

F. Temporary Privileges

Temporary Privileges Policy - Temporary privileges may be granted to a qualified practitioner under the circumstances and subject to the conditions stated below.

There are two circumstances in which temporary clinical privileges may be granted for a limited period of time. These include the following reasons:

- To fill 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.

Temporary Privileges will be processed according to the Medical Staff Temporary Privileges Policy.

G. Medico-Administrative Positions

Physicians with Hospital contracts whose duties include both administrative and clinical activities must be members of the medical staff, and must submit individual-specific clinical privilege (ISCP) forms in the same manner as any other medical staff member.

When a contract exists with an individual physician or with a group of physicians, the contract shall clearly define the relationship between termination of the contract and termination of medical staff appointment and/or clinical privileges.

H. System Clinical Privileges

Clinical privileges awarded by the Board for practice in this Hospital are not automatically

transferable to other components and practice locations within the System of which this Hospital is a part.

I. Credentialing Practitioners in the Event of a Disaster

In the event of a disaster requiring activation of the Hospital's Emergency Operations Plan and exceeding the professional resources of the Hospital to meet immediate patient needs, the Incident Commander will appoint a Labor Pool and Credentialing Director who may grant temporary disaster Clinical Privileges to qualified volunteers in a manner consistent with the Hospital's Emergency Operations Plan and the Organizational Policy - Credentialing Practitioners in the Event of a Disaster.

ARTICLE V
ALLIED HEALTH PROFESSIONALS AND INDEPENDENT PRACTITIONERS

A. Allied Health Professionals

Licensed independent practitioners such as nurse practitioners, nurse midwives, certified registered nurse anesthetists, physician assistants, psychologists and others who desire to provide professional services at Munson Healthcare Cadillac Hospital may be designated as an Allied Health Professional. Allied Health Professionals:

1. Are subject to these Medical Staff Bylaws, Rules and Regulations, and policies of performance improvement.

2. Function within their scope of practice under the supervision of a duly licensed physician on this medical staff, with relevant clinical privileges, wherever possible.

3. Must be duly licensed, certified or registered, as applicable.

4 Must provide evidence of liability insurance coverage as may be required by the Board.

5. May pursue only those clinical activities specifically applied for, acted upon by the MEC, and approved by the Board.

6. Will be assigned to the clinical department most relevant to their clinical practice activities.

7. Will respond to recommendations made as a result of Performance Assessment, Maintenance, and Improvement (PAMI) activities.

8. Will not independently admit patients.

9. May write orders to the extent that is consistent with their scope of licensure and applicable regulatory and credentialing guidelines.

10. Are not members of the medical staff and are not entitled to the rights and privileges

of medical staff membership.

11. Will be categorized as an Allied Health Professional or Allied Health Professional – Telemedicine if they are an Allied Health Professional who will only provide services remotely, and will not be on-site.

B. Supervising Physician

The supervising physician assumes full responsibility for all of the Allied Health Professional's activities and may authorize him/her to write orders or implement protocols in accordance with physician-generated guidelines. The supervising physician will also be held accountable for the results of all performance assessment, maintenance and improvement activities related to the practice of the Allied Health Professional.

The supervising physician utilizing an Allied Health Professional in violation of his/her privileges or clinical activities shall be subject to corrective action as provided in Article XV.

The clinical duties and responsibilities of an Allied Health Professional shall terminate if the medical staff appointment of the supervising physician is terminated for any reason.

The supervising physician is responsible for notifying the Medical Staff President within 10 business days of any changes in the professional relationship with the Allied Health Professional or any changes in which the Allied Health Professional fails to meet established requirements.

C. Conditions of Appointment and Reappointment

Policies regarding the need for, and appointment/reappointment of Allied Health Professionals shall be at the discretion of the MEC subject to the approval of the Board.

Members of the Allied Health Professional Staff will be subject to the Hearing and Appeals procedure described in Article XVI of these Bylaws.

Applications for clinical privileges as an Allied Health Professional shall generally be processed in accordance with the procedure set forth for appointment to the medical staff. Allied Health Professionals shall be subject to review every two years for current dependable performance.

ARTICLE VI
CLINICAL DEPARTMENTS AND SECTIONS

A. Assignment to Department

Each medical staff appointee is assigned to one clinical department by the MEC, considering the wishes of the medical staff appointee. Departmental assignment must reflect the individual's requested area(s) of clinical practice. Departmental assignment neither automatically restricts nor automatically confers specific clinical privileges.

The exercise of clinical privileges is subject to relevant clinical rules and guidelines and to the recommendation of the chair of the department, to which the individual is assigned, with relevant input of the section chief, depending upon the nature of the individual's practice at this Hospital.

Unresolved disagreements between department chairs or sections chiefs shall be resolved by the MEC to the satisfaction of the Board.

B. Lists of Departments and Sections

For purposes of accomplishing Bylaws-described medical staff functions, clinical departments of the medical staff are:

1. Primary Care and Medical Specialties
   - Emergency Services
   - Family Practice
   - Pediatrics
   - Radiology

2. Surgical Services
   - Anesthesia
   - OB/GYN
   - Pathology
   - Surgery

C. Additional Departments or Sections

For the purpose of accomplishing medical staff organizational functions in the most effective and efficient manner, additional departments or clinical sections within departments may be established by the MEC.

D. Department Chairs and Section Chiefs

Department chairs and Section Chiefs shall be members of the Active or Senior Emeritus -Active medical staff categories in good standing. They shall be board certified in their specialty.

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), and reputation for objectivity and fairness, all of which are required to best provide medical staff participation in Hospital affairs.

   Items to be considered in this process will include, but shall not be limited to the following:

   - Documentation from the previous Department Chair attesting to the physician's competence to serve as Department Chair.

   - Documentation of completion of a residency program in the appropriate specialty.

   - Reference letters from the director of the residency program and from a hospital

where the physician served.

Note: The following provisions (2, 3, 4 and 5) apply unless contractual arrangements determine the Chief of the section.

2. Election

Each Section elects their own Section Chief subject to the approval of the MEC. Each Department elects their own Departmental Chair subject to the approval of the MEC. The nominee names will then be submitted to the MEC for provisional appointment pending ratification by the Board.

3. Term and Succession

Department Chairs and Section Chiefs shall serve two-year terms and may succeed themselves, if selected to do so.

4. Vacancy

Should a vacancy in the position of Department Chair occur, an interim chair is appointed by the MEC until a new chair is elected, by the procedure described above, as soon as is reasonably possible.

Should a vacancy in the position of Section Chief occur, an interim Chief is appointed by the Department Chair until the relevant section elects a new Chief of that section as soon as reasonably possible.

In the event of the absence of the Section Chief, the Department Chair will act on his/her behalf. In the event of the absence of the Department Chair, the Medical Staff President will act on his/her behalf.

5. Removal

Removal of a Department Chair or Section Chief may be initiated by a 2/3 vote of medical staff members:

a) assigned to the section or department, and
b) eligible to vote.

Removal of a Department Chair or Section Chief is not final until acted upon by the MEC and Board.

Section Chiefs may not be removed by the Department Chair except with the approval of the MEC and Board.

6. Responsibilities

Responsibilities of the Department Chair include, but are not limited to:

a) All clinically related activities of the department including assuring performance of

those medical staff functions that the department is depended upon to provide.

b) All administratively related activities of the department unless otherwise provided for by the hospital.

c) Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges. This includes counseling, advising and/or admonishing individual members of the department or section when there are questions about clinical performance, disregard for reasonable rules, lack of respect for co-workers, inefficient practice, suspected impairment, or practicing outside the limits of clinical privileges that have been awarded. This information will be documented and reported to the PAMI or MEC. The Department Chair has the authority to impose a precautionary suspension on any medical staff member of his department (See Article XV.G).

d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department and that are necessary to assure that patients will receive quality care.

e) Analyze information and recommend clinical privileges for each member of the department.

f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment and services not provided by the department or the organization.

g) The coordination and integration of the department or service into the primary functions of the organization and interdepartmental and intradepartmental services, including acting as a spokesman for the department to facilitate communication for other medical staff groups, hospital groups, the Board and external agencies, such as the Joint Commission.

h) The development and implementation of policies and procedures as necessary that guide and support the provision of care, treatment and services.

i) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment or service.

j) The determination of the qualifications and competence of departmental or service personnel who are not licensed independent practitioners and who provide patient care, treatment and services.

k) The continuous assessment and improvement of the quality of care, treatment and services provided.

l) The maintenance of quality control programs, as appropriate.

m) The orientation and continuing education of all persons in the department or service.

n) Recommendation of space, equipment, information requirements and other

resources needed by the department or service.

ARTICLE VII
MEDICAL EXECUTIVE COMMITTEE FUNCTION

A. The Executive Function Defined

The executive function in organization means that an individual or group is authorized to execute, or carry out, on a day-to-day basis, the policies of the organization, and is entrusted with the responsibility to act on a daily basis to direct the organization's activities.

B. The Medical Executive Committee Function

The Medical Executive Committee function of this medical staff is entrusted to the Medical Executive Committee members which work in concert with the Medical Staff President and Vice President of Medical Affairs (See Article VIII, Officers).

C. Medical Executive Committee

1. Composition - The Medical Executive Committee consists of:

a) Voting Members
   1) Officers of the Medical Staff (3)
      - President (votes only in the case of a tie)
      - President-Elect (will act as Secretary)
      - Past President (will act as Credentials Officer)
   2) Chair, Medical Staff Performance Assessment, Maintenance and Improvement (PAMI) Committee (1)
   3) Department Chairs (2)

b) Non-Voting Members (Present as resources for deliberations of the Medical Executive Committee)
   - Chairman of the Hospital Forum
   - President
   - Vice President of Medical Affairs
   - Vice President of Patient Care Services
   - Director, Quality Management
   - Director, Health Information Services (Medical Records)
   - Medical Staff Coordinator

2. Duties

The duties of the Medical Executive Committee are:

a) To accomplish the MEC 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 and committees.

c) To receive and act upon reports and recommendations from the departments, committees and officers of the medical staff concerning Performance Assessment, Maintenance, and Improvement activities and other responsibilities.

d) To recommend to the Board all matters relating to appointments, reappointments, medical staff category, departmental assignments and clinical privileges.

e) To pursue corrective action to necessary conclusions in accordance with Articles XV.

f) To make recommendations to Hospital administration and Board regarding patient care needs such as space, staff, equipment and agreements that are related to exclusive provider service within the hospital.

g) To obtain medical staff cooperation with retaining 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.

i) To resolve interdepartmental disputes.

j) To appoint or remove any committee members as needed.

k) Review and maintain the Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies in accordance to the Adoption and Amendment Section (Article XV).

3. Meetings

Regular meetings of the Medical Executive Committee shall be held as determined by the Medical Staff President but no less frequently than quarterly at such time, place and date as determined by the Medical Staff President. Meeting may be conducted in person, electronically or phone conference and will maintain a permanent record of its proceedings and actions. No notice of regular meetings is required.

ARTICLE VIII
OFFICERS OF THE MEDICAL STAFF

A. List of Officers, Terms and Succession

Officers will serve a one-year term. Officers include:

- Medical Staff President
- Medical Staff President-Elect/Secretary
- Immediate Past Medical Staff President/Credentials Officer

Every year at the annual meeting a Medical Staff President-Elect/Secretary is chosen. The retiring Medical Staff President serves as Immediate Past President/Credentials Officer. Thus an individual accepting election as Medical Staff President-Elect/Secretary is committing to three

years of service.

Officers begin to serve on the first day of the new medical staff year (January 1 - December 31).

B. Eligibility Requirements

Only Active and Senior Emeritus-Active Category members are eligible to be elected officers, and failure to meet the requirement of Active or Senior Emeritus-Active membership during the term of office results in automatic removal from office.

Officers shall not hold two medical staff offices simultaneously, or be both an officer and Department Chair simultaneously.

Officers may simultaneously serve in a physician leadership capacity for the System of which this Hospital is a part.

C. Selection of Officer Candidates

In selecting officers, the Medical Staff should consider the responsibilities involved and candidates' interest, availability, organizational skills (including communication skills, written and oral), and reputation for objectivity and fairness, all of which are required to best provide medical staff participation in Hospital affairs.

D. Nomination, Election, Vacancies

1. Nominations: The three (3) Past Presidents will serve as the Nominating Committee. Nominations are allowed from the floor.

2. Election: The President-Elect/Secretary can be elected at either a regularly-scheduled meeting of the Medical Staff by a simple vote of medical staff members eligible to vote and present at the meeting or by a majority ballot sent to Active and Senior Emeritus-Active category members eligible to vote. In the event of a tie, the election will be resolved at a mandatory meeting of Medical Staff members eligible to vote.

3. Vacancies:

   a) Vacancy in the office of President is filled by the President-Elect/Secretary, who completes the unexpired term, then serves his own term as President.

   b) Vacancy in the office of President-Elect is filled by special election as soon as reasonably possible after the vacancy occurs.

   c) Vacancy in the office of Immediate Past President is filled by the most recent Past President available to serve.

E. Removal of Officers

Failure of an officer to maintain Active or Senior Emeritus-Active category status results in automatic removal from office. In addition, the medical staff may, by a 2/3 majority vote of Active and Senior Emeritus-Active category members eligible to vote, 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 interests of the Hospital and/or medical staff.

F. Duties of Officers

1. Medical Staff President. The Medical Staff President shall:

a) Act in coordination and cooperation with the President in all matters of mutual concern within the Hospital.

b) Call, preside at, and be responsible for the agenda of all General Medical Staff and Medical Executive Committee meetings.

c) Serve as non-voting member of all medical staff committees, though attendance is optional.

d) Be responsible for seeking compliance of practitioners with Medical Staff Bylaws and Hospital rules. The Medical Staff President has the authority to impose a precautionary suspension on any medical staff member (See Article XV.G.).

e) Appoint committee members to all standing, special and multi disciplinary committees, except as otherwise provided, subject to MEC approval.

f) Present the views, policies and needs of the medical staff to the Board and President.

g) Interpret the policies of the Board to the medical staff and report to the Board on performance and maintenance of dependable and efficient care.

h) Be responsible for seeing that continuing education activities are provided.

i) Work with the Vice President of Medical Affairs (VPMA) and MEC, oversee the work of Department Chairs.

j) Vote on the MEC only in the case of a tie.

2. President-Elect/Secretary

In the absence of the President, the President-Elect shall assume the duties and authority of the President. In addition, the President-Elect shall:

a) Serve on the MEC.

b) Automatically succeed the President when the latter fails to serve for any reason.

c) Succeed the President at the end of the President's term.

d) Function as Secretary of the MEC.

e) Reviews and recommends to MEC changes to Medical Staff Bylaws, Rules and

Regulations and Medical Staff Policies.

3. Immediate Past President

The Immediate Past President shall:

a) Serve on the Medical Executive Committee.

b) Perform such other reasonable duties as shall be assigned to him by the President or MEC.

c) Will function as Credentials Officer. The duties of the Credentials Officer will be to review credentials files and peer review activities of the PAMI Committee and make recommendations to the MEC regarding appointments, reappointments and clinical privileges.

ARTICLE IX
VICE PRESIDENT OF MEDICAL AFFAIRS (VPMA)

A. Selection and Duties

The Board and President, considering MEC input, may establish a position description for and select a Vice President of Medical Affairs (VPMA).

The detailed job description of the VPMA reflects medico-administrative aspects of healthcare services provided in the Hospital, including but not limited to coordinating organizational functions of the Medical Staff, by working with the Medical Staff President, the MEC, clinical department chairs and other physician leaders at the Hospital and in the System.

B. Removal

Removal of the VPMA shall be by the Board and President acting as the Board's representative, according to the terms of the individual's contract, after consultation with the MEC.

ARTICLE X
COMMITTEES, FUNCTIONS AND MEETINGS

A. Types of Committees - There shall be a:

1. Medical Executive Committee.

2. Performance Assessment, Maintenance and Improvement (PAMI) Committee.

3. Hospital Forum, and

4. Such other permanent and temporary committees may from time to time be necessary.

Permanent committees must be established by the MEC, but temporary (ad hoc) committees may

be established by the MEC or by a department or section. Committees report to the entity that established them.

B. Medical Executive Committee (See Article VII.C)

C. Performance Assessment, Maintenance and Improvement (PAMI) Committee

1. Composition

The PAMI Committee consists of four to six (4 - 6) members of the Active and Senior Emeritus-Active medical staff who are in good standing.

The PAMI Committee is appointed biennially by the MEC. It shall consist of at least two (2) members from each department. It is subject to the approval of the MEC and Board.

The PAMI Committee shall elect its own Chair.

2. Duties

a) Shall carry out Ongoing Professional Practice Evaluation and shall participate in Focused Professional Practice Evaluation, all as described in the Medical Staff Professional Practice Evaluation Plan.

b) Receive reports of quality improvement activities from clinical departments, sections and improvement teams.

c) Receive reports from the Director of Quality Management.

d) Provide oversight to the Utilization Management Program with the primary goal of improving the quality and efficiency of patient care across the continuum. The Committee will also develop, approve and implement the Utilization Management Annual Plan.

e) Provide a regular report to the MEC, including any recommendations, no less than quarterly.

3. Meetings and Minutes

The PAMI Committee meets at least quarterly and keeps a record of its proceedings.

4. Term and Succession

a) PAMI members shall serve two-year terms and may succeed themselves if selected to do so.

b) Any vacancies may be filled by the Chairman of the PAMI Committee subject to approval of the MEC.

D. Hospital Forum

The Hospital Forum is not a committee of the medical staff. It is a multi-disciplinary group of the

Hospital that initiates and/or reviews any multi-disciplinary policies, deals with complaints and problems and any issues affecting patient care.

1. Composition

   The Hospital Forum will consist of three (3) voting medical staff members appointed biennially by the MEC. Additional voting members, appointed by the President, will include representatives from Administration, Pharmacy, Nursing, Quality Management and Health Information Services. The Hospital Forum will select its own chairman. Physician-specific issues will be addressed by the PAMI. The Hospital Forum may delegate to subcommittees that will be composed of active physicians in that area and active nurses and other technical staff to deal with problems and policies regarding that specific area of the Hospital. These subcommittees would be along the line of service, that is, for example, Surgical Services, Third Floor, Peripartum, Special Care/ICU, etc.

2. Duties

   Accomplishment of the following non-physician specific functions (as part of the Hospital Forum) may or may not require the existence of separate, established committees, depending upon specific methods chosen:

   - Policies related to operative, invasive and non-invasive procedures.
   - Pharmacy and Therapeutics.
   - Policies related to blood and blood components.
   - Policies related to patient care by nurses and physicians.
   - Utilization management activities.
   - Needs, expectations, education and satisfaction of patients.
   - Staff concerns regarding performance and improvement opportunities.
   - Staff and physician complaints regarding problems with care.
   - Behavior management.
   - Risk management activities.
   - Quality control activities.
   - Measurement and improvements in assessment and coordination of patients and care of patients.
   - Measurement and improvements in patient education.
   - Clinical pertinence, accurately, timely and legible completion of patient's medical record.
   - Needs, expectations and satisfaction of physicians and hospital staff.
   - Significant departure from established patterns of clinical practice.

3. Meetings and Minutes

   The Hospital Forum will meet at least quarterly and will keep a record of its proceedings.

4. Term and Succession

   - Forum physician members shall serve two-year terms and may succeed themselves if selected to do so.

   - Any physician vacancies may be filled by the chair of the Forum subject to the approval of the MEC.

E. Other Hospital Committees

Active and Senior Emeritus-Active medical staff members may participate, as requested, in Hospital committees dealing with matters that affect clinical practices (examples: Building, Long-Range Planning, President Search, Infection Control, Safety, Ethics, CME/Library, etc.). Such committees operate in accordance with Hospital Bylaws and report to one of the five main committees (MEC, PAMI, Forum, Quality Committee of the Board, or the Board).

ARTICLE XI
MEETINGS OF THE GENERAL MEDICAL STAFF, CLINICAL DEPARTMENTS, SECTIONS AND COMMITTEES

A. Meeting Frequency

1. General Medical Staff

The General Medical Staff meets at least annually. Special meetings of the General Medical Staff may be called at any time by the Medical Staff President, or on written petition of 25% of Active medical staff members, and shall be held at the time and place designated in a written meeting notice, which shall be provided a reasonable time before the meeting, depending upon the nature and urgency of the matter to be considered at the special meeting.

2. Clinical Departments and Sections

Clinical departments meet at least quarterly. Special meetings may be called by the Department Chair.

Clinical sections meet as often as is necessary to transact their business and to provide educational opportunities to clinical section members. Special meetings may be called by the Section Chief.

3. Committees

- The Medical Executive Committee meets as determined by the Medical Staff President but no less frequently than quarterly at such time, place and date as determined by the Medical Staff President.
- The PAMI meets at least quarterly.
- The Hospital Forum meets at least quarterly.

Any other medical staff committees meet only as often as is necessary or as specified to perform their assigned functions.

B. Notice and Agenda of Meetings

Notice and agenda of all meetings of the General Medical Staff, departments, and committees shall be provided by the Medical Staff Office in a timely manner.

C. Quorum

A quorum for a General Medical Staff meeting and for a meeting of a department, section or committee shall be the number of Active or Senior Emeritus-Active medical staff members who choose to attend the meeting.

D. Attendance Requirements

Active Staff members are expected to attend at least one regular meeting per year.

E. Minutes

Minutes of meetings include a record of attendance and actions taken. A permanent file of minutes of General Medical Staff meetings, clinical department and section meetings, MEC meetings and of any other medical staff committees shall be maintained.

F. Majority Vote

Except as otherwise specified, actions taken at meetings shall be by simple majority vote of Active and Senior Emeritus-Active medical staff members present and voting.

G. Communication:

Medical Staff Leadership communicates with the General Medical Staff through multiple methods such as General Medical Staff Meetings, Departmental and Section Meetings and written or electronic memorandums.

ARTICLE XII
LEAVE OF ABSENCE

Leave of absence, not to exceed the present term of appointment, may be granted by the Board upon written request accompanied by the recommendation of the MEC.

Failure of a practitioner to return or make application for extension of the leave shall constitute resignation from the medical staff, and shall not be subject to any Hearings or Appellate Review. Resignation in this manner does not preclude reapplying through the usual initial appointment procedure.

Upon return from leave of absence, the practitioner may be required to submit evidence of continued and current dependable clinical performance, which would be reviewed by and acted upon by the MEC and Board.

ARTICLE XIII
COMMUNICATION AND CONFLICT RESOLUTION

Communication to Medical Executive Committee

The Organized Medical Staff can communicate directly with the Medical Executive Committee to propose changes to Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies or other recommendations. The Medical Staff Member should document the concern in a written correspondence to the Medical Staff President by means of the Medical Staff Office at least 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.

Conflict Resolution between Medical Executive Committee and Organized Medical Staff

After communication to the Medical Executive Committee, if the Medical Staff Member's concerns are not resolved, they may request a meeting to address the conflict by means of a written request to the Vice President of Medical Affairs by means of the Medical Staff Office. The Vice President of Medical Affairs will initiate a meeting within 30 days, if possible, between the President of the Medical Staff, the Department Chairperson, the Medical Staff Member and the Vice President of Medical Affairs. The Vice President of Medical Affairs will act as a facilitator for the committee as they attempt to resolve the concern. The results of this meeting will be reported at the next Medical Executive Committee.

Communication to Board of Trustees

The Organized Medical Staff 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 14 days prior to the next scheduled Board of Trustees of Directors meeting. The request will be reviewed and discussed at the next scheduled Board meeting and a written response will be provided back to the Organized Medical Staff Member and the Medical Executive Committee.

Conflict Resolution between the Medical Executive Committee and the 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 Chief Executive Officer to lead the Joint Conference. The process shall be in accordance to the policies and procedures set forth in the Board of Trustees Conflict Management Policy.

ARTICLE XIV
RULES AND REGULATIONS AND POLICIES

The Medical Staff Bylaws establish a framework for self-governance and accountability to the Board. Subject to approval of the Board, the medical staff shall adopt such Rules and Regulations and Policies as may be necessary to implement more specifically the general principles found within the Medical Staff Bylaws. These shall relate to the admission and discharge of patients, medical records, general rules regarding surgical care and the general conduct of care expected of Practitioners in the Hospital.

Specific procedures for implementing provisions of the Medical Staff Bylaws are included in other documents not as legal standards, but rather as professional and organizational guidelines.

Existing Rules and Regulations and Policies are deemed to continue in effect unless in conflict with this document or until they are amended or replaced by action of the MEC, subject to approval of the Board.

ARTICLE XV
ADOPTION AND AMENDMENT

Changes to the Medical Staff Bylaws require Medical Staff member vote and Board approval. The Medical Staff Bylaws, Rules and Regulations and Policies are reviewed periodically by the Medical Executive Committee and revisions are proposed as necessary to reflect current regulatory requirements and practices with respect to medical staff organization and function. Modifications must be communicated to the voting members of the Medical Staff prior to Medical Executive Committee vote through established communication mechanisms. Changes to the Rules and Regulations and Policies may be made by the Medical Executive Committee on behalf of the Organized Medical Staff and require Board approval. Rules and Regulations and Policy changes may be implemented without prior notification to the Medical Staff on an urgent basis, when necessary, to meet regulatory or compliance concerns. Communication regarding these changes will be provided following the Medical Executive Committee vote. Any feedback regarding the changes will be discussed at the next scheduled Medical Executive Committee Meeting.

Any amendments to the Medical Staff Bylaws shall be submitted to the MEC for comment. Changes will be proposed for adoption at a General Staff Meeting called for that purpose with a 30 days advance notice at which all members with clinical privileges may speak but only Active and Senior Emeritus members may vote or by written ballot sent through normal mail channels and returned within a 20-day period. Greater than 50% of the votes at the meeting or ballots returned will determine the outcome.

These Medical Staff Bylaws and any subsequent amendments to the Medical Staff Bylaws must then be approved by the Board and shall be effective after such Board action. Neither body may unilaterally adopt, amend, modify, or repeal the Medical Staff Bylaws. These Medical Staff Bylaws approved by the Board may not be in conflict with the Governing Body's Bylaws.

ARTICLE XVI
PROFESSIONAL PRACTICE REVIEW FUNCTIONS

Review Functions of Medical Staff and Administration

The Medical Staff is organized in a manner to provide ongoing review of the professional practices of the Hospital, for the purposes of striving to reduce morbidity and mortality and to improve the care of patients. Such review includes the quality and necessity of care provided and the preventability of complications and deaths. To the extent any committee of the Medical Staff performs such functions, that committee is hereby designated as a committee assigned professional practice review functions. The committees so designated include, but are not limited to, the investigative, hearing and appeal bodies described in Articles XV and XVI and the following committees, which are further described in these Bylaws: Medical Executive Committee, PAMI and Hospital FORUM.

Professional practice review functions are also performed in the various clinical departments and sections of the Medical Staff, the clinical programs of the Hospital, by the Medical Staff Officers, by Hospital administration, and by the participants in the proceedings that are described in Articles XI, all of whom are assigned professional practice review functions.

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

individuals and committees in the performance of their professional practice review functions.

Board's Authority and Functions

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

Confidentiality of Information

All records, data, and knowledge collected by or for individuals and committees assigned professional practice review functions shall be confidential, shall be used only for carrying out such functions, and shall be made available only to other persons and entities that have been assigned such functions for the Hospital. Such records, data and knowledge shall be entitled to the protection of MCL 331.531, MCL 331.533, MCL 333.20175, MCL 333.21513, MCL 330.1143a, MCL 333.16222 (1), MCL 330.1748, MCL 333.21515 and other applicable laws.

ARTICLE XVII
QUESTIONS OF MARGINAL PRACTICE, DISRUPTIVE BEHAVIOR, DISREGARD FOR RULES, PHYSICAL OR MENTAL IMPAIRMENT OR UNETHICAL CONDUCT

A. Problem Identification

Confirmed and documented patterns or incidents that adversely affect, or could adversely affect, patient, the medical staff, Hospital, its employees, or the hospital's reputation, are addressed by clinical department chairs, section chiefs and/or the MEC and Board in a timely manner. Problems that may be identified include, but are not limited to the following:

- It appears that the Practitioner no longer possesses the qualifications for Medical Staff membership or for the Clinical Privileges held.
- Problems relating to a practitioner's clinical judgment and skills.
- Non-compliance with Hospital and/or Medical Staff rules.
- Unethical behavior or conduct.
- Failure to practice good citizenship.
- Personal activity or professional conduct that is, or is likely to be, detrimental to patient safety or to delivery of patient care, or disruptive to Hospital operations.

Problems may be identified through routine performance evaluation activities, observation by other medical staff members or other reliable sources.

If requested by the President, MEC, any officer of the Medical Staff or the affected practitioner, then a formal study (review investigation) shall be conducted. In that event, this procedure shall be used:

1. The Medical Staff President, considering MEC recommendations, shall appoint an investigating committee made up of three (3) Active and/or Senior Emeritus - Active staff members who have no conflicts of interest;

2. The initial meeting of this study group shall be held within seven (7) business days of the decision to initiate this procedure, except that the initial meeting shall be held within three (3) business days if the practitioner has been suspended;

3. The affected practitioner shall be informed by the chair of his department of the existence of the study group and will be invited to attend its initial meeting;

4. Legal counsel should be asked to advise proper procedure and to evaluate the appropriateness of any resulting recommendation;

5. Following its initial meeting, the study group either:

   - has enough reliable information to report its finding(s) and recommendation(s) to the MEC, or

   - obtains further information from relevant sources prior to framing its findings and recommendation(s).

   This process shall not last longer than thirty (30) days if at all possible.

6. Mandatory Examinations and/or Testing - If this committee determines that there is reasonable cause to suspect impairment or a practitioner, either physically, mentally, or emotionally, the committee may order that a practitioner undergo a physical or mental examination. The committee may also require immediate drug testing as part of its evaluation. The physical and/or mental examination(s) will be performed by a qualified physician agreed upon by the parties. If the parties are unable to reach agreement, the President in consultation with the Medical Staff President shall make the decision.

   The costs of the physical and/or mental examination(s) will be paid by the Hospital. The practitioner may undergo testing at Munson Healthcare Cadillac Hospital or another facility of his/her own choosing at the Hospital's expense. The practitioner agrees to execute consent and release forms necessary to effectuate this provision. Failure to comply with this provision will result in summary suspension.

7. The report of the study group shall be considered at a special meeting of the MEC, called solely for this purpose, within fourteen (14) days of completion of the study group's report;

8. The MEC shall:

   a) accept the study group's finding(s) and recommendations(s), or

   b) accept the finding(s) but make a different recommendation regarding selection of a remedy than that suggested by the study group, or

   c) if it cannot accept the study group's finding(s), ask for, obtain and review additional information before deciding on a recommendation.

   The MEC shall act on the study group's report no later than fourteen (14) business days

after receiving it, or no later than fourteen (14) business days after receiving additional requested information if (c) in the preceding paragraph is necessary.

If this procedure is used, it is not a Hearing and should not be referred to as a Hearing (see Article XVI).

B. Choosing a Corrective Action

Resolution may be by one or a combination of several corrective actions that shall be recommended by the MEC after considering the urgency, frequency and/or severity of the specific pattern or incident, as well as on whether or not an uncooperative attitude is encountered. Remedies include, but are not limited to:

- Issue a written warning that future corrective action will be taken if the affected Practitioner's behavior does not conform to the standards stated in the warning.

- Issue a written reprimand stating the MEC's disapproval of the affected Practitioner's behavior, and directing that the behavior cease immediately.

- Require proctoring or consultation (if the affected Practitioner is not required to obtain consent of the consultant or proctor before the Practitioner may provide patient care).

- Require education to improve the affected Practitioner's knowledge, skills or ability in clinical subjects or in non-clinical subjects (such as anger management), which does not affect current Clinical Privileges.

- Require a health assessment of the affected Practitioner by a health professional or at a facility selected by the Medical Executive Committee and under such conditions (including reports to the MEC or its designee) as the Committee may establish, and/or require the affected Practitioner to undergo appropriate treatment.

- Reduction, limitation, suspension, or revocation of Clinical Privileges.

- Suspension or revocation of Staff appointment.

- Any other form of discipline that materially limits the Practitioner's right to provide direct patient care as previously authorized (such as proctoring or consultation in which consent of the proctor or consultant is required before patient care may be provided).

C. Medical Executive Committee’s Obligations:

The Medical Executive Committee through the evaluation and reporting of responsible individuals without conflict of interest:

1. Develops and evaluates reliable, objective information to determine whether there are reasonable grounds to conclude that a problem exists;

2. Brings the full authority of responsible officers, department chairs and committees to bear to resolve the issue in a timely manner, and;

3. Includes information about resolving the problem in the MEC's report to the Board.

D. Board's Obligations

The Board:

1. Reviews the MEC's conclusion about the presence or absence of a problem and the objective information upon which that conclusion is based;

2. Through the President, assures availability of resources, such as information systems and support personnel, legal counsel, consultants, etc., as necessary;

3. Assures the medical staff of its support for reasonable, good faith efforts to resolve the issue;

4. Reviews, questions and approves, modifies or refers back to the MEC, the resolution of the issue proposed/implemented by medical staff leaders;

5. Acts on MEC recommendations within fourteen (14) days.

E. Monitoring Practitioner's Compliance

If the Medical Executive Committee's or the Board's response to a corrective action request entails proctoring, consultation, continuing education or other remedies that require subsequent evaluation to determine the affected Practitioner's compliance, competence, or improvement, the Medical Executive Committee or Board, as applicable, shall designate an individual to monitor the affected Practitioner's compliance and to report to the Medical Executive Committee or Board regarding the Practitioner's progress or the lack of progress, until the matter is resolved.

F. Restriction of Clinical Privileges, Reduction in Medical Staff Category, Removal of Medical Staff Appointment and/or Clinical Privileges

The Board might, upon recommendation of the MEC, amend or rescind an individual's privileges for the purpose of restricting the potential harm to patients, other medical staff members, the Hospital and its employees.

G. Precautionary and Summary Suspensions

Precautionary suspension	An immediate suspension of medical staff membership and clinical privileges imposed by an individual with relevant authority (see below). In the event an individual practitioner's immediate action may endanger his patients, other medical staff members, the Hospital personnel, or the Hospital's reputation, then either the Medical Staff President, the chair of the clinical department of which the practitioner is a member, the President, or the Chair of the Board shall each have the authority as independent action to immediately impose a precautionary suspension. Such suspensions do not imply final finding of fact or

	responsibility for the situation that caused the suspension. Such suspensions shall be deemed an interim precautionary action and may not exceed fourteen (14) days. The imposition of a precautionary suspension does not entitle a practitioner to Hearing or Appeal under Article XVI.
Summary suspension	A suspension of medical staff membership and clinical privileges imposed by the Board, usually on MEC recommendation, in response to concerns about the performance or behavior of a medical staff member (see Article XV.A.)

Immediately upon the imposition of a summary suspension or a precautionary suspension, the appropriate department chair or the Medical Staff President assigns to another medical staff member with relevant clinical privileges the responsibility for care of any hospitalized patients of the suspended individual.

Summary and precautionary suspensions are immediately effective, immediately reported to all the individuals named above, and remain in effect until a remedy is effected following the provisions of this Article XV of the Medical Staff Bylaws unless a modification proposed by the MEC is approved by the Board or its representative.

H. Automatic Suspension of Medical Staff Appointees

1. Failure to Complete Medical Records

a) Incomplete Medical Records: All portions of each patient's medical record shall be completed within fifteen (15) days after the patient's discharge stated in Medical Staff Rules and Policies, General. A five-day allowance will be given to complete charts following vacations or illnesses.

Failure to do so (unless there are acceptable extenuating circumstances) automatically results in;

1) the record being defined as delinquent.
2) notification to the practitioner.

b) Delinquent Medical Records: Failure to complete all aspects of any patient's delinquent medical record within seven (7) additional days after written notice that the record is delinquent (see 2) above, shall result in a loss of admitting and all clinical privileges except for care of patients already admitted. Ten such suspensions in a rolling 12-month period shall constitute voluntary suspension of medical staff membership and all clinical privileges. If a practitioner's medical staff membership and/or clinical privileges are automatically suspended, the Medical Staff President shall notify the practitioner of the suspension in writing. The practitioner does not have the right to Due Process. Membership and/or clinical privileges will be reinstated once the records have been reported as completed by Medical Records.

Seven days equals one episode for each delinquency.

2. Actions Affecting State License to Practice or DEA Registration

If a practitioner's actions result in his state license to practice or DEA registration being revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then medical staff appointment and clinical privileges are automatically revoked, suspended or limited to at least the same extent.

3. Lapse of Liability Insurance

If the Board and MEC have established a requirement for liability insurance coverage for practitioners with clinical privileges, and if a medical staff appointee's liability insurance lapses or is cancelled without renewal, then the practitioner's medical staff membership privileges and clinical privileges are automatically suspended until the effective date of his new liability insurance coverage, unless otherwise determined by the Board, considering the input of the MEC.

I Right to Hearing and Appeal

Automatic suspensions (Article XV.H.) do not entitle the individual to any Hearing or Appeal rights.

ARTICLE XVIII
HEARING AND APPEAL PROCEDURE

A. Definitions

Hearing	means notice and opportunity to be heard, in a formal proceeding with some mechanism for making a verbatim transcript, following a recommendation or an action that is adverse to the application or medical staff member by the MEC or by the Board if it makes the first adverse decision.
Appeal	means review by an Appellate Review panel, if the Board's decision following a Hearing is adverse of the findings and actions preceding this Appellate Review.

B. Grounds for Hearing

Medical staff members shall be entitled to a Hearing only for those actions constituting professional review actions that are defined as adverse actions based on the professional competence or conduct of a practitioner.

Only the following MEC recommendations and/or Board actions provide cause to request a Hearing/Appeal:

- Denial of medical staff appointment or reappointment.
- Denial of clinical privilege(s) or requested additional privilege(s) except privileges as noted in Article IV.F.

- Decrease of clinical privileges, except as in a summary or precautionary suspension, and voluntary or automatic relinquishment of clinical privileges.

- Rescission of medical staff appointment.

- Suspension of clinical privileges for a period of fourteen (14) days or more.

- Involuntary change in medical staff category assignment, if such reassignment affects clinical privileges.

- Imposition of mandatory consultation prior to admission or treatment.

C. Notice and Request for Hearing and Appeal

1. Notice of Adverse Action or Recommendation

When an action is taken or recommended which, according to these Bylaws, entitles an individual to a Hearing, he shall be given notice promptly by the President, in writing, return receipt requested. The notice shall include a statement of the specific action taken (or recommended) and the reason(s) therefor. The notice also shall include a summary of the individual's Hearing rights and the time limit within which he may request a hearing.

2. Request for Hearing

The applicant or medical staff member has thirty (30) days following receipt of the notice referred to in #1 above to request a Hearing. The request must be by written notice, mailed return receipt requested, to the President. The request must be postmarked on or before the 30th day following the individual's receipt of the notice referred to in #1 above. If a Hearing is not requested within thirty (30) days, the applicant or medical staff member has waived his right to Hearing and has accepted the action or recommendation, which becomes effective immediately.

3. Request for an Appeal

Within thirty (30) days of receiving notice of an adverse action by the Board following a Hearing, the applicant or medical staff member may request Appellate Review. This request must be by written notice, mailed return receipt requested to the President. The request must be postmarked on or before the 30th day following the individual's receipt of the notice referred to in this paragraph. The request must include a brief statement of the reasons for the Appeal. The sole grounds for reversal are the following types of errors:

- Substantial failure on the part of the medical staff or Board to comply with these Bylaws in the conduct of proceedings affecting the applicant or medical staff member;

- That the recommendation or action was made or taken arbitrarily, capriciously or with prejudice;

- That a recommendation or action of the MEC or Hearing Panel or the decision of the Board was not supported by substantial evidence.

If Appellate Review is not requested within the thirty (30) day time period, the applicant or medical staff member has accepted the decision and the action taken is immediately effective.

4. One Hearing and Appeal

No applicant or medical staff member shall be entitled to more than one Hearing and one Appeal upon the same issue or issues.

D. The Hearing: Procedural Details

1. Arrangements for the Hearing

The President schedules the Hearing and mails written Notice of Hearing, return receipt requested, to the person who requested the Hearing, including its time, place and date, which shall not be less than thirty (30) days after the date of the notice, but as soon thereafter as possible, considering the schedules and availability of all concerned. The Notice of Hearing shall include a statement of the reasons for the action taken or recommended, as well as those acts, omissions, charges and violations which serve as the grounds for the action or recommendation, together with the identity of patient records and any other relevant information supporting the action or recommendation, and a list of witnesses (if any) expected to testify at the Hearing on behalf of the professional body taking or recommending the adverse action. The statement and attached information may be amended or added to at any time, even during the Hearing, if additional material is relevant to the Hearing, and provided that the person requesting the Hearing and his counsel have sufficient time to study the additional information and offer rebuttal.

2. Presiding Officer

The President may appoint a presiding hearing officer, usually an attorney, who may participate in the Hearing Panel's deliberations and may provide legal advice to it, but is not entitled to vote on its recommendations. He may, following the Hearing, continue to advise the Board and medical staff on the matter. The presiding officer may not be in direct economic competition with the person requesting the Hearing.

If no presiding officer is appointed, the designated Chair of the Hearing Panel is the presiding officer.

The presiding officer ensures that all participants have a reasonable opportunity to be heard, maintains order, determines the order of procedures of the Hearing in accordance with these Bylaws, makes rulings on questions pertaining to matters of procedure and admissibility of evidence. It is understood that the presiding officer at all times is concerned that all relevant information be made available to the Hearing Panel for its deliberations and recommendations to the Board. The presiding officer may make official mention of matters relating to the issues under consideration. All participants in the Hearing are informed of such matters, and they are noted in the record of the Hearing. Either party may request that a matter be officially mentioned or may provide a counter argument to be included in the Hearing record.

3. The Hearing Panel

The President, after considering the recommendations of the Medical Staff President and

Board Chair, appoints a Hearing Panel of not less than three (3) members, a majority of whom must be physicians. Knowledge of the matter being considered does not preclude appointment to the Hearing Panel, but medical staff members who have actively participated in the consideration of the matter at any previous level are not eligible for appointment to the Hearing Panel. No member of the Hearing Panel shall be in direct economic competition with the person requesting the Hearing. If medical staff members are not available or not eligible, appointments can be made from outside the Hospital. The Hearing Panel Chair is designated by the President.

4. Representation

The individual requesting the Hearing may be represented by an attorney, or other person of the individual's choice, who shall enter his appearance in writing with the President of the Hospital at least ten (10) days prior to the date of Hearing. The Hospital may be represented by counsel in all Hearings and proceedings under this Article XVI, and counsel for the Hospital shall enter his appearance in the same manner.

5. Specified Rights

The person requesting the Hearing and the Hospital may:

- Call and examine witnesses.
- Introduce exhibits.
- Cross-examine witnesses on matters determined by the Hearing Panel or presiding officer to be relevant to the issues.
- Provide rebuttals at the Hearing for any evidence presented.
- Submit a written statement at the close of the Hearing.

Even if the person requesting the Hearing decides not to participate on his own behalf, he may still be called as a witness.

6. Burden of Proceeding

The MEC or Board, whichever made the recommendation or decision that initially prompted the Hearing, must come forward with evidence in support of its recommendation (MEC) or action (Board). Once this obligation is fulfilled by the MEC or the Board, the person requesting the Hearing must come forward with evidence to refute the recommendation (MEC) or action taken (Board) which occasioned the Hearing.

The Hearing Panel shall recommend in favor of the MEC or Board (whichever group's action occasioned the Hearing), unless the Hearing Panel finds that the applicant or medical staff member who requested the Hearing has proved that the recommendation (MEC) or decision (Board) that prompted the Hearing was arbitrary, capricious, unreasonable or not supported by substantial evidence.

7. Admissibility of Evidence

Any evidence shall be admitted by the presiding officer at the Hearing which is relevant to the issues before the Hearing Panel and is the sort of evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs without regard to the admissibility of such evidence in a court of law. The Hearing Panel may itself question witnesses, call additional witnesses, and request documentation of charges or claims made.

8. List of Witnesses

Each party must provide the other in writing, at least ten (10) days in advance of the Hearing, a written list of names and addresses of witnesses to be called. The witness list of either party may be amended at any time during the course of the Hearing for good cause shown.

9. Failure to Appear

If the person requesting the Hearing, without good cause, fails to appear at the time the Hearing is scheduled, such failure constitutes voluntary acceptance of the recommendations or actions pending, which then become effective immediately.

10. Postponements and Extensions

Postponements and extensions may be requested by any of the participants, but will be permitted by the Hearing Panel only for good cause.

11. Hearing Record

A record of the Hearing is maintained by a court reporter retained by the Hospital. Copies of the record may be obtained by the applicant or medical staff member upon payment of any reasonable charges imposed by the court reporter associated with the preparation thereof.

12. Attendance by Panel Members

A majority of Hearing Panel members must be present in order for deliberations to proceed, and the decision of the Hearing Panel must be by majority of all those appointed to the Hearing Panel.

13. Conclusion of the Hearing Procedure

After both parties have concluded their presentation of oral and written evidence, the Hearing is closed. At such point, the applicant or medical staff member may submit a written statement.

14. Recommendation

Within twenty (20) days after conclusion of the Hearing, and following any private deliberations that may be necessary, a recommendation and a report containing the reasons for the recommendation shall be prepared by the Hearing Panel and delivered to the President.

Upon presentation of its report and recommendations, the Hearing Panel's obligations are

fulfilled.

15. Further Distribution of Hearing Panel Report & Recommendation & Further Action

The President sends a copy of the Hearing Panel's report and recommendation, return receipt requested, to the person who requested the Hearing and to the Board.

The Board acts on the matter, considering the Hearing Panel's recommendation.
If the decision of the Board at this point is adverse, then the applicant or medical staff member is entitled to an Appeal (Appellate Review). (An Appeal is in order only after the Hearing procedure described above has been completed, after the Board has taken action with an opportunity to review the conclusions of the Hearing Panel, and if the Board's action at this point is adverse to the applicant or medical staff member.)

E. Appeal: Procedural Details

1. Arrangements for Appellate Review

When an Appeal is requested, the Board Chair or his designee, within ten (10) days of receiving such request, schedules and arranges for an Appellate Review. Notice of the time, date and place is given to the Appealing party. The date for the Appellate Review must not be less than thirty (30) days after the request is received. When the individual appealing is under suspension, then the Appellate Review is held as soon as arrangements can reasonably be made, but not more than fourteen (14) days from receiving the Appeal request. The stated times within which Appellate Review must be accomplished may be extended by the Board for good cause shown.

2. Appellate Review Panel and Procedures

a) The Board Chair appoints an Appellate Review Panel of not less than three (3) persons, which may include members of the Board and at least one physician member, but which may not include persons in direct economic competition with the individual appealing. The Appellate Review Panel considers the record upon which the Board's action was made.

The Appellate Review Panel may accept additional oral or written evidence only if the party seeking to admit additional evidence can demonstrate on the basis of the record that he was deprived of the opportunity to admit it at the Hearing which preceded the Appellate Review.

Each of the two parties in the matter have the right to present a written statement in support of their position on the Appeal and, in its sole discretion, the Appellate Review Panel may allow a representative of each party to appear personally and make oral arguments.

The Appellate Review Panel's job is not to function as a Hearing Panel and rehear evidentiary presentations. Rather, the Appellate Review Panel's job is to review the record created by the Hearing process, to accept additional evidence as provided above, and to determine only whether:

1) There was substantial failure on the part of the MEC or Board to comply with these Bylaws in the conduct of proceedings affecting the applicant or

medical staff member.

2) The recommendation or action was made or taken arbitrarily, capriciously, or with prejudice, or

3) The recommendation of the MEC or Hearing Panel, or the decision of the Board was not supported by substantial evidence.

Based on its determination with respect to the foregoing issue, the Appellate Review Panel presents its recommendation to the Board. If the Appellate Review Panel determines there was no error of the type specified in E. 2. a) 1), E. 2. a) 2) and E. 2. a) 3) above, then the Appellate Review Panel shall recommend that the decision, action or recommendation appealed from be made final.

The Board may accept, modify or reverse the recommendation of the Appellate Review Panel, sometimes after requesting further review by the Appellate Review Panel, for good cause.

But the Board shall not function as another appellate forum.

When further review is necessary, a report back to the Board shall be accomplished within thirty (30) days, unless a reasonable extension is granted by the Board. The final Board decision is arrived at within thirty (30) days after the conclusion of the Appellate Review, and is provided in writing to the affected individual, including a statement of the basis for the decision, in person or by certified mail.

b) The decision of the Board following the Appeal is effective immediately and final, and is not subject to further Hearing or Appellate Review.

3. Only One Appeal

There is no exception to the rule that the applicant or medical staff member is entitled to only one Appellate Review of any single manner.

4. Reapplication Following Adverse Decision on Appellate Review

If the final decision of the Board, following Appellate Review, is adverse, the applicant or medical staff member may reapply for appointment to the medical staff or for the denied clinical privileges, whatever is applicable, one (1) year or later from the Board's final decision, unless the Board provides otherwise in its final written decision.

APPENDIX
IMMUNITY FROM LIABILITY

The following shall be express conditions to any practitioner's application for, or exercise of, clinical privileges at this Hospital.

First, that any act, communication, report, recommendation, or disclosure with respect to any such practitioner, performed or made in good faith and at the request of any authorized representative of this facility, for the purpose of achieving and maintaining dependable ('quality') patient care in this or any

other health care facility, shall be privileged to the fullest extent permitted by laws.

Second, that such privileged status shall extend to appointees of the Hospital's Medical Staff and its Board, its other practitioners, its administrator and his/her representatives, and to third parties who supply information to any of the foregoing who are authorized to receive, release or act upon the same. For the purpose of this Article, the term 'third parties' means both individuals and organizations from whom information has been requested by an authorized representative of the Board or the Medical Staff.

Third, that there shall, to the fullest extend permitted by law, be 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.

Fourth, that 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 (1) application for appointment or clinical privileges, (2) periodic reappraisals for reappointment or clinical privileges, (3) corrective action, including precautionary suspension, (4) hearings and appellate reviews, (5) medical care evaluations, (6) utilization reviews, and (7) other hospital, departmental, service or committee activities related to maintaining dependable ('quality') patient care and inter-professional conduct.

Fifth, that the acts, communications, reports, recommendations and disclosures referred to in this Appendix may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physician condition, ethics or any other matter that might directly or indirectly have an effect on patient care.

Sixth, that in furtherance of the foregoing, each practitioner shall upon the request of the Hospital execute releases in accordance with the tenor and import of this Article in favor of the individuals and organizations specified in paragraph two subject to such requirements, including those of good faith, and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of the State.

Seventh, that the contents, authorizations, releases, rights and privileges provided in the Medical Staff Credentialing and Re-Credentialing Manual for the protection of this Hospital's practitioners, other appropriate Hospital officials and personnel and third parties, in connection with applications for appointment and clinical privileges, shall also be fully applicable to the activities and procedures covered by this Appendix.