

**THE BYLAWS
OF THE MEDICAL STAFF
OF THE DETROIT MEDICAL CENTER**

Detroit, Michigan

**Adopted by the Board of Trustees, The Detroit Medical Center
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BYLAWS

THE MEDICAL STAFF OF THE DETROIT MEDICAL CENTER

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ARTICLE I. PURPOSE

Purpose

The purpose of the organized self-governing Medical Staff of The Detroit Medical Center (DMC) is to bring the professionals who practice at The DMC together into a cohesive body to promote a uniform standard of quality patient care, treatment and services, to improve and maintain patient safety, to provide an appropriate educational setting which will maintain scientific standards, and to support and promote medical research. To this end, among other activities, it will advise on physician staffing needs, establish the criteria and standards for Medical Staff membership and privileges and enforce those criteria and standards, initiate, develop and adopt policies, Medical Staff Bylaws, Rules and Regulations, and amendments thereto, subject to the approval of the Governing Body, assist in screening applicants for staff membership and privileges, review privileges of Members, evaluate and assist in quality improvement and patient safety activities of the staff, provide education, and offer advice to the President of The DMC and to the Governing Body. The Medical Staff is organized and structured in a manner approved by and accountable to the Governing Body.

Any purchase or acquisition of the DMC Hospitals and Ambulatory Sites shall not alter the organized Medical Staff or its structure.

ARTICLE II. DEFINITIONS

- SECTION 1. Adverse Recommendation: Any recommendation which has the effect or potential effect of limiting, restricting, suspending, revoking, denying or failing to renew Medical Staff Membership or Clinical Privileges.
- SECTION 2. Allied Health Professionals: Certain practitioners who are licensed or otherwise authorized by the State of Michigan and by The DMC, as further defined in Medical Staff Policy, to provide health care services, but who do not hold Medical Staff membership.
- SECTION 3. Applicant: A physician, dentist or podiatrist who submits a Complete Application as defined in Medical Staff Policy for Appointment or Reappointment for membership on the Medical Staff.
- SECTION 4. Appointment: Appointment or Reappointment to Medical Staff membership with Clinical Privileges.
- SECTION 5. Bylaws: Medical Staff Bylaws or Bylaws means the Bylaws of the Medical Staff.
- Related documents means any one or more of the following documents as appropriate to the context which shall be incorporated by reference and become part of these bylaws; Medical Staff policies and procedures, rules and regulations, allied health professional policies and procedures, and Medical Staff Committees.
- SECTION 6. Chief of Service: The Medical Staff Member, appointed or elected in accordance with the Medical Staff Operations Committee rules of a Hospital or Region, accountable to the Specialist-in-Chief and the President of the Hospital, with responsibility for the medical leadership of a Department or Section.
- SECTION 7. Chief of Staff: The Medical Staff Member duly elected in accord with these Bylaws or appointed as the presiding member of a Hospital's Medical Staff Operations Committee.
- SECTION 8. Clinical Privileges: Permission granted to a Medical Staff Member to provide patient care, including access to DMC equipment, facilities and personnel, within well-defined limits, based on the Member's license, experience, competence, ability and judgment, as more specifically described in Medical Staff Policy.
- SECTION 9. Complete Application: An Application to the Medical Staff is complete when all of the conditions and requirements, including timeliness, as described in Medical Staff Policy are met.
- SECTION 10. Credentials Committee: The sub-committee of the Medical Executive Committee (MEC) concerned with qualifications of Applicants and Members.
- SECTION 11. Day: Calendar day including Saturday, Sunday and Holidays.
- SECTION 12. Dean: The Administrative head of the Wayne State University School of Medicine.
- SECTION 13. Department: A System-wide organizational unit of the Medical Staff of The DMC.
- SECTION 14. Ex-officio: A person who is entitled to attend and participate in meetings, with vote, unless otherwise specified, pursuant to the office held.
- SECTION 15. Favorable Recommendation: A recommendation made by the Credentials Committee and/or the Medical Executive Committee (MEC) and/or the Governing Body which (a) in

the case of a request for membership and/or privileges, would result in the granting of membership and/or privileges identical to those requested by the Applicant if the recommendation is approved by the Governing Body or (b), in the case of peer review activity, would result in there being no change in a Member's membership and/or privileges as a result of the peer review activity, if the recommendation is approved by the Governing Body.

- SECTION 16. Governing Body: The governing body of The DMC which has the ultimate responsibility and authority for the operation of The DMC.
- SECTION 17. Hearing Officer: The individual appointed to preside over the conduct of a hearing.
- SECTION 18. Hospital: All in-patient institutions of the Detroit Medical Center, unless otherwise defined.
- SECTION 19. Joint Conference Committee: A delegated Board committee of the Governing Body with members from the Medical Staff, Administration and the Governing Body. The committee's delegated duties include decisions related to the quality of patient care and safety, medical staff membership and privileges.
- SECTION 20. Medical Executive Committee (MEC): The governing body of the Medical Staff.
- SECTION 21. Medical Staff: All medical, dental and podiatric practitioners who have been appointed to the Medical Staff and hold Clinical Privileges, and Honorary Staff Members.
- SECTION 22.. Medical Staff Operations Committee: The medico-administrative committee of a Hospital or Region.
- SECTION 23. Medical Staff Policy: A compilation of documents, approved by the Medical Executive Committee (MEC) and appended to the Medical Staff Bylaws, which specify the detailed procedures for implementation of the Medical Staff Bylaws.
- SECTION 24. Member: A physician, dentist or podiatrist who has been appointed to the Medical Staff in accordance with these Bylaws.
- SECTION 25. Member in Good Standing: A Member whose privileges are not currently limited, restricted, suspended or revoked or who is not currently on probation based upon competence or professional conduct including behavior but excluding any limitation or suspension of less than thirty (30) days for failure to complete medical records. Only Members of the Active Staff in Good Standing may vote and/or hold Hospital or Medical Staff office.
- SECTION 26. Members-at-Large: Those elected Members described in Article VII, Section 2.B.
- SECTION 27. President of the Medical Staff: The Medical Staff Member duly elected in accordance with these Bylaws who is the presiding officer of the Medical Staff.
- SECTION 28. Privileges: See "Clinical Privileges," Section 8.
- SECTION 29.. Professional Review Action: An action or recommendation of a Professional Review Body or Officer of the Medical Staff, taken or made in the conduct of Professional Review Activity, based on the competence or professional conduct of a Member (which conduct affects or could adversely affect the health or welfare of a patient) and which affects (or may affect) adversely the Clinical Privileges or Medical Staff Membership of the Member. Professional Review Action also includes a formal decision of a Professional Review Body not to take an action.

- SECTION 30. Professional Review Activity: An activity of The DMC with respect to an individual Member: (a) to determine whether the Member may have or continue to have Clinical Privileges or Medical Staff Membership; (b) to determine the scope or conditions of such Privileges or Membership; or (c) to change or modify such Privileges or Membership.
- SECTION 31. Professional Review Body: The DMC, the Governing Body or any committee of The DMC which conducts Professional Review Activities and includes any committee of the Medical Staff or a Hospital when assisting the Governing Body in a Professional Review Activity.
- SECTION 32. Receipt of Correspondence: Any person subject to these Bylaws, including Applicants, Members, and Allied Health Professionals, shall be deemed to have received correspondence on the first of the following events to occur:
1. Actual receipt, whether delivered by messenger, overnight delivery service, facsimile transmission, or U.S. Mail.
 2. Attempted delivery by any means which is refused by such person or an employee or agent (including family member) acting on behalf of the addressee. A refusal to accept correspondence shall be treated as a receipt of such correspondence and shall carry the same consequences as receipt.
- SECTION 33. Region: A geographical designation of one or more Hospitals of The DMC.
- SECTION 34. Review Committee: The Hearing panel who conducts a Hearing regarding a proposed Professional Review Action as provided in Article XI of these Bylaws.
- SECTION 35. Rules and Regulations: The Rules and Regulations of the Medical Staff adopted pursuant to these Bylaws.
- SECTION 36. Section: Optional unit of specialists within a Department.
- SECTION 37. Specialist-In-Chief: The Department Chief, appointed in accord with the Wayne State University/Detroit Medical Center affiliation agreement, with authority and responsibility reaching across the entire scope of DMC activities within the Specialist-In-Chief's discipline.
- SECTION 38. The DMC: The Detroit Medical Center, an organization incorporated in the State of Michigan which includes hospitals and ambulatory health care facilities.
- SECTION 39. Vice Chief of Staff: The Medical Staff Member confirmed as an Officer of the Medical Staff representing a Hospital, with duties as defined in Article V, Section 6.

ARTICLE III. MEDICAL STAFF MEMBERSHIP

SECTION 1. Nature of Medical Staff Membership

Membership on the Medical Staff of The DMC is a privilege which shall be extended only to professionally competent physicians, dentists and podiatrists who continuously meet the qualifications, standards and requirements set forth in these Medical Staff Bylaws, Bylaws of The DMC, and who have been credentialed via established DMC policies and procedures which have been approved by the MEC and Governing Body.

SECTION 2. Qualifications for Membership

- A. Only a physician, dentist or podiatrist holding an unlimited license to practice in the State of Michigan, who can produce evidence of their background, experience, training, judgment, individual character and demonstrated competence, physical and mental capabilities, adherence to the ethics of the Member's profession and the ability to work with others with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated will be given a high quality of medical or dental care, shall be qualified to apply for Membership on the Medical Staff. No physician, dentist or podiatrist shall be entitled to Membership on the Medical Staff or to the exercise of particular Clinical Privileges merely by virtue of licensure to practice in this or in any other state, or of Board Certification, or of membership in any professional organization, or of privileges at another hospital or health system, or prior membership or privileges at a DMC hospital.
- B. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), American Podiatric Medical Association (APMA), or American Dental Association (ADA) approved residency is required, except for general dentists. Further details on Qualifications can be found in the DMC Medical Staff policies.
- D. Exceptions to the above may be made only by the Governing Body.
- E. Qualifications for allied health professionals' privileges shall be established by the Governing Body.

SECTION 3. Nondiscrimination

No aspect of Medical Staff Membership or Clinical Privileges shall be denied on the basis of gender, race, religion, age, creed, color, national origin or any other basis prohibited by law.

SECTION 4. Conditions and Duration of Appointment

- A. All decisions regarding membership and privileges shall be made by the Governing Body in accordance with the procedures described in Medical Staff Policy. The Governing Body shall act only after there has been a recommendation from the Medical Executive Committee (MEC).
- B. Appointments to the Medical Staff shall be for no more than twenty-four (24) calendar months and may be shorter.
- C. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges and prerogatives as have been granted by the Governing Body.

SECTION 5. Medical Staff Dues

- A. All Members of the Active and Affiliate Staff shall pay annual membership dues. Honorary Staff Members are not required to pay dues.
- B. The amount and purpose of annual Medical Staff dues shall be approved by the MEC. Medical Staff Members shall be promptly notified in writing of any change in Medical Staff dues.
- C. Dues shall be due and payable upon request. Failure to pay dues, as further described in Medical Staff Policy, shall be construed as a voluntary resignation from the Medical Staff.
- D. The Medical Executive Committee shall establish the amount of annual dues, if any, for each category of the Medical Staff. Medical Staff dues shall be separately accounted for and shall be used for purposes of the Medical Staff, which may include payment of a stipend to the Chief of

Staff and the retention of and representation by, independent legal counsel at the Medical Staff's sole expense.

SECTION 6. Ethical Requirements

A person who accepts membership on the Medical Staff agrees to act in an ethical, professional, and courteous manner in accordance with the mission and philosophy of The DMC.

SECTION 7. Responsibilities of Membership

- A. Each Medical Staff Member shall provide for the continuous care of patients within the acceptable standard of care, shall be responsible for the actions of other physicians, dentists, podiatrists, allied health professionals or DMC employees under the Member's supervision, and shall discharge in a responsible and cooperative manner the responsibilities and assignments associated with Medical Staff Membership.
- B. Each Medical Staff Member must abide by the Medical Staff and DMC Corporate Bylaws, Rules and Regulations and other policies and procedures of The DMC.
- C. Each Medical Staff Member shall, upon request, provide documented evidence of current and continuous professional license, Federal and State controlled substance licenses, if appropriate, and professional liability insurance in accord with these Bylaws and Medical Staff Policy. Failure of the Member to provide such documented evidence shall be construed as a voluntary resignation from the Medical Staff.
- D. Each Medical Staff Member shall provide results of evaluation for tuberculosis on an annual basis, in accord with DMC Policy. Failure of the Member to provide such results shall be construed as a voluntary resignation from the Medical Staff.
- E. Each Medical Staff Member shall submit a Complete Application for reappointment to the Medical Staff in accord with Medical Staff Policy. Failure of the Member to submit a Complete Application for reappointment in a timely manner shall be construed as a voluntary resignation from the Medical Staff.
- F. Each Medical Staff Member shall notify the Credentials Committee in writing within fifteen (15) days of receipt of written or oral notice of any investigation or adverse action affecting Medical Staff membership or privileges at any hospital or health care entity, requesting a Leave of Absence or involuntarily being placed on Leave of Absence at any hospital or health care entity, the commencement of an investigation or pending action regarding the Member's license to practice in the State of Michigan or in any other state, the loss of professional liability insurance, the filing of criminal charges, or of any change in physical or mental health status, or any change in address, as is required in Medical Staff Policy.
- G. History and Physical, Updated Examination and Note
H&P: The medical history and physical examination (H&P) shall be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but in all cases prior to surgery or a procedure requiring anesthesia services. The medical H&P examination must be completed and documented by a physician, an oromaxillofacial surgeon, or other qualified licensed individual, in accordance with State law and hospital policy and privileged by the hospital's medical staff to perform the H&P. **Update Note:** An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration, but in all cases prior to surgery or procedure requiring anesthesia services, when the medical H&P examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition must be completed and documented by a physician an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy,

and privileged by the hospital's medical staff to perform the H&P. Associated details of H&P's can be found in the DMC Rules and Regulations.

SECTION 8. Medical Staff Member Rights

A. Each Member of the Medical Staff has the right to an audience with the Medical Executive Committee (MEC) in the event the Member is unable to resolve an issue by working with the Member's respective Specialist-in-Chief. The Member may, upon presentation of a written notice, meet with the MEC to discuss the issue.

B. Any Member of the Active Medical Staff has the right to initiate a recall election of a Medical Staff officer.

1. Removal of President or Secretary/Treasurer

The MEC may remove the President of the Medical Staff from office for failure to conduct those responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff by petition of fifteen percent (15%) of the MEC's voting members, and a subsequent two-thirds (2/3) vote by written ballot of the voting members of the MEC. Such removal shall be subject to the approval of the Governing Body.

Any vacancy created through such removal shall be filled in accord with Article VI, Section 5 of these Medical Staff Bylaws.

2. Removal of Chief of Staff and Vice Chief of Staff or any other members of the MEC.

Any Member of the Active Medical Staff may petition to remove the Chief of Staff or Vice Chief of Staff of the Member's Primary Hospital or any other members of the MEC for failure to conduct those responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff. The Medical Staff of that Hospital may remove the Chief of Staff or Vice Chief of Staff or any other members of the MEC by petition of fifteen percent (15%) of the Active Staff Members of that Hospital, and a subsequent two-thirds (2/3) vote by mail ballot of the Active Staff Members of that Hospital. Such removal shall be subject to the approval of the MEC and the Governing Body.

Any vacancy created through such removal shall be filled in accord with Article VI, Section 5 of these Medical Staff Bylaws.

C. Any Member of the Medical Staff may raise a challenge to any rule or policy established by the MEC. In the event a rule, regulation or policy is felt to be inappropriate, any Member may submit a petition signed by five percent (5%) of the Members of the Active Staff of the Members Primary Hospital. When such petition has been received by the MEC, it will provide the petitioners with information clarifying the intent of such rule, regulation or policy and, if the petitioners remain dissatisfied, will schedule a meeting with the petitioners to discuss the issue. Members may also petition the Governing Body directly, in accordance with the DMC Medical Staff policies.

D. Any Member of the Medical Staff may call a general staff meeting upon presentation of a petition signed by twenty-five percent (25%) of the Members of the Active Staff of a Hospital. The MEC will schedule a general staff meeting for the specific purpose addressed by the petitioners. No business other than that specified in the petition may be transacted.

E. Any Department may request a Departmental meeting when a majority of the members or specialists believe that the Department or Section has not acted in an appropriate manner.

F. This Section 8 is common to Article III, Sections 1 through 5. This "Medical Staff Member Rights," Article III, Section 8, does not pertain to issues involving disciplinary, membership or

privileging actions. The Fair Hearing process provides recourse in matters relating to disciplinary, membership or privileging actions.

- G. Any Applicant or Member of the Medical Staff has a right to a Hearing and appeal pursuant to the Medical Staff Fair Hearing process in the event any of the following actions are taken or recommended by the MEC or Governing Body:
1. denial of initial Medical Staff appointment;
 2. denial of reappointment;
 3. revocation of Medical Staff appointment;
 4. denial or restriction of requested clinical privileges;
 5. limitation in clinical privileges;
 6. revocation of clinical privileges;
 7. any recommendation which is not a Favorable Recommendation as defined in Article II, Section 15; or
 8. suspension of Medical Staff membership and/or clinical privileges if such suspension is for more than fourteen (14) days.

SECTION 9. Temporary, Focused Professional Practice Evaluation and Disaster Privileges

A. Temporary Privileges

Temporary privileges may be granted to an Applicant in accord with the procedures described in Medical Staff Policy. Temporary privileges may be granted for a period not to exceed 120 days. Temporary privileges may be revoked at any time without prior notice, in accord with Medical Staff Policy, and such revocation shall not entitle the Applicant to a Hearing or other due process described in Article XII. Associated details can be found in DMC Medical Staff Policy 1 MS 004, Temporary Privileges.

B. Focused Professional Practice Evaluation

Each Applicant approved will undergo a focused professional practice evaluation as per the Professional Practice Evaluation Policy 1 MS 022. Associated details can be found in the policy.

C. Disaster Privileges

Disaster privileges may be granted per Medical Staff Policy in the event of a disaster, mass casualty incident and/or a catastrophic event requiring the activation of the DMC/Site Emergency Operations Center, and where it has been recognized that emergency or disaster conditions and resultant injuries may exceed the clinical resources available in the DMC.

The Chief Executive Officer, President of the Medical Staff, Chief of Staff or his/her designee(s) may grant emergency privileges to volunteer licensed independent practitioners upon the presentation of appropriate documentation.

Associated details can be found in DMC Medical Staff Policy 1 MS 026, Disaster Credentialing.

SECTION 10. Leave of Absence

- A. Any Member of the Medical Staff in Good Standing may request, in writing, to the Credentials Committee, or the Credentials Committee may recommend that such Member be granted, a leave of absence for good cause. "Good cause" shall include, but not be limited to, medical illness, family emergency, military duty, sabbatical, or educational leave. A request for leave of absence must indicate the details for the reasons and the anticipated inclusive dates of the leave of absence.

- B. A leave of absence may be granted for a period of time not to exceed one (1) year. A Member may request one extension of a leave of absence for an additional period of up to one (1) year, if circumstances warrant.
- C. Leaves of absence and any reinstatement from a leave of absence shall be subject to the approval of the Governing Body, upon recommendation from the MEC. In the event a recommendation is made not to reinstate the Member, such recommendation shall be treated as a recommendation for non-reappointment, and the Member shall be entitled to the rights described under Article XII.
- D. At least forty-five (45) days prior to the expiration of the leave of absence, the Member shall request reinstatement of the Member's privileges and prerogatives by submitting a written notice to the Credentials Committee which shall include information demonstrating that the reasons for the leave of absence no longer exist. The Member must also demonstrate all of the qualifications for membership as set forth in Article III, Section 2 are currently met.
- E. Failure of the Member to request reinstatement or to submit information as requested shall be deemed a voluntary resignation of the membership and clinical privileges of the Medical Staff Member, and the member shall not be entitled to the Fair Hearing rights described under Article XII.
- F. Any Medical Staff Member whose membership is terminated pursuant to this Article III, Section 10 shall not be eligible to reapply to the Medical Staff for a period of one (1) year from the date membership is terminated. Any such reapplication shall be processed as an initial application and subject to then current requirements.
- G. During the leave of absence the Member shall have no privileges or responsibilities at The DMC.

ARTICLE IV. CREDENTIALS & PRIVILEGES, APPOINTMENT AND REAPPOINTMENT

The Medical Staff shall make an objective and evidence-based decision with regards to each request for clinical privileges.

An applicant for medical staff or allied health staff appointment and reappointment must submit a completed application to Corporate Medical Affairs.

All information and documentation provided in the application will be verified from primary sources.

Upon completion of the verification process, the completed application and all necessary documentation shall be forwarded to the Clinical Department for evaluation and recommendation. The recommendations of the Clinical Department are forwarded to the Credentials Committee, Medical Executive Committee and Governing Body.

All appointments are for a period not to exceed two (2) years.

Associated details can be found in DMC Medical Staff Policies 1 MS 001, Application Requests; 1 MS 002, Initial Application; and, 1 MS 005, Reappointment.

ARTICLE V. CATEGORIES OF THE MEDICAL STAFF

SECTION 1. The Active Category

- A. Qualifications: Appointees to the Active Category must:

1. meet the minimum qualifications set forth in Article III, Section 2; and
 2. meet activity criteria which shall be developed by Departments and approved by the MEC.
- B. Prerogatives: Appointees to this Category may:
1. exercise clinical privileges as delineated;
 2. vote on all matters presented at general, Departmental and special meetings of the Medical Staff;
 3. hold Medical Staff or Department office; and
 4. serve as a chair and/or voting member of Medical Staff Committees to which the member has been appointed.
- C. Responsibilities: Appointees to this Category must:
1. fulfill the conditions and responsibilities of Medical Staff membership as described in Article III, Sections 5, 6, and 7;
 2. actively participate in recognized functions of Medical Staff and Departmental appointment, including quality and patient safety improvement and other monitoring activities and in discharging other Medical Staff functions as may be required;
 3. participate in the emergency department on-call and other specialty coverage programs, as defined by Departmental criteria, unless exempted by the MEC; and
 4. designate, for purposes of voting, a primary DMC facility. If not designated, the MEC reserves the right to designate a primary facility. A Member may request to change the primary facility designation, subject to approval by MEC.

SECTION 2. The Affiliate Category

The Affiliate Category is reserved for practitioners who do not meet the eligibility requirements for the Active Category.

- A. Qualifications: Appointees to this Category must:
1. meet the minimum qualifications set forth in Article III, Section 2.
- B. Prerogatives: Appointees to this Category may:
1. exercise clinical privileges as delineated;
 2. attend meetings of the Medical Staff and the Member's Department, in a non-voting capacity; and
 3. serve as a voting member of committees to which the member has been appointed.
- C. Responsibilities: Appointees to this Category must:
1. fulfill the conditions and responsibilities of Medical Staff membership as described in Article III, Sections 5, 6, and 7;

2. participate in the emergency department on-call and other specialty coverage programs, as defined by Departmental criteria, unless exempted by the MEC;
3. participate, if assigned, as a member of Medical Staff committee(s);
4. provide service to or refer patients to The DMC; and
5. designate, for purposes of committee assignment, a primary DMC facility. If not designated, the MEC reserves the right to designate a primary DMC facility. A Member may request to change the primary facility designation, subject to approval by MEC.

SECTION 3. The Membership Only Category

The Membership Only Category is reserved for practitioners who do not meet the eligibility requirements for the Active or Affiliate Categories.

A. Qualifications: Appointees to this Category must:

1. meet the minimum qualifications set forth in Article III, Section 2.

B. Prerogatives: Appointees to this Category may:

1. refer patients to any DMC physician, hospital or service.
2. upon request, obtain CIS access to electronically track referred patients.
3. attend WSU/DMC Continuing Medical Education programs.
4. if at any time wishes to request clinical privileges and meets the DMC and department qualifications, may do so by submitting a written request to the SIC/Department Chief. Once the SIC/Designee has given approval, practitioner will then be required to complete a new reappointment packet.

C. Responsibilities: Appointees to this Category must:

1. fulfill the conditions and responsibilities of Medical Staff membership as described in Article III, Sections 5, 6, and 7;
2. Maintain an unlimited licensure to practice in the State of Michigan, and not been sanctioned by any state or federal agency (i.e. OIG).
3. Complete an initial (abbreviated) DMC application for membership only status and pay a reduced application processing fee
4. Pay reduced annual medical staff dues
5. At the request of the clinical department Specialist-in-Chief (SIC) and/or Department (Section) Chief, appear for an interview and/or provide any requested documentation related to their professional practice and/or referred patients
6. Undergo biennial abbreviated reappointment to update information
7. designate, for purposes of committee assignment, a primary DMC facility. If not designated, the MEC reserves the right to designate a primary DMC facility. A Member may request to change the primary facility designation, subject to approval by MEC.

Limitations:

1. Hold no clinical privileges; can not admit, attend or consult any patient at DMC hospitals or ambulatory centers.
2. Can not vote or hold office.

Practitioner with Membership Only status (no clinical privileges) will NOT be required to:

1. Maintain the same requirements as Medical Staff with clinical privileges, i.e. annual TB screen, board certification.
2. Undergo Focused and Ongoing Professional Performance Evaluation (FPPE/OPPE)

SECTION 4. The Honorary Category

Appointments to the Honorary Category shall be made by the Governing Body for such term as the Governing Body shall decide.

A. Qualifications:

The Honorary Staff shall consist of practitioners recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous distinguished service to The DMC.

B. Prerogatives: Appointees to this Category:

1. may attend Medical Staff and Departmental meetings;
2. are not eligible to admit or otherwise care for patients or to exercise clinical privileges in The DMC; and
3. are not eligible to vote or hold office.

C. Responsibilities

Honorary Staff Members are to abide by the ethical conduct of their profession and to continue to support The DMC.

ARTICLE VI. OFFICERS

SECTION 1. Officers of the Medical Staff

The Officers of the Medical Staff shall be:

- A. President
- B. The Chief of Staff from each Hospital's Medical Staff Operations Committee
- C. The Vice Chief of Staff from each Hospital's Medical Staff Operations Committee
- D. Secretary-Treasurer

SECTION 2. Qualifications of Officers

- A. Officers must be Members of the Active Category at the time of nomination and election and must remain Members in Good Standing during their terms of office.
- B. Officers may not simultaneously hold leadership positions with any other hospital or health system or its medical staff.
- C. Candidates for Officer positions must have demonstrated leadership abilities evidenced through their active participation in medical staff activities.

SECTION 3. Elections of Officers

A. Chief of Staff and Vice Chief of Staff

1. The Chief of Staff and Vice Chief of Staff, unless otherwise stated, shall be elected by written mail ballot. Active Members of each respective Hospital shall be eligible to vote. Rehabilitation Institute of Michigan shall appoint a Chief of Staff and shall elect a Vice Chief of Staff according to this Article VI.

2. A nominating committee for each Hospital shall consist of four (4) Members of the Active Staff of that Hospital appointed by that Hospital's Medical Staff Operations Committee (MSOC) plus the most recent Past Chief of Staff, who shall serve as chair for the purposes of calling meetings and reporting nominations to the MSOC. This committee shall convene and shall offer one or more nominees for the offices of Chief of Staff and/or Vice Chief of Staff, as applicable to the Hospital.

The nominating committee shall submit its report to the MSOC by no later than the March meeting in an election year.

3. The voting Members of the Hospital Medical Staff shall be notified of the report of the nominating committee immediately following the meeting of the MSOC.
4. Nominations may also be made by petition signed by at least ten percent (10%) of the voting Members of that Hospital. Such petition must be submitted to the Hospital's MSOC no later than thirty (30) days following the report of the nominating committee.
5. The election shall take place by mail ballot in the second quarter of each election year. In order to be eligible to be counted, ballots must be postmarked by no later than the date specified on the ballot, which shall be twenty-one (21) days after the mailing of the ballot.
6. Elections shall be decided by a plurality of the ballots cast. In the event of a tie, there shall be a run-off election held, one (1) week hence, by mail ballot, as described in Section 3, A. 5. above. Results of each Hospital's election, upon certification by the Governing Body, shall be announced by a mailing to the entire Medical Staff.

B. President

1. The President of the Medical Staff shall be elected by written ballot by the elected voting members of the MEC.
2. A nominating committee shall consist of two past officers of each Hospital, determined by that Hospital's Medical Staff Operations Committee (MSOC), plus the senior DMC physician executive. This committee shall select its own chair and shall convene in the second calendar quarter of an election year. The eligible candidates for this position shall be the elected members of each hospital, resulting from each Hospital's election in an election year. This committee shall offer one or more names for the office and these names shall be communicated to the President of the Medical Staff and the President of The DMC.
3. The election shall take place at the first scheduled MEC meeting in the third calendar quarter of an election year and shall be decided by a plurality vote of the ballots cast. Any elected voting member unable to be present at the meeting may submit a sealed written ballot to the current Secretary-Treasurer of the Medical Staff prior to the meeting. In the event of a tie, there shall be a run-off election held, one (1) week hence, at a specially called meeting. Results of the election, upon the approval of the Governing Body, shall be announced by a mailing to the entire Medical Staff.

C. Secretary-Treasurer

1. The Secretary-Treasurer of the Medical Staff shall be elected by written ballot by the elected voting members of the MEC.
2. A nominating committee shall consist of two past officers of each hospital, determined by that Hospital's Medical Staff Operations Committee (MSOC), plus the senior DMC physician executive. This committee shall select its own chair and shall convene in the

second calendar quarter of an election year. The eligible candidates for the position shall be the elected members of each Hospital, resulting from each Hospital's election in an election year. This committee shall offer one or more names for the office and these names shall be communicated to the President of the Medical Staff and the President of The DMC.

3. The election shall take place at the first scheduled MEC meeting in the third calendar quarter of an election year and shall be decided by a plurality vote of the ballots cast. Any elected voting member unable to be present at the meeting may submit a sealed written ballot to the current Secretary-Treasurer of the Medical Staff prior to the meeting. In the event of a tie, there shall be a run-off election held, one (1) week hence, at a specially called meeting. Results of the election, upon the approval of the Governing Body, shall be announced by a mailing to the entire Medical Staff.

SECTION 4. Term of Office

- A. Officers shall serve a term of two years. Officers shall take office on the first day of July following the election. In the event an election is not decided by the first day of July the heretofore incumbent Officer shall continue to serve until the election is decided.
- B. There shall be no term limits for the Officers of the Medical Staff. However, the Members of a Hospital or Region may agree to define term limits for their Hospital or Region.

SECTION 5. Vacancies in Office

- A. Vacancies in the office of the President or Secretary-Treasurer during the Medical Staff year shall be filled according to the procedures described in this Article VI, Section 3, and the elected individual will complete the unexpired term.
- B. Vacancies in the office of an elected Chief of Staff during the Medical Staff year shall be filled by the Vice Chief of Staff who shall serve the current unexpired term.
- C. Vacancies in the office of the Vice Chief of Staff during the Medical Staff year shall be filled according to the procedures described in this Article VI, Section 3, and the elected individual will complete the unexpired term.
- D. In the event a Specialist-in-Chief is elected to a position of Chief of Staff or Vice Chief of Staff or Member-at-Large, they shall serve on the MEC in the elected position. Any vacancy shall be filled according to the DMC/WSU Affiliation Agreement.

SECTION 6. Duties of Officers

- A. President - The President of the Medical Staff shall serve as co-chair of the MEC and will fulfill those duties specified in these Medical Staff Bylaws, the Rules, Regulations and Policies of the Medical Staff. The President of the Medical Staff shall serve as an ex-officio voting member of the Governing Body.
- B. Chief of Staff - The Chief of Staff shall serve as the chair of the Medical Staff Operations Committee for the Member's respective Hospital and shall fulfill those duties specified in these Medical Staff Bylaws, Rules and Regulations and Policies of the Medical Staff.
- C. Vice Chief of Staff - In the absence of the Chief of Staff, the Vice Chief of Staff shall assume all the duties and have the authority of the Chief of Staff. The Vice Chief of Staff shall perform such other duties to assist the Chief of Staff as the Chief of Staff may from time to time request.

- D. Secretary-Treasurer - The Secretary-Treasurer of the Medical Staff shall be responsible for reporting, at the request of the MEC, on the collection, distribution and expenditure of Medical Staff dues. The Secretary-Treasurer shall call and oversee the process of all Medical Staff Officer elections.

SECTION 7. Removal from Office

Removal of a Medical Staff officer shall be for failure to conduct those responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff, or failure to maintain staff appointment for any reason and shall be in accord with Article III, Section 8. B. of these Medical Staff Bylaws.

ARTICLE VII. HOSPITALS, REGIONS AND DEPARTMENTS

SECTION 1. Hospitals and Regions

- A. The Medical Staff will be organized only into the Hospitals defined herein.
- B. Each Hospital will establish a Medical Staff Operations Committee (MSOC), as further described in Article VIII, Section 4, which shall report to and be accountable to the MEC and the members of the Medical Staff of the Hospital.
- C. The Hospitals of any Region of The DMC, upon simple majority vote of the members of the MSOC of each Hospital therein, may organize, for medico-administrative purposes, as one MSOC for the Region. In such case, the references to "Hospital" herein shall be construed to mean the "Region of The DMC."
- D. The Hospitals of the DMC, upon simple majority vote of the Active and Affiliate members with privileges at that Hospital, may elect to opt out of the organized Medical Staff of the Detroit Medical Center (DMC).

SECTION 2. Departments

- A. The Medical Staff of the DMC shall be organized into the following clinical Departments with System-wide responsibilities:

Anesthesiology
Dermatology
Emergency Medicine
Family Medicine
Medicine
Neurology
Neurosurgery
Obstetrics/Gynecology
Ophthalmology
Orthopaedics
Otolaryngology
Pathology
Pediatrics
Physical Medicine & Rehabilitation
Psychiatry
Radiation Oncology
Radiology
Surgery
Urology

Each Medical Staff Member will be appointed to only one (1) Department but may hold clinical privileges in more than one (1) Department.

- B. Each Department shall have a Specialist-in-Chief who may, upon the request of specialists of that Department or under the Member's own prerogative, organize Sections of the Department. The Specialist-in-Chief shall have overall responsibility for the supervision and satisfactory discharge of assigned functions of the Department and any Sections thereof, and may delegate authority to a Chief of Service in each Hospital or Region. In any case, there shall be a Chief of Service appointed or elected, as defined by the MSOC(s), for each clinical Department and each Section of a Department in each Hospital or Region.
- C. Each Specialist-in-Chief shall be a Member of the Active Staff and shall be either Board Certified, or shall have affirmatively established comparable competence through the credentialing process.
- D. Each Department shall establish a Departmental Advisory Committee which shall meet as needed but at least quarterly and shall keep minutes of its meetings. When Departments are making formal recommendations to the MSOC or to the MEC a written report will be submitted by the Specialist-in-Chief documenting the department-specific position. Any representative of a Department may submit a written report to the MSOC or to the MEC.
- E. The Specialist-in-Chief of each Department, either through the Departmental Advisory Committee, the Chief of Service, or by assignment to other Medical Staff or interdisciplinary DMC committees, shall have overall responsibility for:
 - 1. establishing, together with Medical Staff and Administration, the type and scope of services and physician staffing required to meet the needs of the patients, hospital Regions and The DMC;
 - 2. overseeing clinically related activities of the Department; including maintenance of quality control and improvement and patient safety programs, as appropriate;
 - 3. provides oversight for care, treatment and services for all practitioners with privileges;
 - 4. overseeing administratively related activities of the Department, unless otherwise provided for by the DMC, including but not limited to: integration of the Department/service into the primary functions of the organization, coordination and integration of interdepartmental and intradepartmental services, development and implementation of policies and procedures that guide and support the provision of care, treatment and services, recommendations for a sufficient number of qualified and competent persons to provide care, treatment and service; determining the qualifications and competence of personnel who are not licensed independent practitioners and who provide patient care, treatment and services in the Department/service; assure orientation and continuing education of all persons in the Department/service; make recommendations regarding space and other resources needed by the Department;
 - 5. recommending to the Medical Staff criteria for membership and clinical privileges that are relevant to the care provided in the department;
 - 6. recommending suspensions, terminations or reduction in privileges;
 - 7. continuous assessment and improvement of the quality of care, treatment and services;
 - 8. continuing surveillance of the professional performance of all individuals with clinical privileges in the Department;

9. assessing and improving the quality of care and services provided in the Department, including assessing and recommending off-site sources for needed patient care services not provided by the Department or The DMC;
10. calling and presiding at all meetings, and establishing the agenda of all meetings of the Department, and to vote at such meeting in the event of a tie;
11. discussing with the Department concerns regarding patient care and all other matters affecting the Department; representing the views and policies of the Department to the Administration and the Medical Staff leadership; acting as spokesperson for the Department;
12. ensuring the optimal functioning of the Department throughout all Hospitals and Regions;
13. provide for the ongoing professional practice evaluation, and when appropriate focused practice evaluation of the clinical performance of all practitioners exercising clinical privileges within the department, and make recommendations concerns clinical privileges for each member of the department as appropriate;
14. provide for the continuing review and investigation of the qualifications and conduct of all practitioners seeking or holding privileges in the department and make recommendations in a timely manner concerning all applications for Medical Staff Membership or clinical privileges within the department. Recommendations shall be based on criteria which include, but are not limited to, current licensure, relevant training and experience, ability to work in a cooperative and collegial manner with other health care providers, demonstrate current competence, the ability to perform the privileges requested and quality of care criteria;
15. supply references and recommendations required by other institutions or organizations for credentialing purposes;
16. make recommendations to the Credentials Committee, Medical Executive Committee and the Hospital administration concerning any proposed new procedures and services, including the training, education and experience required for practitioners to exercise clinical privileges for new procedures and services;
17. performing such other duties as are set forth in these Bylaws, or as may be delegated by the MEC and/or the Governing Body.

As a part of the regular review process for Specialists-in-Chief conducted by The Detroit Medical Center/Wayne State University, the Chiefs of Staff, Vice Chiefs of Staff, and all Members of the Department of the Specialist-in-Chief will participate in the evaluation of the performance of the Specialist-in-Chief being reviewed. This process does not preclude an off-cycle review, if deemed necessary.

ARTICLE VIII. COMMITTEES

SECTION 1. Designation and Substitution

There shall be a Medical Executive Committee (MEC), a Credentials Committee, a Bylaws Committee, a Joint Conference Committee between the Medical Staff and the Governing Body, Medical Staff Operations Committees, and such other standing and special committees of the Medical Staff responsible to the MEC as may from time to time be necessary and desirable to perform the Medical Staff functions listed in these Bylaws. The composition, functions, meeting frequency and reporting responsibilities of Medical Staff, Hospital and Departmental Standing Committees, not described in these Medical Staff

Bylaws, shall be defined in the Medical Staff Committee Document appended to these Bylaws. Those functions requiring participation of, rather than direct oversight by, the Medical Staff may be discharged by the Medical Staff representatives on such DMC committees as are established to perform such functions.

Whenever these Bylaws require that a function be performed by, or that a report or recommendation be submitted to the MEC or a department, but a standing or special committee has been formed to perform the function, the committee so formed shall act in accordance with the authority delegated to it.

Any Committee member, including members of the Medical Executive Committee, may be removed by the individual or entity which elected or appointed the Committee member.

SECTION 2. Medical Executive Committee (MEC)

A. Composition: The Medical Executive Committee (MEC) shall consist of equal representation of appointed and elected voting members.

1. Elected members shall include:

- a. President of the Medical Staff, who shall serve as chair;
- b. Elected Chief of Staff of each Hospital of the Medical Staff;
- c. Elected Vice Chief of Staff of each hospital of the Medical Staff;
- d. Members-at-Large, with equal representation from each Region, at the inception of these Bylaws; from each hospital;
- e. Secretary-Treasurer of the Medical Staff.

2. Appointed members shall include:

- a. Specialists-in-Chief of the DMC;
- b. Pediatric Surgeon in Chief
- c. Chief of Staff, Rehabilitation Institute of Michigan

3. Ex-officio, non-voting members, shall include:

- a. President of The DMC;
- b. Chief Medical Officers
- c. Vice President for Academic Affairs;
- d. Chair of the Credentials Committee;
- e. Vice President for Patient Care Services;
- f. Hospital Presidents
- g. WSU/SOM Dean
- h. Chief QA Officer
- i. Others (At discretion of President/Medical Staff)

The number of appointed members shall equal the number of elected members. The President of the Medical Staff shall adjust appointments to maintain equality with the approval of the Medical Executive Committee (MEC). If a Hospital closes, the two elected positions of Chief of Staff and Vice Chief of Staff will be transferred to two additional Members-at-Large, allocated to the Region of the closed hospital.

Each member of the MEC shall serve only as long as that member holds one of the positions listed above. Any member of the MEC who is unable to attend a meeting may not send anyone to attend the meeting in the Member's place.

B. Eligibility

1. All members of the Medical Staff, of any discipline or specialty, are eligible for membership in accordance with these Bylaws.
2. The majority of voting members are fully licensed physicians actively practicing in the Hospital.
3. The Medical Executive Committee may include other practitioners and any other individuals as determined by the organized Medical Staff.

C. Members-at-Large

1. The Members-at-Large shall be elected by Region by written mail ballot by the Active Members of each Region.
2. The Medical Staff Operations Committee (MSOC) of the Hospital will act as a nominating committee. In the event there is more than one MSOC in a Region, the Chiefs of Staff of the Hospitals of the Region will appoint a Regional nominating committee. Any Active Member in Good Standing of the Medical Staff of a Region shall be eligible for nomination. Candidates for Regional Members-at-Large will be recommended to the MSOC(s) in the Region by no later than their March meeting(s) in an election year.
3. The voting Members of the Regional Medical Staff shall be notified of the nominees immediately following the meeting(s) of the MSOC(s).
4. Nominations may also be made by petition signed by at least ten percent (10%) of the voting Members of that Region. Such petition shall be submitted to the MSOC(s) no later than thirty (30) days following the report of the nominating committee.
5. The election shall take place by mail ballot in the second quarter of each election year. In order to be eligible to be counted, ballots must be postmarked by no later than the date specified on the ballot, which shall be twenty-one (21) days after the mailing of the ballot.
6. Elections decided by a plurality of the ballots cast. In the event of a tie, there shall be a run-off election held, one (1) week hence, by mail ballot, as described in Section 3, A. 5. above. Results of the elections, upon certification by the Governing Body, shall be announced by a mailing to the entire Medical Staff.
7. Members-at-Large shall serve a term of two years, shall take office on the first day of July following the election, and shall be able to be re-elected to subsequent terms. Removal of a Member-at-Large from the Member's elected position shall be only as described in Article VI, Section 7.
8. Vacancies in the position of Member-at-Large during the Medical Staff year shall be filled according to the procedures described in this Article VIII, Section 2, B, and the elected individual will complete the unexpired term.

D. Duties: The duties of the MEC shall be to:

1. make recommendations to the Governing Body regarding the organized Medical Staff structure, the mechanism for fair-hearing procedures, and participation of the Medical Staff in performance improvement activities.
2. act on behalf of the organized Medical Staff between meetings; have a mechanism to recommend Medical Staff membership termination, and that it requests evaluations of practitioners privileges through the Medical Staff process in instances where there is doubt about an applicant's ability to perform the privileges requested.

3. receive or act upon reports and recommendations of Medical Staff committees, departments, and other assigned activity groups concerning patient care quality and safety and appropriateness reviews, evaluation and monitoring functions and the discharge of its delegated administrative responsibilities and recommend to the Governing Body specific programs and systems to implement these functions;
4. implement the policies pertaining to the Medical Staff which have been adopted by the Governing Body;
5. submit recommendations to the Governing Body concerning the process used to review credentials and delineation of privileges and all matters relating to membership, appointments, reappointments, staff category, clinical privileges and corrective action;
6. be accountable to the Governing Body and to the Medical Staff for the overall quality, safety and efficiency of patient care in The DMC;
7. take reasonable steps to encourage professionally ethical conduct and competent clinical performance on the part of Medical Staff Members including initiating investigations when appropriate and initiating and pursuing corrective action, when warranted;
8. make recommendations on medico-administrative and DMC management matters;
9. ensure Medical Staff compliance with accreditation standards, and keep the Medical Staff up-to-date concerning the licensure and accreditation status of each individual facility;
10. consistent with the mission and philosophy of The DMC, participate in identifying community health needs and in setting DMC goals and implementing programs to meet those needs and goals;
11. represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws; and
12. adopt Medical Staff Rules, Regulations, Policies and Procedures.

E. Meetings:

1. Any issue requiring a vote by the members of the MEC, in order to pass, shall be decided by simple majority and shall require at least one (1) consenting vote from a voting member from each of the Regions of The DMC. A voting member of a Region, if unable to be present at a meeting, may give a voting proxy in writing to another voting member of the MEC. Failure to give a voting proxy shall be construed a waiver of the right to vote.
2. Items requiring a vote may not be added to the agenda during the conduct of a meeting without representation from and agreement by at least one (1) voting member from each of the Regions of The DMC.
3. The MEC shall meet at least ten (10) times per year and maintain a permanent record of its proceedings and actions.
4. It is permissible for the MEC to conduct meetings via various electronic means in between its regularly scheduled meetings.

SECTION 3. Credentials Committee

A. Composition:

There shall be a multidisciplinary Credentials Committee elected by the MEC. This committee shall consist of nine (9) individuals as follows: Three (3) members from the Hospital(s) of the Northwest Region; three (3) members from the Hospital(s) of the Oakland Region and three (3) members from the Hospital(s) of the Central Region. The Chief of Staff of each Hospital, after deliberation with the MSOC, shall offer at least three (3) nominations for membership. Candidates for membership on the Credentials Committee shall have demonstrated credentialing experience. The MEC shall, by plurality vote of the ballots cast at its meeting in June, elect the Credentials Committee members. The President of the Medical Staff shall appoint the Committee's Chair from among the elected members. The members' term shall become effective on July 1 following the election. With the committee's increase in members the MEC shall elect one (1) member for a term of one (1) year, one (1) member for a term of two (2) years, and one (1) member for a term of three (3) years, with members being replaced as terms expire. Terms will be for three (3) years each, with three representative members elected each year. The Chair will be re-appointed at each election. Individuals may be re-elected to a subsequent term(s) on the Credentials Committee.

Any member of the Credentials Committee who is unable to attend a meeting may not send anyone to attend the meeting in their place.

B. Duties:

The Credentials Committee shall receive and consider recommendations from the Departmental Advisory Committees, the Specialists-in-Chief or their designees, and such other individuals or committees as may be requested to provide input. The duties of the Credentials Committee shall include, but not be limited to, the following:

1. review all applications and investigate all Applicants for Membership and Privileges, including allied health professionals privileges, and make recommendations to the MEC regarding such Applicants;
2. review and investigate all requests for additional Clinical Privileges and make recommendations to the MEC regarding such requests;
3. review the qualifications, competence, clinical performance and membership performance of all Provisional Members and make recommendations to the MEC concerning advancement to full status;
4. review the qualifications, competence, clinical performance and membership performance of all Applicants for Reappointment and make recommendation to the MEC regarding Reappointment, including renewal of Privileges for allied health professionals;
5. review criteria for Departmental delineation of privileges and any interdepartmental procedures, and make recommendations to the MEC;
6. receive and review all requests for Leave of Absence and reinstatement from leave of absence and make appropriate recommendations to the MEC in this regard; and
7. such other duties as are set forth in the Medical Staff Bylaws or as may be delegated by the MEC.

C. Meetings:

The committee shall meet on a monthly basis, and shall maintain a permanent record of the activities of each meeting.

SECTION 4. Medical Staff Operations Committee (MSOC)

- A. Each Hospital shall establish a Medical Staff Operations Committee (MSOC). At the discretion of the MSOC(s) of the Hospital(s) the MSOC may organize itself as the medico-administrative body representing all Hospitals of a Region.
- B. Each MSOC shall have the composition as described in the Medical Staff Committee Document.
- C. The MSOC will be responsible for organizing its Hospital or Region, as applicable, for purposes of providing medical care and administrative services, including but not limited to:
 - 1. monitor and evaluate care provided in and develop clinical policy for: special care areas, such as intensive or coronary care units; and patient care support services, such as emergency, outpatient, home care and other ambulatory care services;
 - 2. conduct or coordinate quality improvement and patient safety activities affecting without limitation invasive procedures, blood usage, drug usage reviews, medical record and other reviews;
 - 3. conduct or coordinate utilization review activities;
 - 4. provide continuing education opportunities responsive to quality improvement and patient safety activities, new state-of-the-art developments and other perceived needs, and supervise The DMC's professional library services;
 - 5. develop and maintain surveillance over drug utilization policies and practices;
 - 6. investigate and control nosocomial infections and monitor The Hospital's infection control program;
 - 7. plan for The Hospital's growth and development, for the provision of professional and medical services required to meet the needs of the community, and for response to fire and other disasters;
 - 8. direct Medical Staff organizational activities, including Medical Staff officer and Committee nominations as described herein, liaison with the MEC and Hospital administration, and review and assist in achieving and maintaining DMC accreditation;
 - 9. coordinate the care provided by Members of the Medical Staff with the care provided by the patient care services and with the activities of other Hospital patient care and administrative services;
 - 10. support the activities of specific clinical care programs and units, as appropriate;
 - 11. promote and support undergraduate and post-graduate medical education, in cooperation with Wayne State University;
 - 12. promote and support medical research and cooperate with medical and scientific organizations when deemed appropriate;
 - 13. mediate individual hospital issues; and
 - 14. engage in other functions reasonably requested by the MEC and Governing Body.

D. Each MSOC will meet as needed but at least quarterly.

SECTION 5. Bylaws Committee

A. Composition

There shall be a Bylaws Committee which shall consist of one (1) member from each of the Hospitals of the DMC who shall be appointed, after deliberation with the MSOC, by the Chief-of-Staff of each Hospital. Appointment for two (2) year terms shall be made simultaneously with Medical Staff elections. The President of the Medical Staff shall appoint a Chair from among the Committee's membership. Ex-officio, non-voting members will include a representative from Administration and one member of the MEC appointed by the President of the Medical Staff. Membership on the Bylaws Committee shall not be limited to any specific number of terms; however, appointments shall be renewed on a biennial basis, as described in the Medical Staff Committee Document.

B. Duties

The Bylaws Committee shall make recommendations to the MEC regarding proposed changes to the Bylaws and Rules and Regulations, and Medical Staff Policies of the Medical Staff of The DMC and shall review the Bylaws no less often than biennially.

C. Meetings

The Bylaws Committee shall meet in the first quarter of each even-numbered year or more often on the call of the Committee Chair when necessary to accomplish its duties and responsibilities as set forth in these Bylaws.

SECTION 6. Removal of Committee Member

The President of the Medical Staff may remove any member of the Medical Executive Committee (MEC), Credentials Committee or the Bylaws Committee who ceases to be a Member in Good Standing of the Medical Staff, and may remove any member who fails to attend at least fifty percent (50%) of the committee's meetings. Any vacancy created through the removal of a member shall be filled for the unexpired term of the member who was removed in the same manner in which an original appointment to such committee was made.

ARTICLE IX. CONFLICT MANAGEMENT PROCESS

Conflict Management

In the event of a conflict between members of the Active Staff and the Medical Executive Committee regarding the adoption of any bylaw, rule, regulation or policy, or any amendment thereto, or with regard to any other matter, upon a petition signed by 5% of the members of the Active Staff entitled to vote, the matter shall be submitted to the following conflict resolution process.

1. A Conflict Resolution Committee shall be formed consisting of up to five (5) representatives of the Active Staff designated by the Active Staff members submitting the petition and an equal number of representatives of the Medical Executive Committee appointed by the President of the Medical Staff. The Hospital President/CEO or designee shall be an ex-officio non-voting member of any Conflict Resolution Committee.

2. The members of the Conflict Resolution Committee shall gather information regarding the conflict, meet to discuss the disputed matter, and work in good faith to resolve the differences between the parties in a manner consistent with protecting safety and quality.

3. Any recommendation which is approved by a majority of the Active Staff representatives and a majority of the Medical Executive Committee representatives shall be submitted to the Governing Body for consideration and subject to final approval by the Board. If agreement cannot be reached by a majority of the Active Staff representatives, the members of the Conflict Resolution Committee shall individually or collectively report to the Governing Body regarding the unresolved differences for consideration by the Board in making its final decisions regarding the matter in dispute.

4. In the event of a dispute between leaders or segments of the Medical Staff, the matter in dispute shall be submitted to the Conflict Resolution Committee composed of equal numbers of members representing opposing viewpoints who are appointed by the Medical Staff President or the Medical Executive Committee. The members of the Conflict Resolution Committee shall proceed in accordance with Sections 2 and 3 above.

5. In the event of a dispute between the Governing Body and the organized Medical Staff or the Medical Executive Committee, the matter in dispute shall be submitted to the Board of Trustees.

6. If deemed appropriate by the President of the Medical Staff and the Hospital President/CEO, an outside mediator or facilitator may be engaged to assist with the resolution of any disputed issue.

ARTICLE X. MEDICAL STAFF MEETINGS

SECTION 1. Annual Medical Staff Meetings

- A. An annual meeting of the Medical Staff shall be held during each year. Written notice of the meeting shall be sent to all Medical Staff Members and conspicuously posted. The agenda of the meeting may include reports on review and evaluation of the work done in the departments and Hospitals and the conduct of other Medical Staff business.
- B. The primary objective of the meetings shall be to report on the activities of the Medical Staff and to conduct other business as may be on the agenda. Written minutes of all meetings shall be recorded and approved.

SECTION 2. Special Meetings

- A. The President may call a special meeting of the Medical Staff at any time. The President shall call a special meeting within thirty (30) days after receipt of a written request signed by not less than one-fourth (1/4) of the Active Medical Staff, or upon a resolution by the MEC. Such request or resolution shall state the purpose of the meeting. The President shall designate the time and place of any special meeting.
- B. A special meeting of any committee or Department may be called by or at the request of the chair or chief thereof or by the President of the Medical Staff.
- C. Written or printed notice stating the time, place and purposes of any special meeting of the Medical Staff shall be conspicuously posted and shall be sent to each involved Member of the Medical Staff (e.g., for a meeting of a committee, to all committee members) at least fifteen (15) days before the date of such meeting. The attendance of a Medical Staff Member at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting, except that stated in the notice of such meeting.

SECTION 3. Regular Meetings

A committee or Department may determine the time for holding its regular meetings and shall provide adequate notice to members. Meeting schedules shall be distributed and posted.

SECTION 4. Quorum

A quorum for all meetings shall be the voting members present.

SECTION 5. Attendance Requirements

- A. Members of the Medical Staff are encouraged to attend meetings of the Medical Staff. Meeting attendance will not be used by the Joint Conference Committee in evaluating physicians, dentists and podiatrists at the time of reappointment.
- B. Members of the MEC, Credentials Committee and Bylaws Committee are expected to attend at least fifty percent (50%) of the meetings held.

SECTION 6. Participation by Chief Executive Officer

The President of The DMC and any representative assigned by the President of The DMC may attend any committee, Department or Hospital meeting of the Medical Staff.

SECTION 7. Robert's Rules of Order

The latest edition of ROBERT'S RULES OF ORDER, newly revised shall prevail at all meetings of the Medical Staff, MEC, Credentials Committee and MSOC unless waived.

SECTION 8. Action of Committee

The action of a majority of committee members present at a meeting at which a quorum is present shall be the action of the committee, unless otherwise specified in these Bylaws.

SECTION 9. Minutes and Reporting

Minutes of each regular and special meeting of the full Medical Staff, each Department, Hospital and each committee shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be submitted to the MEC. Each Department, Hospital and committee shall maintain a permanent file of the minutes of each meeting.

ARTICLE XI. PROFESSIONAL REVIEW ACTION

SECTION 1. Investigation

A. Behavior Leading to Initiation of Investigation

- 1. Routine Investigation: In any case where there is a reasonable belief that action should be taken to protect the quality of health care within The DMC, a request for an investigation may be initiated by any individual, including, but not limited to, a Member of the Medical Staff, a DMC employee or a patient. Such request for investigation may include, but is not limited to, identification of individual cases or trends of suspected deviation from standard clinical or professional practice, substance abuse, disruptive or abusive behavior, or breach of confidentiality of physician-patient confidentiality or of Medical Staff matters. A request for investigation shall be submitted in writing to the MEC as further described in Section 1. C. below.

2. Automatic Suspension: Automatic suspension shall be initiated whenever a Member's medical records are not completed in a timely manner, as further described in Article IX, Section 2 and in Rules and Regulations.
 3. Automatic Revocation (Voluntary Resignation), Suspension, Restriction, or Limitation: Automatic revocation, suspension, restriction, or limitation of membership and privileges shall occur whenever a Member fails to meet the conditions as described in This Article IX, Section 2.
 4. Summary Suspension: Summary suspension shall be initiated, as further described in Article IX, Section 3, whenever a Member's conduct requires that immediate action be taken to prevent immediate danger to life, or substantial likelihood of injury to patients, employees or other persons present in The DMC.
- B. Interviews Prior to Investigation and Professional Review Action: When considering initiating investigation or corrective action, the initiating individual, as defined in Section C below, may arrange for an interview with the involved Member. At the interview, circumstances prompting the consideration of investigation or corrective action are discussed and the Member is asked to present relevant information in the Member's behalf. A written record is maintained reflecting the substance of the interview, and copies are sent to the Member, the President of the Medical Staff, the Specialist-in-Chief of the Member's Department, the Chief of Staff of the Member's Hospital and the President of The DMC. If the Member fails or declines to participate in the interview, the appropriate investigation or corrective action will be initiated. The Member's interview is not a procedural right of the Member and need not be conducted according to the procedural rights provided in the Fair Hearing process.
- C. Initiation of Investigation: A routine investigation may be initiated by any Officer of the Medical Staff, by the Specialist-in-Chief of the Department in which the Member holds appointment or exercises clinical privileges, by the President of The DMC, by the MEC or by the Governing Body.
1. Requests and Notices: All requests for investigation must be in writing, submitted to or created by the MEC and supported by reference to specific activities or conduct which constitute grounds for the request. The President of the Medical Staff shall promptly notify the President of The DMC.
 2. Investigation: After deliberation, the MEC may either act on the request for investigation, or direct that an investigation be undertaken. The MEC may conduct such investigation itself or may assign The Member's task to a Medical Staff officer, Department, or ad hoc committee or other organizational component. The MEC shall notify the Medical Staff member of the investigation in writing. External third parties may be utilized in the investigation process. The investigation process is not a "Hearing" as that term is used in the Fair Hearing process. It may involve a consultation with the Member involved and with the individual or group making the request, and with other individuals who may have knowledge of the events involved. If the investigation is accomplished by a group or individual other than the MEC, a report shall be submitted to the MEC as soon as practicable after the assignment to investigate has been made. The MEC may, at any time within its discretion, and shall, at the request of the Governing Body, terminate the investigation process and proceed with action as provided below.
- D. Medical Executive Committee (MEC) Action: As soon as practicable after conclusion of the investigative process, if any, but in any event within twenty-one (21) days, unless deferred, the MEC shall act upon the result of such investigation. The MEC may determine that no further action is required or may recommend an Adverse Recommendation, or may recommend, without limitation,

1. the individual application of, or individual changes in, a Member's mandatory consultation requirement; or
 2. the termination, reduction or suspension of Medical Staff appointment and/or clinical privileges.
- E. Deferral: If additional time is needed to complete its deliberations, the MEC may defer action on the request. A subsequent recommendation for any one or more of the actions provided above must be made within forty-five (45) days of the deferral.
- F. Procedural Rights: Any Member of the Medical Staff who has received an Adverse Recommendation as described in Section D above has the right to a Hearing and appeal pursuant to the Medical Staff Fair Hearing process.

SECTION 2. Automatic Revocation (Voluntary Resignation), Suspension, Restriction, Limitation

A. State License

Whenever a Member's license to practice in the Member's State is revoked, suspended, or in any way limited or restricted, the Member's privileges to practice in The DMC will also be revoked, suspended, limited, or restricted to the same degree. Revocation shall result in immediate and automatic revocation of Medical Staff membership and all clinical privileges. Any suspension, limitation or restriction will be effective upon and for at least the term of the imposed suspension, limitation or restriction.

1. Medical Executive Committee (MEC) Recommendation: As soon as practicable after the Member's license in The Member's State is suspended, limited or restricted, the MEC shall convene to review and consider the facts under which action was taken. The MEC may then recommend such further corrective action as is appropriate to the facts disclosed in the investigation including limitation of prerogatives. Thereafter, the applicable procedure is followed.

B. Drug Enforcement (DEA) and State of Michigan Controlled Substance License:

If a Member's right to prescribe controlled substances is revoked, restricted, suspended, or placed on probation by a proper licensing authority, the Member's privileges to prescribe such substances in The DMC will also be revoked, restricted, suspended, or placed on probation automatically and to the same degree. This will be effective upon and for at least the term of the imposed restriction.

1. Medical Executive Committee (MEC) Recommendation: As soon as practicable after the Member's controlled substance license is revoked, restricted, suspended or placed on probation, the MEC shall convene to review and consider the facts under which action was taken. The MEC may then recommend such further corrective action as is appropriate to the facts disclosed in the investigation including limitation of prerogatives. Thereafter, the applicable procedure is followed.

C. Medical Records Preparation and Completion: An automatic suspension of admitting and clinical privileges of any Member shall occur if operative reports are delinquent according to the criteria described in the Rules and Regulations, or if a medical record is delinquent according to the criteria described in the Rules and Regulations.

1. Voluntary Resignation: The accumulation of the number of automatic suspensions within a twelve (12) month time frame, as described in the Rules and Regulations, shall be deemed a voluntary resignation of that Member from the Medical Staff. Members who so resign may immediately submit a formal application for appointment.

- D. Professional Liability Insurance: Evidence of professional liability insurance coverage, as defined by DMC Policy, shall be submitted upon request and in no event no more than thirty (30) days after the effective date of the policy or renewal of the policy. Failure to maintain a minimum amount of professional liability insurance or to provide evidence thereof shall be construed as a voluntary resignation of the Member's Medical Staff appointment and clinical privileges.
- E. Reapplication: The failure of a Member of the Medical Staff to submit a Complete Application for reappointment or a request for reinstatement following a Leave of Absence according to the procedures described in these Bylaws and Medical Staff Policy shall be construed as a voluntary resignation from the Medical Staff.
- F. Tuberculosis Evaluation: The failure of a Member of the Medical Staff to provide evidence of annual tuberculosis evaluation, upon request, as required by DMC Policy, shall be construed a voluntary resignation from the Medical Staff.
- G. Medical Staff Dues: The failure of a Member of the Medical Staff to pay annual dues, after appropriate notification of delinquent status, according to Medical Staff Policy, shall be construed as a voluntary resignation from the Medical Staff.
- H. Refusal to Cooperate: The failure of a Member of the Medical Staff, after reasonable notice has been given in writing, to appear, as requested, before or cooperate with any Medical Staff Committee investigating an application for reappointment or a request for corrective action shall be construed as a voluntary resignation from the Medical Staff.

Any Member of the Medical Staff whose membership and clinical privileges have been automatically revoked under Section 2 above shall not have the right to a Hearing and appeal pursuant to the Medical Staff Fair Hearing process. Automatic revocation (voluntary resignation) under this Article XI, Section 2 shall not constitute a disciplinary action and so shall not be reportable to the appropriate State of Michigan licensing boards or offices. Any Member so affected may immediately submit a new application for Membership and Clinical Privileges provided they have corrected the situation leading to the automatic revocation.

SECTION 3. Summary Suspension

Summary suspension may be initiated by any of the Officers of the Medical Staff, a Specialist in Chief, a Hospital Chief of Service, or the President of The DMC whenever a Medical Staff Member's conduct or professional activities are, or are reasonably likely to be, contrary to patient safety or to the delivery of quality and safety of patient care or to the continued effective operation of a Hospital. Any one of the above has the authority to summarily suspend the Medical Staff membership or any portion of the clinical privileges of such Member. A summary suspension is effective immediately and the President of The DMC is to give prompt special notice of the suspension to the Member and shall report the suspension immediately to the President of the Medical Staff. Any summary suspension not initiated by a Specialist-in-Chief must be in consultation with the Specialist-in-Chief of the Member's Department and any summary suspension shall be in consultation with the Member's Hospital Chief of Staff and Hospital Chief of Service, as appropriate, to ensure patient safety and quality care. A suspended Member's patients then in the hospital must be assigned to another practitioner by the appropriate Specialist-in-Chief or their designee. This assignment should consider the wishes of the patient in choosing a substitute practitioner, whenever feasible.

- A. Medical Executive Committee (MEC) Action: As soon as practicable, and generally within seven (7) days after the summary suspension has been imposed, the MEC shall convene to review and consider the action taken. The quorum for this meeting shall be the voting MEC members present. The MEC may recommend modification, continuation or termination of the terms of suspension.

- B. Procedural Rights: Any Member of the Medical Staff whose clinical privileges have been summarily suspended or restricted for more than fourteen (14) days shall have the right to a hearing and appeal pursuant to the Medical Staff Fair Hearing process. Such Member may waive any of the time periods set forth in Article XII, and if waived, the President of The DMC shall direct that a Hearing be held as soon as practicable after the receipt of the Member's written waiver.

ARTICLE XII. FAIR HEARING PROCESS

SECTION 1. Notice and Request for Hearing

- A. In any case in which the MEC shall decide to recommend to the Governing Body, or the Governing Body on its own initiative shall have decided to make an Adverse Recommendation, or in any case in which there is an Automatic or Summary Suspension confirmed by the MEC, the President of The DMC shall promptly give notice thereof to the Applicant or Member involved. Such notice shall be given by certified mail, return receipt requested and shall contain a statement of the action under consideration and the general reasons for it, and a summary of the individual's rights as provided for in these Bylaws. The Member shall at this time be offered the opportunity, for the time period specified in Section 1. B. below, to submit a resignation from the Medical Staff or to request a change in privileges to conform to the action under consideration; however, the Member's action shall be reported to the National Practitioner Data Bank, when applicable.
- B. The affected individual must, within thirty (30) days of receipt of such notice as described in Section 1. A. above, submit to the President of The DMC a written request for a hearing. Failure to request a hearing shall constitute a waiver of the right to a hearing and the recommendation of the MEC shall then be transmitted to the Governing Body, or in the event that the matter arose through a preliminary determination by the Governing Body, the Governing Body may take final action.
- C. Any hearing requested shall be held within sixty (60) days after receipt of the request unless an extension is requested or agreed to by the affected individual and the Review Committee. In any case in which the affected individual is the subject of multiple proceedings which are merged into a single proceeding and it is not possible to adhere strictly to the sixty (60) day limit, the Hearing shall be held as promptly as possible.

SECTION 2. Appointment of Hearing Officer and Review Committee

- A. When a Hearing is requested, the President of The DMC, after consultation with the President of the Medical Staff, shall appoint a Review Committee, including its chair, consisting of five (5) members selected from the Active Staff who have not participated in the consideration of the matter involved at any previous level of the same proceedings, and who are not in direct economic competition nor in economic partnership with the affected individual.
- B. The President of The DMC, after consultation with the President of the Medical Staff, shall appoint a Hearing Officer who shall assist the Review Committee in the orderly conduct of the Hearing. The Hearing Officer shall rule on parliamentary and other procedural questions and shall rule on questions of evidence. The Hearing Officer shall not vote and may not be in direct economic competition nor in economic partnership with the affected individual, and no person who has taken any active part in the consideration of the matter involved in any other capacity, except as a non-Medical Staff Member advisor, may serve as Hearing Officer.
- C. If the affected individual believes that any of the persons appointed to the Review Committee cannot reach a fair and impartial decision, the affected individual must assert a claim of prejudice and disqualification promptly. The President of The DMC shall consider the reasons stated for

the request and determine whether that person shall remain on the Review Committee or be replaced. If the challenged Review Committee member is not replaced, the basis for the decision shall be documented in writing and a copy of the determination shall be made available to the parties. The determination made by the President of The DMC shall be final and binding on all parties.

- D. A majority of the Review Committee members must be present during the proceedings of the hearing, including reconvened proceedings held following any adjournment, and during the deliberations of the Committee. No member of the Committee who has not been present during the hearing, including any reconvened proceedings held following an adjournment, may participate in, vote or be present during the deliberations.

SECTION 3. Notice of Hearing

- A. The President of The DMC shall give written notice, by certified mail, return receipt requested, of the hearing to the affected individual.
- B. The notice will include:
 - 1. the date, time and place of the hearing. The hearing date shall not be scheduled less than thirty (30) days from the date the notice of the hearing is issued;
 - 2. name of Hearing Officer and membership of the Review Committee; and
 - 3. a concise statement specifying the reasons for the Adverse Recommendation, and a description of the evidence considered in making such Recommendation.
- C. The notice of the time and place of any reconvened session need not be given if such time and place were announced or established at any prior session.

SECTION 4. Rights and Responsibilities

- A. The affected individual shall have the following rights in regard to the Fair Hearing process:
 - 1. to be represented at the hearing by an attorney or other person;
 - 2. to offer evidence determined to be relevant by the Hearing Officer, regardless of its admissibility in a court of law;
 - 3. to present witnesses and to cross-examine witnesses presented by the opposing party;
 - 4. to have a verbatim record made of the proceedings, at the Member's sole expense;
 - 5. to submit a written statement or brief, within such reasonable time as may be determined by the Hearing Officer, at the close of the hearing;
 - 6. following completion of the hearing, to receive the written recommendation of the Review Committee, including a statement of the basis for the recommendation; and
 - 7. upon completion of the hearing and appeal process, to receive a written decision of the Governing Body, including a statement of the basis for the decision.
- B. The affected individual shall be required to appear in person at the hearing. Postponements may be granted by the chair of the Review Committee in exceptional circumstances. Failure of the affected individual to appear shall be deemed to constitute a waiver of a right to a hearing, and the Adverse Recommendation shall then be transmitted to the Governing Body for final action.

- C. In all cases in which a hearing is conducted under this Article, the burden of going forward shall rest with the MEC to establish a basis for the complaint against the affected individual, the burden of proof shall then rest with the affected individual to prove, by a preponderance of the evidence, that the qualifications for appointment or continued appointment are met and that the recommendation(s) that prompted the hearing was incorrect, unjustified, insufficient arbitrary or was not otherwise sustained by the evidence.
- D. The hearing shall be closed to the public. All individuals involved in the hearing acknowledge that the substance of the information covered in the hearings and reviews conducted under these Bylaws (and all types of proceedings ancillary or preparatory thereto) are required to be kept confidential pursuant to the Michigan Public Health Code, and each individual agrees to keep all information, data and proceedings confidential. Failure of the affected individual to maintain such confidentiality shall result in immediate termination of Medical Staff appointment and termination of all privileges without right of further appeal.
- E. The DMC shall have the same rights as the affected individual during the hearing. The failure of The DMC to meet the conditions regarding adequate notice of the hearing and the conduct of the hearing shall not, in itself, constitute a failure to meet the standards of the Health Care Quality Improvement Act of 1986 (as amended) regarding adequate notice of a hearing and conduct of a hearing, or the provisions of applicable Michigan law.
- F. In any case in which the physical or mental health of the affected individual is at issue, a request for a hearing shall constitute a waiver of any medical or physician-patient privilege relating to such physical or mental condition. The affected individual shall provide appropriate authorization forms and shall release from liability any physician, hospital, other person or entity who may be requested to provide such information. In the event of the failure of the affected individual to provide appropriate authorization forms and release from liability, or the refusal of any physician, hospital, other person or entity to provide the requested information, the recommendation of the MEC may be transmitted to the Governing Body for final action without the necessity of convening any hearing.

SECTION 5. Conduct of Hearing

- A. The legal rules of evidence shall not apply, and the Hearing Officer may admit the sort of evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs.
- B. The Hearing Officer may take whatever measures deemed necessary to ensure that the hearing is conducted in a reasonably confidential manner.
- C. The Adverse Recommendation of the appropriate Medical Staff committee shall be presented at the hearing by representatives of such committees. The affected individual shall have an opportunity to make a statement as to why they believe the Adverse Recommendation was improper.
- D. If the affected individual does not testify in their own behalf, they may nonetheless be called as a witness before the Review Committee.
- E. A list of witnesses expected to testify at the hearing shall be required to be submitted in advance of the hearing, upon instruction of the Hearing Officer.

SECTION 6. Recommendation of the Review Committee

At the close of the hearing the Review Committee shall deliberate, considering only the evidence and exhibits presented at the hearing, the testimony of witnesses, and any written statements or briefs

submitted following the hearing. The Review Committee shall consider whether the Adverse Recommendation was reasonable, sustained by the evidence, or unfounded, and shall report in writing to the MEC recommending affirmation, modification or rejection of the original recommendation. A copy of the report shall be delivered by certified mail, return receipt requested, to the affected individual within ten (10) days from the close of the hearing.

SECTION 7. Medical Executive Committee (MEC) Action

The MEC shall consider the report of the Review Committee at its next regular meeting and shall affirm, modify or reverse the Adverse Recommendation. The decision of the MEC shall be delivered to the affected individual within five (5) days of such decision.

SECTION 8. Appeal to the Governing Body

- A. Within fifteen (15) days of receipt of the decision of the MEC, the affected individual may file a written request with the Governing Body for an appeal before a committee thereof. The written request shall include whether oral argument is desired.
- B. Failure of the affected individual to request an appeal shall constitute a waiver of the right to an appeal, and the Governing Body may then act upon the recommendation of the MEC.
- C. In the event an appeal is requested, the Governing Body shall appoint an ad hoc committee from its membership to conduct such appeal. The appeal shall be conducted in accordance with procedures established by the Governing Body.
- D. Subject to the ad hoc Appeal Committee's limited scope of review set forth in this Section 8, subsection E, a written request for appeal must also state the reasons for which the review is sought and any argument that the affected individual may wish the Appeal Committee to consider. The MEC and appropriate Review Committee shall also be entitled to submit written arguments to the ad hoc Appeal Committee. In a case initiated by the Governing Body, the Governing Body shall also be entitled to submit a written argument.
- E. The ad hoc Appeal Committee shall have access to review the exhibits and record created before the Review Committee, including access to those Review Committee transcripts as may be presented to the ad hoc Appeal Committee by either the affected individual or by the MEC. The appeal review shall be limited to a determination of whether the procedures utilized by the Review Committee were correct, erroneous, arbitrary, or discriminatory as to the affected individual. The ad hoc Appeal Committee shall not undertake a de novo review of the evidence presented before the Review Committee or otherwise re-determine the factual findings, conclusions, or professional recommendations of the Review Committee. Except as provided in subsection G of this Article, Section 8, the ad hoc Appeal Committee shall consider no new or additional evidence beyond that contained in the Review Committee's record.
- F. The parties may present oral arguments before the ad hoc Appeal Committee only if that Committee, after reviewing the request for Appeal together with portions of the Review Committee Record, determines that the Review Committee Record requires clarification and requests the parties to present oral arguments. The failure of the affected individual to appear, without good cause, when so requested, shall be deemed a waiver of the right to present oral argument, and the ad hoc Appeal Committee may thereafter submit its recommendation to the Governing Body. A copy of the transcript of any oral argument presented before the ad hoc Appeal Committee shall be provided for the affected individual upon payment by him of reasonable charges associated with its preparation. Except as otherwise provided in this subsection F and subsection G of this Article, Section 8, the parties shall not be personally present during the Appeal Committee's deliberations or record review.

- G. Neither the affected individual nor the MEC nor any other committee nor the Governing Body shall be permitted to introduce additional evidence or to present additional witnesses during the appeal except for compelling circumstances as determined by the ad hoc Appeal Committee, such as when the evidence or testimony to be introduced constitutes previously undiscovered or new matters. If any individual or entity introduces additional evidence or presents additional witnesses, the other parties shall also be entitled to rebut such additional evidence and testimony through their own additional witnesses and evidence.
- H. At the close of the appeal, the ad hoc Appeal Committee shall deliberate, and shall consider no evidence except that which was presented on the record created before the Review Committee or as enhanced before the Appeal Committee pursuant to this Section 8, subsection G. The Appeal Committee shall affirm, modify or reject the recommendation of the MEC. Only members of the Committee who were present during the entire appeal, including any reconvened proceedings held following adjournment, may participate in, vote or be present during the deliberations. Within thirty (30) days from the close of the appeal, the ad hoc Appeal Committee shall submit its report in writing to the Governing Body, recommending affirmation, modification or rejection of the recommendation of the MEC (or of its own action in a case initiated by the Governing Body) for final action. Copies of the report shall be transmitted concurrently to the MEC and to the affected individual. Upon final action by the Governing Body, the affected individual shall receive the Governing Body's written decision including a statement of the basis for the decisions.

SECTION 9. Final Action and Notification by the Governing Body

- A. The Governing Body shall, at its next regular meeting, consider the recommendation of the ad hoc appeal committee, including the recommendation of the MEC and the report of the Review Committee and shall affirm, modify or reverse the Adverse Recommendation. The Governing Body shall notify the affected individual, in writing, by certified mail, return receipt requested, of its final decision, including the specific reasons thereof.
- B. The decision of the Governing Body shall be final and binding.

SECTION 10. Right to One Hearing and One Appeal Only

No Applicant or Member of the Medical Staff shall be entitled to more than one (1) Hearing and one (1) appeal on any matter which may be the subject of an appeal.

SECTION 11. Reapplication Following Adverse Action

Any Applicant or Member who has been denied initial appointment or reappointment to the Medical Staff, or any Member whose clinical privileges have been revoked or terminated under this Article shall not be eligible to apply for membership or clinical privileges for a period of five (5) years unless otherwise approved by the Governing Body.

SECTION 12. Report of Adverse Action

At all times during the procedures described above, the President of The DMC and the Member shall each submit the necessary reports, as required by law, to the appropriate State of Michigan licensing boards or offices to the National Practitioner Data Bank.

ARTICLE XIII. IMMUNITY FROM LIABILITY

The following shall be express conditions to any Practitioner's application or reapplication for membership and clinical privileges at The DMC.

SECTION 1. Privileged Communications

The Bylaws of the Medical Staff of The Detroit Medical Center

Any act, communication, report, recommendation, or disclosure regarding any Practitioner, performed or made in good faith and without malice and at the request of an authorized representation of this or any other healthcare entity, for the purpose of achieving and maintaining quality and safety of patient care in this or any other healthcare entity, shall be privileged from disclosure to the fullest extent provided by law.

SECTION 2. Immunity and Release from Liability

No person furnishing information, data, reports or records to any Department, Hospital, Medical Staff or the Governing Body regarding any Practitioner shall, by reason of furnishing such information, be liable in damages to any person. No Member of a Medical Staff, Department or Hospital committee shall be liable in damages to any person for any actions taken or recommendation made within the scope of the functions of such committee if such committee member acts without malice and in the reasonable belief that such action or recommendation is warranted by the facts known to the committee member. Each Applicant and Member agrees to release, indemnify and hold harmless The DMC and all third parties from liability for any and all such statements or actions.

SECTION 3. Release of Information

No DMC representative furnishing information to any other hospital or entity to which a Member or past Member may apply for membership and/or clinical privileges shall, by reason of furnishing such information, be liable in damages to any person provided such release of information is made within the scope of the duties of such representative and is made in good faith and without malice.

ARTICLE XIV. REVIEW, ADOPTION, AMENDMENT AND DISTRIBUTION OF BYLAWS, RULES AND REGULATIONS, AND MEDICAL STAFF POLICY

SECTION 1. Review

The Medical Staff Bylaws, Rules and Regulations and Medical Staff policies shall be reviewed, annually, but may be amended as often as identified by the Hospital and/or MEC.

SECTION 2. Methods of Adoption and Amendment of Medical Staff Bylaws

- A. These Bylaws may be amended or repealed by a two-thirds (2/3) vote of the Active Medical Staff Members voting. Amendments may be proposed by the MEC, the Hospital, the Governing Body, or may be proposed in writing by at least 5% of the Active Staff. Amendments proposed by 5% of the Active members of the Medical Staff will be forwarded to the MEC for review. If approved by the MEC, the proposed amendment will be forwarded to the Active Staff for a vote in the manner described below. If the proposed amendment brought forward by 5% of the Active members is not approved by the MEC, a petition signed by at least 10% of the members of the Active Staff will cause the proposed amendment(s) to be referred to the Board for determination of whether the issue can be put on a ballot. After approval by the Board the amendment will be mailed to the Active Staff for a vote following receivership as outlined below.
- B. Active Medical Staff Members may also petition/complain/present conflict to the Governing Body directly. The petition/complaint/conflict is to be submitted in writing, addressed to the "Chairperson, DMC Board of Trustees" and mailed or delivered to the office of the DMC President/CEO, who shall forward the writing to the Chairperson. The Governing Body shall have the authority to refer the matter to the MEC or to itself investigate and act on the issue that gave rise to the petition/complaint/conflict. A letter of resolution shall be sent to the medical staff member (s) within 90 days (when possible) of receipt of the petition by the Board Chairperson.
- C. These Bylaws may be amended, except as otherwise provided, by a mail out ballot to the Active Staff. Ballots will be mailed following approval by the MEC of the proposed amendment(s). Ballots will be returned to the Medical Staff Office within 14 days of the ballot date. Received

ballots will be counted by the Medical Staff Office and reported to the MEC. A two-thirds (2/3) vote of the Active Medical Staff Members voting received will be considered approval of amendments. Amendments shall become effective only when approved by the Governing Body. All Medical Staff members will be notified promptly of these approved amendments.

- D. The MEC shall have the power to adopt, subject to Governing Body approval, such amendments to these Bylaws as are, in the MEC's judgment, technical or legal modifications or clarifications; reorganization or renumbering; or amendments needed because of punctuation, spelling or other errors of grammar or expression. Approval of such amendments by the MEC must be by unanimous vote and shall be effective when approved by the Governing Body.
- E. All amendments must be approved by the Governing Body and become effective on the date of Governing Body approval. These Bylaws shall replace and supercede all previous Bylaws and be binding upon the Governing Body, the Medical Staff, The DMC and all third parties, including Applicants for Medical Staff Membership.
- F. The Medical Staff Bylaws, rules and regulations, and policies, the governing body bylaws, and hospital policies are compatible with each other and are compliant with law and regulation.

SECTION 3. Rules and Regulations and Medical Staff Policy

The Medical Staff shall adopt such Rules and Regulations and Medical Staff Policy as may be necessary to implement these Bylaws, subject to the approval of the Governing Body. The Rules and Regulations and Medical Staff Policy may be amended, upon recommendation from the Bylaws Committee, at any regular meeting of the MEC at which a quorum is present by a majority vote of the MEC members present. Such changes shall become effective when approved by the Governing Body, and shall supercede all previous Rules and Regulations or Policy. Medical Staff Rules and Regulations will be reviewed annually. If the voting members of the organized Medical Staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they first communicate the proposal to the Medical Executive Committee. If the Medical Executive Committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the Medical Staff; when it adopts a policy or an amendment thereto, it communicates this to the Medical Staff. This applies only when the organized Medical Staff, with the approval of the Governing Body, has delegated authority over such rules, regulations, or policies to the Medical Executive Committee and may be amended as often as identified by the Hospital and/or MEC. Amendments will be approved by the MEC and the Governing Body.

In cases of a documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, the Medical Executive Committee, if delegated to do so by the voting members of the organized Medical Staff, may provisionally adopt and the Governing Body may provisionally approve an urgent amendment without prior notification of the Medical Staff. In such cases, the Medical Staff will be immediately notified by the Medical Executive Committee. The Medical Staff has the opportunity for retrospective review of and to comment on the provisional amendment. If there is no conflict between the organized Medical Staff and the Medical Executive Committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the organized Medical Staff and the Medical Executive Committee is implemented. If necessary, a revised amendment could be submitted to the Governing Body for action.

SECTION 4. Amendments

Neither the Board nor the Medical Staff may unilaterally amend the Medical Staff bylaws, rules and regulations.

SECTION 5. Distribution

All Applicants and Members shall be furnished a copy of these Bylaws and Rules and Regulations and Medical Staff Policy.

ARTICLE XV. RULES OF CONSTRUCTION

- SECTION 1. The use of the terms Governing Body, Medical Executive Committee (MEC), Specialist-in-Chief, President of the Medical Staff, Chief of Staff, Chief of Service and President of The DMC shall be construed to include their designee, unless otherwise stated.
- SECTION 2. Heading of Articles and Sections herein and the Table of Contents thereof are solely for convenience of reference and do not constitute a part of the Bylaws and shall not affect the meaning, construction or effect thereof.