

MEDICAL STAFF

BYLAWS

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DEFINITIONS

“ACGME” shall mean the Accreditation Council for Graduate Medical Education.

“Administration” means the executive and administrative organization of UMH.

“Advanced Post-Graduate Trainee” (“APT”) means a qualified physician, dentist, podiatrist or psychologist who is participating in advanced clinical education programs sponsored or otherwise approved by Medical School, but not approved by ACGME, and otherwise meets the requirements for designation as an APT as set forth in these Bylaws.

“Advanced Practice Registered Nurse” (“APRN”) means certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners who participate in the management of patients under the supervision, direction or back-up of a Member, consistent with the clinical privileges granted to the individual.

“Ambulatory Care Unit” (“ACU”) means each ambulatory care service and clinic of UMH.

“Applicant” means a Practitioner who applies for membership on the Medical Staff.

“Board Certified” means that an Applicant or Member is certified as a specialist by a specialty board organization recognized by the American Board of Medical Specialties or international equivalent acceptable to the Credentialing and Privileging Committee and the ECCA, the American Osteopathic Association, the American Board of Dental Specialties, the American Board of Oral and Maxillofacial Surgery or the American Board of Podiatric Medicine, as applicable.

“Board Eligible” means that an Applicant or Member has met the educational, post-graduate training and skill qualifications and is currently eligible to sit, within a specified amount of time, for the board certification examination of a specialty board recognized by the American Board of Medical Specialties or international equivalent acceptable to the Credentialing and Privileging Committee and ECCA, the American Osteopathic Association, the American Board of Dental Specialties, the American Board of Oral and Maxillofacial Surgery or the American Board of Podiatric Medicine.

“Bylaws” means these bylaws of the Medical Staff.

“Chief Medical Officer” or “CMO” means the individual appointed by the UMHS Board and reporting to the UMHS President.

“Chief of Staff” or “COS” means the Medical Staff Member duly elected in accordance with these Bylaws to serve as the chief of staff of UMH and housed in the Office of Clinical Affairs of UMH.

“Clinical Program Trainee” (“CPT”) shall mean the traditional house officer enrolled in a program accredited by the ACGME, CPME, or the CODA.

“CODA” means the Commission on Dental Accreditation.

“CPME” means the Council on Podiatric Medical Education.

“Data Bank” means the National Practitioner Data Bank.

“Dental School” means the University of Michigan School of Dentistry.

“Dentist” means a duly licensed dentist.

“Department” means the academic organizational structures of the University’s Medical School and Dental School.

“Department Chair” means the individual appointed by the Dean of the Medical School and approved by the Board of Regents to head a Department in the Medical School or Dental School.

“Emergency Operations Plan” means the Emergency Operations Plan for UMH that covers hospitals, ambulatory care sites, office buildings, the transplant center, and behavioral health services. The Emergency Operations Plan establishes the emergency response plan for internal operations impacting the ability to provide care and is designed to initiate a response to protect the well-being of patients, employees, and all occupants within the UMH, to protect the physical infrastructure, and to allow for business continuity to the fullest extent possible.

“Executive Committee on Clinical Affairs” (“ECCA”) means the executive committee of the Medical Staff.

“Executive Director” means the Executive Director of the University of Michigan Medical Group (“UMMG”).

“Executive Vice President for Medical Affairs” (“EVPMA”) means the Executive Vice President for Medical Affairs of the University, chief executive officer of UMHS, and Dean of the Medical School, who serves as the chief executive officer of the entire academic medical center.

“Facility” means a health care facility or organization and includes the University, UMH, all organizations under the authority of the Regents, organizations who provide information to UMH and the Medical Staff, and organizations who have arrangements with UMH relating to Professional Review.

“Fair Hearing Plan” means the processes, steps and provisions as determined in Article IX of these Bylaws.

“Focused Professional Practice Review” (“FPPE”) means the period of special review applicable to Members and those granted clinical privileges as described in these Bylaws and associated Medical Staff policies.

“Graduate Medical Education Committee” (“GMEC”) means the Graduate Medical Education Committee of the UMH.

“House Officers Association” (“HOA”) means the University of Michigan House Officers Association.

“Medical School” means the University of Michigan Medical School.

“Medical Staff” or “Staff” means the governing organization of Practitioners who are credentialed within UMH.

“Medical Staff Quality Committee” (“MSQC”) means the quality committee of the Medical Staff.

“Medical Staff Services” (“MSS”) means the support unit to the OCA that facilitates the processing of applications for appointment, reappointment, and clinical privileges.

“Member” means an appointed member of the Medical Staff.

“Office of Clinical Affairs” (“OCA”) means the administrative office of the COS and the Medical Staff.

The “Office of the Vice President and General Counsel” (“OGC”) means the office of the chief legal officer of the University, that is responsible for representing the University, including without limitation, UMH, in all legal matters related to operations involving the University and its faculty and staff.

“Official” means an officer, Department Chair, Service Chief, voting committee member of the ECCA or committee chair.

“Ongoing Professional Practice Evaluation” (“OPPE”) means the process of continuous review of the practice of Members and others granted clinical privileges by the Medical Staff.

“Optometrist” means a duly licensed doctor of optometry.

“Oral Surgeon” means a Dentist or Dentist/Physician, practicing as an oral and maxillofacial surgeon, who has been issued health profession specialty certification in that field by the Michigan Board of Dentistry.

“Patient Relations and Clinical Risk” (“PRCR”) is a department of UMH and, through its two divisions, manages patient/family grievances and complaints, as well as engages in risk prevention and management strategies.

“Physician” means a physician duly licensed to practice medicine or osteopathic medicine and surgery.

“Physician Assistant” (“PA”) shall mean an individual who is a graduate of a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessors and/or who is certified by the National Commission on Certification of Physician Assistants (NCCPA); and who is licensed, registered or certified to practice medicine with physician supervision.

“Podiatrist” means a duly licensed doctor of podiatric medicine and surgery.

“Practitioner” means a Physician, Dentist, Oral Surgeon, Podiatrist, Psychologist or Optometrist.

“Professional Review” means the review of the health, clinical ability, ethics, education and/or morality of an Applicant, Member, Trainee or SPP and includes, but is not limited to: morbidity and mortality review; utilization review; patient care and audits; collegial interventions; performance reviews in an academic or practice setting; insurance underwriting reviews; credential investigations; appraisals for Medical Staff or SPP appointment, reappointment and/or clinical privileges; or initiation and conduct of corrective action proceedings or appellate reviews.

“Professional Review Action” means an action taken in the process of a Professional Review or on account of Professional Review Information. Professional Review Actions include, but are not limited to: appointment, non-appointment, reappointment and non-reappointment to the Medical Staff; corrective action proceedings, hearings, or appeals; preparation of reports upon conduct of an Applicant, Member or SPP’s activities; and a recommendation or imposition of discipline or restrictions upon the professional activities of an Applicant, Member, Trainee, or SPP.

“Professional Review Committee” means a committee convened to review professional conduct and/or the professional practice provided on behalf of UMH for the purpose of reducing morbidity and mortality and improving care at UMH.

“Professional Review Information” means records, data and knowledge developed or collected in connection with Professional Review, including, but not limited to, applications, reports, minutes, transcripts, recommendations and summaries respecting Professional Review and as designated by authorized individuals or committees engaged in Professional Review.

“Program Director” means the individual directly responsible as the director of a Trainee program.

“Provisional Status” means the initial status of Active and Courtesy Staff Members, and Members requesting new privileges, until the successful completion of required FPPE, as further set forth in Section 4.1-2.

“Psychologist” means a licensed clinical or educational psychologist.

“Regents” means that body which is the Board of Regents of the University of Michigan.

“Representative” means a person, committee, medical staff organization, board or entity that has the obligation to conduct Professional Review; undertakes Professional Review Actions; collects, prepares, holds or discloses Professional Review Information concerning an Applicant, Member, Trainee or SPP; or has an arrangement with UMH relating to Professional Review.

“Rules and Regulations” means the Medical Staff Rules and Regulations containing additional provisions not described in these Bylaws and associated details governing the activities of Members, SPPs and Trainees.

“Scope of Service” means the specified range of services that may be provided under Member supervision within UMH, as determined through UMH administrative and/or Medical Staff credentialing mechanisms.

“Service” means a recognized specialty or specific practice area which can be formally designated as either a “Service” or a “Division;” “Departmental Services” means those Services which are within the scope of a Department.

“Service Chief” means the Member appointed to head a Service by the Department Chair, who may be the Department Chair, and as approved by the ECCA and the UMHS Board.

“Special Meeting” means a meeting held pursuant to Section 13.2. of these Bylaws.

“Special Notice” means formal notice given to an Applicant or Member (or if requested in writing or electronically, the Applicant’s or Member’s agent or counsel) by or on behalf of a person acting on behalf of the University, UMH or the Medical Staff and sent by: registered mail; certified mail, return receipt requested; express mail service requiring a signed receipt; hand delivery directly to the Applicant or Member or a recognized assistant confirmed by affidavit of the delivering person; or other means designed to reasonably assure delivery and confirm receipt by the Applicant or Member of the item involved.

“Special Purpose Trainee” (“SPT”) means, as further described in these Bylaws, qualified physicians, podiatrists or dentists who are currently enrolled in an accredited education program at an outside institution.

“Specified Professional Personnel” (“SPP”) means those duly licensed advanced practice providers, which include physician assistants, certified registered nurse anesthetists, nurse midwives, and nurse practitioners, who participate in the management of patients under the supervision, direction or back-up of a Member, consistent with the clinical privileges granted to the SPP, and SPPs applying for privileges under Article VI.

“Trainee” means any physician, dentist or psychologist assigned to a Service to train under the oversight of a Member, including CPTs, APTs, and SPTs.

“UMH” means the University of Michigan Hospitals.

“University of Michigan Health System” (“UMHS”) means UMH, UMMG, Michigan Health Corporation, UM Health and all other University subdivisions and affiliates that promote the mission of the clinical enterprise.

“UMHS Board Representatives” means two or more representatives of the UMHS Board as described further in Section 12.5-3.

“UMHS President” means the President of UMHS and UMH.

“UMMG Clinical Practice Committee” means that UMMG committee established to optimize the clinical practice and operations involving the UMMG faculty in terms of safety, quality, satisfaction and financial performance.

“University” means the University of Michigan, corporately the Regents of the University of Michigan, a constitutional corporation, and all of its components, including but not limited to the academic medical center composed of the Medical School and UMHS.

“University of Michigan Health System Board” or “UMHS Board” means the governing body of UMHS for hospital licensing, accreditation, compliance, quality of medical services and related purposes.

“University of Michigan Medical Group” (“UMMG”) means a single, integrated, multi-specialty professional medical group within UMHS, that delivers professional medical care on behalf of the University and is advisory to the EVPMA.

Terms used in the Bylaws shall be read in the singular or plural, as the context requires. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provisions of the Bylaws.

**ARTICLE I.
MISSION, PURPOSES, AND SCOPE**

1.1. MISSION

The mission of the Medical Staff is to provide high quality and safe care for all persons presenting to UMH, in collaboration with the UMHS Board and all the other domains of Michigan Medicine and the University of Michigan. Diverse, equitable and inclusive, the Medical Staff in collaboration with UMH, supports medical education and research and provides innovative, patient-centered care to prevent, diagnose and treat human illness.

1.2. PURPOSES

The purposes and responsibilities of the Medical Staff are:

- (i) To provide quality medical care for anyone admitted to or treated in any of the facilities or services of UMH, and no distinction is made in these Bylaws between in person and virtual care.
- (ii) To oversee the quality of care, treatment and professional services by all individuals with clinical privileges, a designated Scope of Service or in clinical training at UMH.
- (iii) To review and approve all policies, protocols, guidelines and standing orders pertaining to the delegated practice of medicine.
- (iv) To evaluate and monitor individual professional competence and conduct in the performance of clinical privileges.
- (v) To support the rights of all patients of UMH to equitable and humane treatment and to uphold high standards regarding privacy, dignity and confidentiality.
- (vi) To provide a formalized organizational structure to facilitate the credentialing, privileging and review of the professional activities of Members and SPPs, and to make recommendations to the UMHS Board on appointment and/or clinical privileges granted to such individuals.
- (vii) To appropriately delineate, in conjunction with the UMHS Board, the clinical privileges each practitioner may exercise through the continued review and evaluation.
- (viii) To support appropriate standards for medical education and to serve as a teaching resource for the schools, colleges and programs in the health sciences of the University and its affiliates in the teaching and training of health professionals and the establishment of rules and policies, in addition to these Bylaws, for Trainees.
- (ix) To stimulate, promote and conduct research in human health, disease and delivery of medical care that maintains ethical and scientific standards of medical care and

leads to advancements in professional knowledge and skill, while maintaining the quality of care and dignity of all patients.

- (x) To cooperate with the various academic units of the University, affiliated hospitals and other health facilities and maintain educational standards.
- (xi) To establish and maintain rules for governance and conduct of the Medical Staff and to provide a means whereby issues and problems concerning the Medical Staff may be discussed and resolved.
- (xii) To initiate, develop, review, approve, implement and enforce these Bylaws and associated Medical Staff rules, regulations and policies.
- (xiii) To collaborate with and be accountable to the UMHS Board to enhance the quality and safety of patient care, treatment and services, as delegated to the UMHS Board by the Regents.

1.3. SCOPE

These Bylaws apply at all UMH facilities:

- (i) That are part of the UMH campus, including the physical areas adjacent to UMH's main buildings and other areas and structures located near the main buildings, and UMH inpatient and outpatient locations; or
- (ii) That are an integral part of UMH and are under the name, ownership, administrative, and financial control of UMH, including certain off-campus outpatient clinics, remote locations of the hospital, and satellite facilities.

These Bylaws apply to Medical Staff Members, Trainees and SPPs who:

- (i) Practice their profession at UMH.
- (ii) Practice at remote sites (including, but not limited to, unaffiliated hospitals, nursing homes, dialysis centers or professional practice) within the scope of their University employment, or otherwise as representatives of UMH.

**ARTICLE II.
MEDICAL STAFF OFFICIALS**

2.1. CHIEF OF STAFF

2.1-1 Nomination and Election

The Nominating Committee shall identify at least two candidates, based on qualifications established by ECCA, for the position of COS based on results of a nomination process conducted by the OCA with the cooperation of the UMHS President. The Medical Staff shall vote, by written or electronic ballot on the candidates. Rules for the election process shall be established by the ECCA. The result of the election shall be forwarded to the UMHS Board for ratification.

2.1-2 Term of Office

The term of appointment shall be a three (3) year renewable term. The term of appointment shall begin on July 1 and terminate June 30, three (3) years hence.

2.1-3 Vacancy of Office

In the event of vacancy in the office of the COS for three (3) months or less, the COS will designate an Associate Chief of Staff (“ACOS”) to act as interim COS. In the event of a long-term (more than three (3) month) vacancy in the office of the COS, ECCA will appoint an ACOS to fill the position as interim COS, or may call an election to fill the vacancy pursuant to Section 2.1-1. The ACOS acting as interim COS shall have the same authority as the COS, except that the interim ACOS shall not have the power to remove another ACOS.

2.1-4 Removal

The COS may be removed by action of two-thirds of the full voting membership of the Medical Staff or by majority vote of the UMHS Board. The grounds for removal shall be one or more of the following:

- (a) Failure or inability to perform the duties of the office as delineated.
- (b) Any act, omission or circumstance which would justify corrective action, summary action or automatic action under these Bylaws.
- (c) Inability to work cooperatively with Officials of the Medical Staff, Members, leadership of UMH, or UMH staff critical to the COS successfully achieving the goals of the position.
- (d) Loss of qualifications, as defined by ECCA, necessary for the office.

2.1-5 Responsibilities

The COS shall:

- (a) Be responsible to the ECCA and the UMHS Board for professional matters at UMH, including oversight of appropriate credentialing and privileging procedures and outcomes.
- (b) Devote such time to the OCA and perform other duties as deemed appropriate or as assigned by the UMHS Board.
- (c) Be responsible for the enforcement of the Medical Staff Bylaws, Rules and Regulations, and policies and shall have such other duties as assigned by the UMHS Board.
- (d) Represent Medical Staff interests through participation in strategic planning and operational decision-making forums, such as the UMH Clinical Quality Committee.
- (e) Regularly consult with the CMO on UMH professional and administrative matters.
- (f) Provide Medical Staff leadership for patient safety and quality improvement and communicate with the CMO, UMMG's Executive Director and other senior UMH leaders as necessary to facilitate these efforts, including UMH Chief Nursing Executive.
- (g) Appoint chairs to all Medical Staff standing committees.
- (h) Promote collaborative practice and interdisciplinary, patient and family-centered care.
- (i) Participate, either personally or through a designee, as the representative of the Medical Staff, in all hearings pursuant to the Fair Hearing Plan.
- (j) Oversee any review of the necessity, appropriateness, or quality of health care services rendered to a person, or the qualifications, competence, or performance of a health care provider.
- (k) Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff.
- (l) Serve as chair of the ECCA and call, preside at, and be responsible for the agenda of all meetings thereof.
- (m) Ex officio member of all other Medical Staff committees except as otherwise indicated.

- (n) Report to the UMHS Board at least twice per year regarding the quality of medical care provided to patients of UMH.

2.2. ASSOCIATE CHIEFS OF STAFF

2.2-1 Appointment

One or more ACOSs shall be appointed by the COS, subject to the approval of the ECCA and the UMHS Board.

To the extent possible, appointed ACOSs should represent a variety of specialties and settings, namely: medical, surgical, pediatric, including subspecialties.

2.2-2 Term of Appointment

The term of appointment shall be three (3) years, with no limit upon reappointments.

2.2-3 Vacancy of Office

In the event of vacancy, an interim appointment may be made by the COS until a successor is appointed by the regular means to fill the vacancy.

2.2-4 Responsibilities

An ACOS:

- (a) Shall be responsible, administratively, to the COS.
- (b) Will have duties as assigned by the COS.
- (c) Shall act as the COS in the absence of the COS at the direction of the COS or the ECCA. Will serve as Chair of the ECCA in the absence of the COS, and in this circumstance will be a voting member of the ECCA.

2.2-5 Removal

An ACOS serves at the pleasure of the COS.

2.3. CHIEF MEDICAL OFFICER

The CMO will develop the vision and strategy necessary to ensure that UMH provides safe, high quality, effective and efficient medical care. In this capacity, the CMO will facilitate communication between the Medical Staff, the UMHS Board and UMH/UMHS executive leadership. The CMO is responsible for continuously educating clinicians, UMH Administration and the UMHS Board about UMHS clinical quality performance, expectations and necessary revisions to practice and policy. The CMO will be appointed by the UMHS President. The CMO will meet the qualifications for Active Medical Staff membership, and report to the UMHS President. As a leader of UMHS clinical quality and

patient safety efforts, the CMO will chair the Clinical Care Review Committee and will be a member of the UMH Clinical Quality Committee. The CMO will integrate financial, strategic and quality planning, then monitor and implement appropriate interventions to ensure cost effective, quality patient outcomes. The CMO will coordinate the functioning of the Medical Staff and assist in the implementation and enforcement of the UMH Medical Staff Bylaws, UMH policies and Rules and Regulations of the Medical Staff. The CMO will work to facilitate and ensure a comprehensive approach to creating the ideal patient care experience and other related strategic initiatives.

2.4. DEPARTMENT CHAIR

2.4-1 Designation

The Department Chair is the Chair of the corresponding Medical School or Dental School Department with appropriate clinical experience and education and Board Certification (or equivalency).

2.4-2 Alternate

The Chair of a Department shall designate a Service Chief acceptable to the ECCA to act in the Chair's absence.

2.4-3 Qualifications of a Clinical Department Chair

- (a) A Doctor of Medicine/Osteopathy/Dentistry (DMD or DDS).
- (b) Possession of a current license to practice medicine or dentistry in the State of Michigan.
- (c) Faculty appointment in the Medical School or Dental School.
- (d) Appropriate clinical experience and education and Board Certification (or equivalency).

2.4-4 Responsibilities

The Department Chair:

- (a) Shall oversee all clinical, professional and administrative activities of the Services within the Department (this includes activities within both inpatient and ambulatory areas), including the following:
 - (i) Maintenance of quality control programs, as appropriate, as well as the continuous assessment of the quality of care, treatment and services.
 - (ii) Orientation and continuing education of all persons in the Department.

- (iii) Development and implementation of policies and procedures that guide and support the provision of care, treatment and services.
- (b) Directly or with the assistance of a designated Service Chief shall provide continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in a Department or Service.
- (c) Directly or with the assistance of a designated Service Chief shall recommend the criteria for clinical privileges within the Department and communicate with the Service Chief on clinical privileges recommended for Members in each Service.
- (d) Directly or with the assistance of a designated Service Chief shall facilitate the development of clinical privilege delineation documents and Scope of Service documents, as well as the qualifications and competence required of SPPs and other non-Member personnel who provide patient care, treatment and services.
- (e) Shall confirm that the quality and appropriateness of inpatient and ambulatory care provided within the Department's Services are consistent with and responsive to the UMH Quality Improvement Program.
- (f) Shall recommend a sufficient number of qualified and competent persons to provide care, treatment and services, and assess and recommend to the appropriate executive committee sources for needed patient care, treatment and services not provided by the Department or UMH.
- (g) Shall be charged with integration of the Department into the primary functions of UMH and the coordination and integration of interdepartmental and intradepartmental services.
- (h) Shall recommend to the appropriate executive committee the space and other resources needed by the Department.
- (i) Shall ensure that Departmental goals and objectives are aligned with UMH goals and objectives.
- (j) Shall oversee, as appropriate, any review of the necessity, appropriateness, or quality of health care services rendered to a person, or the qualifications, competence, or performance of a health care provider.

2.4-5 Removal

The Department Chair may be removed in accordance with University processes.

2.5. SERVICE CHIEF

2.5-1 Appointment

Service Chiefs are responsible for assuring the quality of care provided by all privileged providers on the Service. Each Service shall have a Service Chief recommended by the Department Chair and the COS, and approved by the ECCA. The nomination shall be accompanied by a recommendation of the ECCA before referral to the UMHS Board for final action.

2.5-2 Qualifications

- (a) A Doctor of Medicine/Osteopathy/Dentistry (DMD or DDS).
- (b) Possession of a current license to practice medicine or dentistry in the State of Michigan.
- (c) Member in good standing on the Active Medical Staff.
- (d) Full-time faculty appointment in the Medical School or Dental School.
- (e) Appropriate clinical experience and education and Board Certification (or equivalency).
- (f) Current, active clinical role in the Service.
- (g) Administrative leadership experience is desirable.

2.5-3 Term of Appointment

The term of appointment is one (1) year, but the Service Chief shall serve until the Service Chief's successor is appointed. There shall be no limitation as to the number of terms a Service Chief may serve. Reappointment is dependent on a successful annual performance review by the Department Chair and the COS. In the circumstance of a Department Chair also being a Service Chief, the COS will be responsible for evaluation of their role as Service Chief.

2.5-4 Removal

A Service Chief may be removed by action of the ECCA or the UMHS Board, in consultation with the relevant Department Chair or COS, as applicable. The grounds for removal shall be one or more of the following:

- (a) Failure or inability to perform the duties of the office as delineated.
- (b) Any act, omission or circumstance which would justify corrective action, summary action or automatic action under these Bylaws.
- (c) Loss of qualifications necessary for the office.

- (d) Inability to work cooperatively with leadership of the Medical Staff, Members or leadership of UMH.

2.5-5 Characteristics and Responsibilities

A Service Chief shall:

- (a) Demonstrate principled leadership, consistently focusing the Service on institutional clinical goals, values and behaviors.
- (b) Oversee the clinical care peer review process within the Service, consistent with the Professional Practice Evaluation Policy and approval by the MSQC, including the evaluation of quality related data received from MSS and other sources, taking action when appropriate to correct or prevent quality problems, and submitting reports to the MSQC when requested by the MSQC or COS.
- (c) Coordinate patient care, teaching, research and related activities within the Service in accordance with UMH plans, including advising the Department Chair, the Dean of the Medical School and the ECCA concerning the capability of the Service to provide education and training opportunities for medical students, CPTs and other health professionals.
- (d) Critically evaluate quality related data received from MSS and other sources, and take action when appropriate to correct or prevent quality problems.
- (e) Oversee compliance of Members in the Service with licensure and Medical Staff requirements.
- (f) Provide leadership within the Service for a continuous quality improvement program and activities that incorporate UMH quality priorities and goals, including the responsibility to:
 - (i) Identify key practice issues which impact patient safety, quality and cost.
 - (ii) Initiate actions to measure and improve clinical care within the Service.
 - (iii) Communicate priorities for improvement and cost efficiency to clinical staff, the Department Chair and UMH.
 - (iv) Collaborate with other providers and Departments/Services to improve quality and safety of patient care and cost effectiveness.
- (g) Prepare for and participate in external regulatory and accreditation reviews and confirm that the Service meets external accreditation requirements.

- (h) Recommend appointment of individuals to the Medical Staff with the approval of the Department Chair.
 - (i) Recommend minimum privileging requirements including training, experience and demonstrated competency.
 - (ii) Recommend appropriate clinical privileges for Members and SPPs of the Service. Privileges to provide specific patient care and treatment must be within well-defined limits, based on an individual's licensure, education, training, experience, competence, judgment and health status.
 - (iii) Review Members' and SPPs' clinical privileges and recommend necessary changes at the time of biennial reappointment or as needed.
- (i) Evaluate Members and SPPs on the Service based on performance; provide documented feedback at the time of reappointment, consistent with the Professional Practice Evaluation Policy, or more often if needed, including continuing surveillance of licensure status.
- (j) Cultivate positive clinical relationships and referral patterns across internal and external boundaries to foster interdisciplinary and integrated care.
- (k) Implement the policies and meet the requirements of the Medical Staff in all clinical matters including patient care, medical records, informed consent and consultations.
- (l) Assume responsibility for the safe introduction of new or upgraded technologies (including the introduction of new "off-label" uses of drugs, devices or other technologies) through appropriate vetting, including possible referral to appropriate committees and/or the UMMG for new privileges, and for notification and training of relevant staff and monitoring of outcomes.
- (m) Assist in the development of policies and procedures that guide and support the provision of care, treatment and services.
- (n) Assume responsibility for orientation and continuing education of all persons functioning in the Service and the establishment and communication of clear performance and compliance expectations.
- (o) Assess and cooperate in evaluating and addressing any compliance concern related to the Service, including managing the timely implementation of any corrective action required by the Service.
- (p) Attend periodic Service Chief workshops.

- (q) Perform other duties as assigned.

2.6. TEMPORARY DISQUALIFICATION OF OFFICIALS

In the event that an Official is temporarily disqualified from serving as an Official by reason of incapacity or lack of “good standing” (including the pendency of corrective action proceedings, suspension, consultation requirement or involuntary reduction in clinical privileges), the Official shall be placed on a temporary administrative leave of absence from the position as an Official while the incapacity or lack of good standing continues. While on the administrative leave of absence, the position shall not be deemed vacant. However, another qualified Member may be appointed temporarily to perform the duties of the Official. The Official on administrative leave of absence may not assume any higher office by virtue of the position (*e.g.*, ACOS may not ascend to COS even if the COS is no longer in office), and if the Official’s term expires while on administrative leave of absence from office, the Official may not be reelected or reappointed while still on administrative leave of absence.

**ARTICLE III.
MEDICAL STAFF MEMBERSHIP**

3.1. MEMBERSHIP – A PRIVILEGE

Membership is a privilege that shall be limited to professionally competent Practitioners who continuously meet the qualifications, requirements and responsibilities set forth in these Bylaws, including, if required for a Member’s Staff category, a faculty appointment in the Medical or Dental School.

3.2. QUALIFICATIONS FOR MEMBERSHIP

3.2-1 Documentation of Qualifications

A licensed Practitioner may apply for membership. Applicants seeking Medical Staff appointment and/or clinical privileges must produce information that documents their experience, training, competence, character, ethics, and ability to work with others with sufficient adequacy to demonstrate to the Medical Staff and UMHS Board that any patient treated by them will be given appropriate medical care. Documentation shall include peer recommendation. Further qualifications are contained later in Article III and in Articles IV and V of the Bylaws.

3.2-2 Practice Elsewhere Not Basis for Membership

Practitioners shall not be entitled to membership or to exercise clinical privileges within UMH merely by virtue of the fact that they are duly licensed to practice in this or any other state, or that they are members of any professional organization, affiliated with any insurance or managed care plan, or that they had in the past, or presently have, such privileges at another hospital.

3.2-3 Non-Discrimination

Appointments and clinical privileges shall not be denied on any basis that violates applicable law or University policy.

3.3. BASIC REQUIREMENTS AND RESPONSIBILITIES FOR THOSE SEEKING OR HOLDING MEDICAL STAFF MEMBERSHIP

To be a Member and hold clinical privileges, an Applicant must personally establish and thereafter, if appointed, a Member must continue to fulfill the following basic requirements and responsibilities:

3.3-1 Licensure

Each Member and Applicant shall secure and maintain Michigan licensure, in good standing, to practice the Member’s or Applicant’s profession, except in the case of visiting Members or Applicants or those individuals granted disaster privileges

consistent with regulatory and accreditation requirements, the Michigan Public Health Code, and these Bylaws.

3.3-2 Education, Training and Certification

Each Member and Applicant shall:

- (a) Graduate from an approved school or program generally recognized for its quality of education, per the Medical Staff and UMH credentialing policies.
- (b) Satisfactorily complete graduate training programs and possess any certification or qualification deemed necessary by the relevant Department and the ECCA to safely and appropriately perform the clinical privileges requested.
- (c) Participate and satisfactorily complete continuing education programs and activities which relate to the Member's or Applicant's delineated clinical privileges.
- (d) Maintain an academic appointment in good standing with the University, if required for a Member's Staff category, and compliance with all academic appointment requirements, if performing in an academic role.
- (e) Be Board Certified or Board Eligible by an appropriate specialty board. Applicants must be Board Certified or Board Eligible for the primary specialty and/or subspecialty applicable to the practice in which the Applicant expects to exercise clinical privileges. A Member must be Board Eligible or Board Certified in accordance with the specific (or stated) requirements of the specialty, and in compliance with specific criteria outlined within the delineation of privileges applicable to that Member. Consistent with Medical Staff Policy, if an Applicant does not meet the Board Certification requirement and there are extraordinary reasons to support the application, both the Applicant and the Department Chair must send a written request to the Credentialing and Privileging Committee requesting a waiver prior to that committee's review of the Applicant's initial appointment file. Following review by the Credentialing and Privileging Committee, a recommendation will be forwarded to the ECCA and the UMHS Board, who will make the final decision regarding approval or denial of the waiver. Reappointment is contingent upon Board Certification as outlined in the Medical Staff Policy.

3.3-3 Professionalism

Each Applicant and Member shall:

- (a) Adhere to the ethics of the Applicant's or Member's profession, consistent with the UMH mission and philosophy, and maintenance of good personal and professional reputation regardless of profession, including compliance

with any reporting obligations established by Michigan law relating to reportable conduct and misconduct by a licensed health care provider, which in all cases shall also be reported to the COS.

- (b) Cooperate with other Members, SPPs, support staff, Administration and the UMHS Board, consistent with institutional policies regarding communications among persons working within UMH and the Code of Conduct.
- (c) Comply with applicable federal, state and local law; the Bylaws, the Rules and Regulations, Department and Service Rules; and all policies applicable to Members.
- (d) Discharge Medical Staff and institutional functions for which the Applicant or Member is responsible by appointment, election or otherwise, including committee service.
- (e) Prepare and complete, in a timely manner, medical and other records required for patients for which the Applicant or Member provides care, consistent with these Bylaws, the Rules and Regulations, and institutional policy.
- (f) Respect privacy, security and confidentiality of patient, Medical Staff, and institutional information, and adherence to institutional policies, except as otherwise required by law or authorized by UMH.

3.3-4 Physical and Mental Capacity to Practice

Each Applicant and Member shall demonstrate the physical and mental capacity to permit the safe exercise of clinical privileges. In this respect, the UMHS Board may, at the time of initial application, reappointment or during any interim period, condition the exercise of privileges upon the Applicant or Member undergoing a physical and/or mental health examination conducted by one or more health care professionals selected in accordance with these Bylaws and established institutional policies.

3.3-5 Quality and Safety of Care

Each Applicant or Member shall:

- (a) Provide for professional and medically necessary care directly and through those supervised at a recognized level of quality and efficiency and within the scope of the Applicant's or Member's clinical privileges.
- (b) Comply with minimum activity requirements within UMH (patient care and/or meeting attendance) established by the UMHS Board and the ECCA after considering Department Chair, and Service Chief input, to assure awareness of current UMH procedures, protocols and guidelines and, if

holding clinical privileges, an opportunity to observe the Applicant's or Member's professional conduct and practice for quality improvement and risk management purposes.

- (c) Meaningfully participate in UMH's programs for quality assurance, utilization review, risk management and promotion of patient and staff safety and support activities designed to address issues identified by these efforts or programs.
- (d) Meaningfully participate, as requested, in UMH's Professional Review activities, including fulfilling assigned monitoring activities.
- (e) Meaningfully participate, as requested, in providing inpatient consultations, Department of Emergency Medicine consultations for those patients potentially requiring admission and inpatient attending coverage for those patients who are not under the ongoing care of a Member, according to on-call coverage mechanisms, Medical Staff, Department, and Service policies.
- (f) Personally provide or arrange for another Medical Staff Member to provide care on a continuous basis for the Applicant's or Member's patients. The arrangement could occur through on-call physicians.
- (g) Demonstrate the ability to effectively understand and communicate in the English language sufficient for patients, colleagues, Members, SPPs, Trainees, medical students and hospital staff to understand the Applicant's or Member's spoken words (or equivalent if medically speech impaired) and for the Applicant's or Member's medical records to be reasonably understood by others.

3.3-6 Business and Reporting

Each Applicant or Member shall:

- (a) Refrain from use of the UMH name or other service marks of the UMHS or the Medical Staff in any commercial message, advertisement or other writing for the purpose of promoting the Applicant's or Member's services, or any entities of which the Applicant or Member is owner, partner, shareholder or employee, without the advance written authorization of the UMHS President and COS, and others as may be required by University policy.
- (b) Secure, maintain, and upon request, provide evidence of professional liability insurance of a kind, type and limits prescribed by the UMHS Board. This requirement does not apply to Members who do not hold clinical privileges, Applicants who are not requesting clinical privileges, or those who are employees of the University.

- (c) Immediately report to the Service Chief and COS relevant facts and documents: regarding the institution of disciplinary proceedings or taking of action by any health facility, healthcare payer, professional society or licensing authority of any state or nation; limitation, suspension, revocation or resignation of clinical privileges at any health facility; investigation, censure, reprimand, suspension, restriction, probation or limitation of professional licensure by the licensing authority of any state or nation; or censure of any kind by any professional organization.
- (d) Immediately report to the Service Chief and COS relevant facts and documents regarding the loss of, suspension of, or other action taken by any state or federal government concerning: the authority to prescribe or administer controlled substances; the filing of notice of exclusion or debarment from any state or federal health care program, including without limitation Medicare and Medicaid.
- (e) Immediately report to the Service Chief and COS the facts and circumstances of: any judgment or settlement arising from professional practice in civil cases; any current formal criminal charges (*e.g.*, indictment); and any conviction of a felony or any other crime growing out of professional practice or as addressed by University policy.
- (f) Immediately report to the Service Chief and COS if the Applicant or Member contracts a contagious disease which is reportable to public health authorities under law and/or which could endanger the health of the patients, the Member or Applicant, or others working with the Applicant or Member if the other persons practiced within UMH.
- (g) Comply with other institutional policies and procedures on required reporting, including disclosure of and participation in outside activities.

3.4. INSTITUTIONAL FOCUSED CONSIDERATIONS FOR APPOINTMENTS

Appointments and grants of clinical privileges shall also take into account the present and future needs of UMH and the community it serves, including the following:

- (i) Consistency with the University's academic mission and goals.
- (ii) Delivering quality of care in a cost-effective manner, taking into account the available resources of UMH.
- (iii) Having adequate facilities and supportive services within UMH for the Applicant or Member and the Applicant's or Member's patients.
- (iv) Needing the professional skills of the Applicant or Member for UMH's delivery of care to its patients.

- (v) Absence of pre-existing, available and sufficient services or capabilities within UMH which are redundant to the services offered by the Applicant or Member.
- (vi) Meeting UMH's contractual obligations.
- (vii) Consistency with organizational plans.

Denial solely for these reasons is not and will not be considered an expression as to the competence or professional conduct of the Applicant or Member.

3.5. SPECIAL RESPONSIBILITY REGARDING THE APPLICATION AND REAPPOINTMENT PROCESS – TIMELY ACTION AND MATERIAL INACCURACIES OR OMISSIONS

Applicants and Members shall be required to produce timely and adequate information in the application and reappointment processes for proper evaluation of the Applicant's or Member's experience, background, training, demonstrated ability, and physical and mental health status, as well as resolving any doubts about these or any other qualifications. This responsibility includes obtaining meaningful and timely responses to UMH reference requests from persons the UMH deems appropriate. The Applicant or Member shall further have the responsibility of completing any application or reappointment form in a full, complete and honest manner and to update any information which changes while the application is pending. In this respect and with regard to the reporting requirements of this Article, if the Applicant or Member has any doubt as to whether disclosure of any information is required during the application or reappointment process, the Applicant or Member shall disclose the information with an explanation of the Applicant's or Member's uncertainty as to whether the information is required or not.

3.6. CONDITIONS AND DURATION OF APPOINTMENT

3.6-1 Acknowledgement

Acceptance of membership shall constitute acknowledgement that the Applicant or Member has received access to and reviewed the Bylaws and the Rules and Regulations of the Medical Staff and is specifically aware of and agrees to be bound by the terms thereof.

3.6-2 Code of Conduct

Acceptance of membership on the Medical Staff shall constitute acceptance of the Code of Conduct, and/or such successor documents as approved by the UMHS Board.

3.6-3 Clinical Privileges

Appointment to the Medical Staff shall confer only such clinical privileges as have been granted pursuant to Article VII.

3.6-4 Term

The term of appointment shall be for a maximum period of two (2) years or less, as determined by the reappointment schedule or the ECCA and the UMHS Board appointment documentation. As more fully provided in Section 4.1-2, Members in the Active and Courtesy Staff categories shall serve a Provisional Status period.

3.6-5 Testing

Acceptance of membership on the Medical Staff authorizes UMH to conduct drug and alcohol screens and a health assessment on a Member at any time during the normal pursuit of duties when requested by the Member's Department Chair or Service Chief, or the COS.

**ARTICLE IV.
CATEGORIES AND DESIGNATIONS OF THE MEDICAL STAFF AND TRAINEES**

4.1. MEDICAL STAFF CATEGORIES AND TITLES OF MEDICAL STAFF AND TRAINEES

4.1-1 Categories General

The Medical Staff shall consist of Active, Associate, Courtesy, Emeritus, and Affiliate Staff Members. In conjunction with the Medical Staff, Visiting Staff, CPTs and designated other Trainees shall also practice within UMH. Every Applicant who seeks or has Medical Staff appointment must meet the basic qualifications, requirements, and responsibilities of membership as outlined in Article III, and must satisfy any additional qualifications specific to the category to which appointment or reappointment is sought.

Each such individual category shall be designated by one of the following titles:

<u>Medical Staff Category</u>	<u>Medical or Dental School Faculty Category/Appointment</u>	<u>Medical or Dental School Faculty Track</u>	<u>Medical or Dental School Title/Status</u>
Active	Executive Faculty	Tenure Track	Professor, Associate Professor, Assistant Professor
		Clinical Track	Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, Clinical Instructor, Clinical Lecturer
Associate	Executive Faculty	Tenure Track	Professor, Associate Professor, Assistant Professor
		Clinical Track	Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, Clinical Instructor, Clinical Lecturer
Courtesy	Supplemental Faculty	N/A	Adjunct Clinical Instructor, Adjunct Clinical Assistant Professor, Adjunct Clinical Associate Professor, Adjunct Clinical Professor, Adjunct Clinical Lecturer
Emeritus	Emeritus Faculty	N/A	Emeritus
Visiting	Supplemental Faculty	N/A	Visiting Professor, Visiting Associate Professor, Visiting Assistant Professor, Visiting Clinical Instructor or Visiting Clinical Lecturer
Affiliate	Other	N/A	Adjunct Clinical Associate or rarely other titles

4.1-2 Provisional Status

Members who are initially appointed to the Active and Courtesy Staff categories shall serve a Provisional Status period until Member successfully completes the required FPPE, consistent with Medical Staff policy and procedure. A Member who

completed the initial appointment FPPE and requests new privileges also must serve a Provisional Status period until the Member successfully completes the new privileges FPPE. A Provisional Status period may not extend beyond twenty-four (24) months. The failure of a Member to qualify for removal of Provisional Status within twenty-four (24) months after initial appointment to the Medical Staff shall result in non-renewal of appointment and clinical privileges at the time of reappointment review, unless otherwise approved by the ECCA. Should a Member's membership and privileges non-renew under this section, the individual may reapply for membership and privileges through the standard process.

4.2. THE ACTIVE STAFF

The Active Staff shall consist of Practitioners who meet the basic qualifications, requirements and responsibilities of membership and have an appropriate Executive Faculty appointment in the Medical or Dental School, who are regularly involved in the provision of health care services to patients of UMH, and who assume all the functions and responsibilities of membership of the Active Staff. Members of the Active Staff shall be appointed to a specific Service.

Qualifications:

1. Meet the qualifications and requirements of membership outlined in Article III.
2. Have an active Medical School or Dental School Executive Faculty appointment as Tenure Track or Clinical Track.
3. Are not engaged in clinical practice outside UMH, unless specifically approved by the Member's Department Chair and UMHS President and consistent with University Policy.
4. Regularly admit or are otherwise regularly involved in the care of patients at UMH (a minimum of twenty-five (25) discrete patient contacts per year).
5. Will assume all functions and responsibilities of membership as set forth in Article III.

Prerogatives:

1. Admit, treat, or perform services at UMH (hospital and provider-based locations), unless otherwise specified by these Bylaws.
2. Exercise clinical privileges as are granted to them pursuant to these Bylaws and granted by the UMHS Board.
3. Eligible to vote on all matters brought before the Medical Staff.
4. May hold elected Medical Staff office.

5. May serve on and chair Medical Staff committee meetings as described in these Bylaws.

4.3. THE ASSOCIATE STAFF

The Associate Staff shall consist of Practitioners who meet the basic qualifications, requirements and responsibilities of membership, and have an appropriate Executive Faculty appointment in the Medical or Dental School who provide clinical patient care at non-UMH locations pursuant to a professional services agreement or contract as part of their University employment, but do not practice clinically at UMH. Members of the Associate Staff contribute significantly to the academic and clinical mission as endorsed by the Dean of the Medical School or Dental School (or designee). Members of the Associate Staff shall be appointed to a specific Service.

Qualifications:

1. Meet the qualifications and requirements of membership outlined in Article III.
2. Have an active Medical School or Dental School Executive Faculty appointment as Tenure Track or Clinical Track.
3. Provide evidence of active, capable practice of their profession at non-UMH facilities pursuant to a professional services agreement or contract as part of their University employment, but do not clinically practice at UMH hospital or its provider-based locations.
4. Will practice in a manner that supports the University's and UMH's mission.

Prerogatives:

1. Shall not hold clinical privileges to admit, consult, or treat patients at UMH.
2. Shall be permitted to refer patients to Active Members at UMH, follow patients during the hospital stay, review the medical record of referred patients, and discuss care with the active Members concerning referred patients.
3. May attend Medical Staff meetings but cannot vote on matters brought before the Medical Staff.
4. May not hold elected Medical Staff office.
5. May serve on, but may not chair, Medical Staff committee meetings to which they have been assigned or appointed.

4.4. THE COURTESY STAFF

The Courtesy Staff shall consist of those Practitioners who meet the basic qualifications, requirements, and responsibilities of membership as outlined in Article III, and hold appointment in the Medical or Dental School. Members of the Courtesy Staff contribute significantly to the academic and clinical mission as endorsed by the Dean of the Medical School or Dental School. To be appointed to the category of Courtesy Staff, Members must have ongoing, meaningful and regular patient care at UMH. Any specified clinical privileges that are required for Courtesy Staff shall be accompanied by a supporting letter from the appointing Department Chair recommended by the Service Chief, and endorsed by the Dean of the Medical or Dental School (or designee) indicating that these specified privileges are essential to the academic and clinical mission of UMH. The Courtesy Staff are involved in the diagnosis of patient illnesses and their treatment and assume all the functions and responsibilities of membership, including where appropriate, emergency service care and consultation assignments, within the scope of delineated clinical privileges. Members of the Courtesy Staff shall be appointed to a specific Service.

Qualifications:

1. Meet the qualifications and requirements of membership outlined in Article III.
2. Have an active Medical School or Dental School Supplemental Faculty appointment as Adjunct Clinical Assistant Professor, Adjunct Clinical Associate Professor, Adjunct Clinical Professor, Adjunct Clinical Lecturer, or Adjunct Clinical Instructor.
3. Regularly admit or are otherwise regularly involved in the care of patients at UMH hospital or provider-based locations.
4. Must meet the volume requirements as outlined in the privileging documents appropriate to the specialty in which they hold clinical privileges (and additionally must have a minimum of twenty-five (25) discrete patient contacts per year).
5. Will assume all functions and responsibilities of membership as set forth in Article III.

Prerogatives:

1. Admit, treat or perform services at UMH (hospital and provider-based) locations, unless otherwise specified by these Bylaws.
2. Exercise clinical privileges as are granted to them pursuant to these Bylaws and granted by the UMHS Board.
3. May attend Medical Staff meetings but may not vote.

4. May serve on, but may not chair, Medical Staff committee meetings to which they have been assigned or appointed.
5. May participate in Medical Staff conferences, seminars and teaching programs.
6. Cannot hold elected Medical Staff office.

4.5. THE AFFILIATE STAFF

The Affiliate Staff shall consist of Practitioners who meet the basic qualifications, requirements and responsibilities of membership as outlined in Article III, do not practice clinically at UMH and who provide clinical care at affiliated non-UMH locations on a site specific basis. Fulfillment of the University's and UMH's academic and clinical mission is a paramount consideration for all Medical Staff appointments. For this reason, the policy determinations as to whether this Affiliate category is applicable to a specific site shall be made jointly by the ECCA and the Medical School Executive Committee.

Qualifications:

1. Meet the qualifications and requirements of membership outlined in Article III.
2. Have an active Medical School or Dental School appointment as Adjunct Clinical Associate or rarely other titles.
3. Provide evidence of active, capable practice of their profession at affiliated non-UMH facilities on a site specific basis.
4. Will practice in a manner that supports the University's and UMH's mission.

Prerogatives:

1. Shall not hold clinical privileges to admit, consult or treat patients at UMH.
2. Shall be permitted to refer patients to Active Members at UMH, follow patients during the hospital stay, review the medical record of referred patients, and discuss care with the active Members concerning referred patients.
3. May attend Medical Staff meetings but cannot vote on matters brought before the Medical Staff.
4. May not hold elected Medical Staff office.
5. May not chair or serve on Medical Staff committees.

4.6. THE EMERITUS STAFF

The Emeritus Staff shall consist of Practitioners holding emeritus titles in the University of Michigan Medical or Dental School. Appointment as Emeritus Staff requires a supporting letter from the appointing Department Chair, recommended by the Service Chief, endorsed by the Dean of the Medical or Dental School (or designee), granting an Emeritus Faculty appointment. Qualified Emeritus Staff may be granted clinical privileges, under circumstances outlined by the Service Chief, endorsed by the Department Chair, and approved by the ECCA and the UMHS Board that demonstrate the scope of privileges needed to support the academic and clinical mission of UMH. Emeritus Staff who request new privileges must serve a Provisional Status period until Member successfully completes the new privileges FPPE. Emeritus Staff must be appointed for up to one (1) year, and must reapply annually.

Qualifications:

1. Have an Emeritus faculty appointment within the Medical School or Dental School.
2. Those holding clinical privileges must:
 - a. Meet the qualifications and requirements of membership outlined in Article III.
 - b. Assume all functions and responsibilities of membership as set forth in Article III.

Prerogatives:

1. May attend Medical Staff meetings, but may not vote on matters brought before the Medical Staff.
2. May serve on and vote, but may not chair, Medical Staff committee meetings as described in these Bylaws.
3. May not hold elected Medical Staff office.
4. Emeritus Staff holding clinical privileges are permitted to admit, treat or perform services at UMH (hospital and provider-based locations), unless otherwise specified by these Bylaws.

4.7. THE VISITING STAFF

The Visiting Staff shall consist of Practitioners whose employment responsibilities lie with another institution or who are appointed to temporarily supplement the clinical instructional staff. These individuals shall have an appropriate Supplemental faculty appointment in the Medical or Dental School as a Visiting Professor, Visiting Associate Professor, Visiting Assistant Professor, Visiting Instructor or Visiting Lecturer.

Appointment requires a supporting letter from the appointing Department Chair, endorsed by the Dean of the Medical or Dental School (or designee).

Qualifications:

1. Visiting Staff are not Members but must meet all the qualifications and requirements of membership outlined in Article III in order to hold clinical privileges.
2. Have an active University of Michigan Medical School or Dental School Supplemental appointment as Visiting Professor, Visiting Associate Professor, Visiting Assistant Professor, Visiting Instructor or Visiting Clinical Lecturer.
3. Provide evidence of active, capable practice of their profession at another non-UMH healthcare facility.
4. Will practice in a manner which supports the University's and UMH's mission.

Prerogatives:

1. May be privileged to admit, treat, or perform services at UMH (hospital and provider-based) locations, but will be limited to a maximum length of appointment of one (1) year. Visiting Staff may apply for an additional consecutive one (1) year appointment under exceptional circumstances. Such requests must specify the contributions made during the previous appointment period and the reasons an extension of clinical privileges are needed.
2. May attend Medical Staff meetings but cannot vote on matters brought before the Medical Staff.
3. May not hold elected Medical Staff office.
4. May not serve on Medical Staff committees.

4.8. TRAINEES

Consistent with UMHS's academic and clinical missions, licensed physicians, podiatrists, dentists and psychologists enrolled in medical, dental, graduate psychology, or podiatric training programs may be granted permission to practice within the scope of their respective programs at UMH, consistent with job descriptions developed by the respective Program Directors, approved by the GMEC, and communicated as approved or amended to MSS. Each job description must include information about the Scope of Services performed and level of supervision required by Trainees at each stage in their training.

Trainees are not Members. Their academic and employment or affiliation status at UMH are not governed by these Bylaws, but instead by the documents or processes described in Table 4.8 below.

Trainees’ clinical activities and professional conduct are governed by these Bylaws. Accordingly, violation of any of the requirements of these Bylaws may result in collegial intervention and/or corrective action, including as described in Article VIII, in addition to any disciplinary action that may be imposed in connection with their academic and employment or affiliation status.

Table 4.8: Trainees and Governing Documents

Trainee Category	Governing Document(s)
Clinical Program Trainee (House Officer)	House Officers Association Collective Bargaining Agreement ACGME, CPME, or CODA Common Program Requirements, including specialty specific requirements as applicable
Advanced Post-Graduate Trainee	Offer Letter/Employment Agreement
Special Purpose Trainee	Affiliation Agreement

4.8-1 Clinical Program Trainees

- (a) CPTs are qualified physicians dentists and podiatrists who:
 - (i) Are enrolled in good standing in educational programs (*e.g.*, residencies or fellowships) sponsored or otherwise approved by the Medical or Dental School, as applicable, and accredited by ACGME, CODA or CPME (see below for Trainees enrolled in other programs).
 - (ii) Meet the basic qualifications, requirements and responsibilities associated with participation in their training programs at their respective levels.
 - (iii) Are actively involved, with appropriate direction and supervision, in the prevention, diagnosis or treatment of patient injury and illness, or in related research.
- (b) Designation of an individual as a CPT requires recommendation of the Department Chair in consultation with the applicable Program Director and Service Chief, concurrence of the Associate Dean of Graduate Medical Education Office, Credentialing and Privileging Committee and approval of the ECCA and UMHS Board.

- (c) CPTs may attend Medical Staff meetings but may not vote. They are eligible to vote on Medical Staff committees to which they are appointed as described in these Bylaws. CPTs are expected to attend and participate in staff conferences, seminars, and teaching programs. Their employment status and related rights and responsibilities are governed by applicable agreements.

4.8-2 Advanced Post-Graduate Trainees

- (a) APTs are qualified physicians, dentists and psychologists who:
 - (i) Are not CPTs.
 - (ii) Are participating in advanced clinical education programs sponsored or otherwise approved by the Medical School, but not accredited by ACGME.
 - (iii) Meet the basic qualifications, requirements and responsibilities of membership.
 - (iv) Are actively involved, with appropriate direction and supervision, in the prevention, diagnosis or treatment of patient injury and illness, or in related research.
 - (v) Are limited to the individuals outlined in Medical Staff policy.
- (b) APTs are appointed to one or more specific Services. Appointment of an APT requires recommendation of the Department Chair in consultation with the applicable Service Chief, concurrence of the Associate Dean for Graduate Medical Education, and approval of the Credentialing and Privileging Committee, the ECCA and the UMHS Board.
- (c) APTs may attend Medical Staff meetings but may not vote. They are eligible for non-voting membership on Medical Staff committees and may attend and participate in staff conferences, seminars and teaching programs. Their employment status is set forth in offer letters or employment agreements approved by the GME Office and the Department.

4.8-3 Special Purpose Trainees

- (a) SPTs are qualified physicians, podiatrists or dentists who are:
 - (i) Currently enrolled in good standing in an education program at an outside institution (the Sponsoring Institution) accredited by ACGME, CODA, or CPME for which a temporary educational rotation on a Service within UMH of less than one (1) year has been arranged with the Sponsoring Institution under an appropriately executed affiliation agreement.

- (ii) Are actively involved, with appropriate direction and supervision, in the prevention, diagnosis or treatment of patient injury and illness or in related research.
- (b) Appointment of an SPT is to a specific Service and requires recommendation of the Department Chair in consultation with the Associate Dean for Graduate Medical Education, applicable Program Director, and Service Chief, concurrence of the Graduate Medical Education Office and approval of the Credentialing and Privileging Committee, the ECCA and UMHS Board.
- (c) SPTs may not attend Medical Staff meetings, nor are they eligible for membership on Medical Staff committees. They are expected to attend and participate in staff conferences, seminars, and teaching programs in connection with their rotations. Their affiliation status and related rights and responsibilities are set forth in a contract between the University of Michigan and the Sponsoring Institution. SPTs are not eligible for membership in the House Officers Association.

4.8-4 Limited Clinical Privileges for Trainees

The ECCA may determine that there are circumstances where CPTs, APTs, and SPTs may be granted clinical privileges, in accordance with these Bylaws.

**ARTICLE V.
PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

5.1. APPLICATION FOR APPOINTMENT OR REAPPOINTMENT

5.1-1 Form

All applications for appointment or reappointment to the Medical Staff shall be completed, shall be signed by the Applicant/Member, as applicable, and shall be submitted on forms approved by the ECCA.

5.1-2 Burden Upon Applicant or Member

Consistent with Section 3.5., the Applicant/Member shall be responsible for producing complete and accurate information enabling proper evaluation of the Applicant's or Member's qualifications, to include competence, character, ethics, and other qualifications, and shall be responsible for resolving any doubts about such qualifications, including by way of example the reporting of impending, past, or present liability actions. If the Applicant fails to provide this information or provides information containing misrepresentations, misstatements or omissions, the application process will stop. The Applicant will be informed of the nature of the misrepresentations, misstatements or omissions, and permitted to provide a written response, which will be reviewed and processed in accordance with credentialing policy and procedure. Any Applicant/Member who, after being granted appointment and/or clinical privileges, is determined to have made material misstatements, misrepresentations or omissions in connection with an application shall, upon receipt of written notice from the COS, be deemed to have relinquished the Applicant's or Member's appointment and clinical privileges. No action taken pursuant to this Section 5.1-2 shall entitle the Applicant/Member to the procedural rights, hearing or appeal under these Bylaws and the Fair Hearing Plan.

5.1-3 Obligations of Applicant or Member

By applying for appointment to the Medical Staff, each Applicant/Member signifies willingness to appear for interviews in regard to the application. The Applicant/Member authorizes UMH to consult with members of the medical staffs of other hospitals with which the Applicant/Member has been associated and with others who may have information bearing on the competence, character and ethical qualification. Furthermore, the Applicant/Member consents to the UMH's inspection of all records and documents that may be material to an evaluation of the professional qualifications and competence to carry out the clinical privileges requested by the Applicant/Member, as well as the moral and ethical qualifications for membership to become a member of the Medical Staff.

The Applicant also releases from any liability all Representatives of the University and the Medical Staff for their acts performed in good faith and without malice concerning the Applicant or Member's competence, ethics, character and other

qualifications for Medical Staff appointment and clinical privileges, including otherwise privileged or confidential information, to the fullest extent permitted by law. In addition, for Practitioners who are to be employed by University any contract for employment is contingent upon successful completion of the credentialing process and the receipt of clinical privileges.

5.1-4 Acceptance of Testing

By applying for and accepting appointment to the Medical Staff, the Applicant/Member acknowledges the provisions in these Bylaws related to testing and health assessment, as described in Section 3.6-5.

5.1-5 Applicant and Member Review

The submission of an application for appointment/reappointment by an Applicant/Member indicates that the Applicant/Member has been given access to and read the Bylaws, Rules and Regulations and, for reappointment, has been given access to other policies of the Medical Staff, and that Applicant/Member agrees to be bound by the terms thereof if granted membership and/or clinical privileges.

5.2. APPOINTMENT PROCESS

5.2-1 Pre ECCA Review

After all required application documentation has been received and processed, the Department Chair and the Service Chief (if applicable) shall review the application and make recommendations regarding the clinical privileges the Applicant is requesting. These recommendations shall be forwarded along with the completed application, appropriate references and other pertinent materials to the Credentialing and Privileging Committee. All credentialing and privileging applications will be reviewed in accordance with process outlined in the Medical Staff credentialing and privileging policies and procedures. The Credentialing and Privileging Committee shall review the evidence of the character, physical and mental competence, professional competence, qualifications, and ethics and conduct of the Applicant, obtaining additional information, if necessary, from references, other Members of the Service to which the Applicant wishes to be appointed, and from other hospitals where Applicant has previously held staff membership. Within sixty (60) days of receipt of the application from the Department Chair, the Credentialing and Privileging Committee shall submit to the ECCA a recommendation that the application along with the clinical privileges be accepted, rejected, or deferred for further action.

5.2-2 ECCA Review

- (a) Upon receiving the recommendation of the Credentialing and Privileging Committee, the ECCA will review the recommendation, and will conduct any further review regarding the Applicant's qualifications. The ECCA shall determine whether to:

- (i) Provide the UMHS Board with a recommendation that the Applicant be appointed to the Medical Staff with the specific clinical privileges requested or;
 - (ii) Provide the UMHS Board with a recommendation that the Applicant be appointed to the Medical Staff, but not with all the specific clinical privileges requested; or
 - (iii) Provide the UMHS Board with a recommendation that the Applicant be denied appointment to the Medical Staff; or
 - (iv) Defer the application for further consideration.
- (b) When the recommendation of the ECCA is to defer the application for further consideration, it must be followed up within sixty (60) days with a subsequent recommendation.
 - (c) When the recommendation of the ECCA is unfavorable to the Applicant, either in respect to appointment or clinical privileges, the COS shall promptly notify the Applicant by Special Notice of the adverse recommendation and of the Applicant's right to request a hearing under Article IX. No such unfavorable recommendation need be forwarded to the UMHS Board until after the Applicant has exercised or has waived the Applicant's hearing and any appeal rights.
 - (d) When the recommendation of the ECCA is favorable to the Applicant, the COS shall promptly forward it, together with all supporting documentation, to the UMHS Board.

5.2-3 Board Review

- (a) Upon receipt of the application, supporting information, and recommendation from the ECCA, the UMHS Board will act upon the application and will notify the Applicant of its decision. The UMHS Board may either adopt the ECCA's recommendation or refer the matter back to the ECCA for further proceedings. If the decision of the UMHS Board is to appoint the Applicant to the Medical Staff, the UMHS Board will approve the specific privileges to be granted to the Medical Staff Member.
- (b) All decisions by the UMHS Board approving or disapproving the appointment of an Applicant will be forwarded in writing to the Applicant with a copy to the COS.
- (c) The UMHS Board may establish a committee, with a quorum consisting of two (2) Physician members of the UMHS Board, for the purpose of acting on its behalf on the credentials and privileges of Practitioners. Any actions taken by this committee will be reported to the UMHS Board.

- (d) Should the UMHS Board's preliminary decision be adverse to the Applicant after either: (1) a favorable ECCA recommendation; or (2) as otherwise determined by the UMHS Board, the Applicant will be notified of the preliminary adverse decision and of the Applicant's right to request a hearing under Article IX. No final action will be taken by the UMHS Board until after the Applicant has waived or exhausted the Applicant's hearing rights.
- (e) Any time periods specified in this Section 5.2. are to assist those named in accomplishing their tasks and will not be deemed to create any right of the Applicant to have the Applicant's application process within those periods.

5.2-4 Reconciliation of UMHS Board Differences with the ECCA

Should the UMHS Board decision be contrary to the recommendation of the ECCA, the UMHS Board shall return the application to the ECCA, stating the reasons for its decision. The ECCA will then reconsider its recommendation and send back to the UMHS Board the reconsidered recommendation before a final decision is made by the UMHS Board. Either the UMHS Board or the ECCA may request a joint meeting review to reassess the application.

5.3. REAPPOINTMENT PROCESS

5.3-1 Process in General

The processing of reappointment will begin only when the Member has submitted a complete application to the MSS office using authorized reappointment forms with necessary supporting information. Thereafter, the process for reappointment shall generally follow the same conditions and procedures as provided for appointment, except as modified below.

5.3-2 Basis for Reappointment

Each recommendation concerning the reappointment of a Member and the clinical privileges to be granted upon reappointment shall be based upon such Members': character; physical and mental competence; professional competence; qualifications; ethics and conduct; attendance at Medical Staff meetings and participation in Staff affairs; compliance with the Medical Staff Bylaws, Rules and Regulations and policies; cooperation with UMH personnel; use of the UMH facilities for patients; relations with other Members; general attitude toward patients, the UMH and the public; cooperation with academic goals; and timely reporting of impending, past, or present liability and licensure actions; if seeking reappointment in the Active, Courtesy, Associate, Visiting or Active Emeritus Staff categories, having current faculty appointment, and the other qualifications stated in Article III.

The above qualifications are documented by the Department Chair and Service Chief and reported to the Credentialing and Privileging Committee in a form approved by the ECCA.

5.3-3 Credentialing and Privileging Committee Recommendation

In sufficient time for the ECCA to make a recommendation on reappointment, the Credentialing and Privileging Committee shall review all pertinent information available on each Member scheduled for reappointment consideration, and shall transmit its recommendations to the ECCA. Where non-reappointment or a change in clinical privileges is recommended, the reason for such recommendation shall be stated and documented.

5.3-4 ECCA Recommendation and UMHS Board Action

- (a) Generally at least thirty (30) days prior to the expiration of a Member's appointment, the ECCA shall make written recommendations to the UMHS Board through the COS, concerning the reappointment, non-reappointment and/or clinical privileges of each Member. Where non-reappointment or a change in clinical privileges is recommended by the ECCA, the reasons for such recommendations shall be stated and documented.
- (b) The UMHS Board may establish a committee, with a quorum of two (2) Physician members of the UMHS Board, for the purpose of acting on its behalf on the credentials and privileges of Practitioners as well as their reappointments to the Medical Staff. Any actions taken by this committee will be reported to the UMHS Board.
- (c) Should the UMHS Board's preliminary decision be adverse to the Member after either; (1) a favorable ECCA recommendation; or (2) as otherwise determined by the UMHS Board, the Member will be notified of the preliminary adverse decision and of the Member's right to request a hearing under Article IX. No final action will be taken by the UMHS Board until after the Member has waived or exhausted the Applicant's hearing rights.

5.3-5 Leave of Absence

A Member may request a Medical Staff leave of absence as provided herein for either educational/personal reasons or for health-related reasons. The granting or denial of a Medical Staff leave of absence is managed separately from any employment-related leave of absence.

- (a) Educational Leaves and Personal Leaves Unrelated to an Individual Health Condition
 - (i) Medical Staff Members may obtain a leave of absence for professional development or for personal reasons unrelated to an

individual health condition in accordance with the University of Michigan Faculty Handbook and Standard Practice Guide policies.

- (ii) If the absence from clinical duties extends for more than six (6) months, notification to the COS is required, and must be provided by the Member, Department Chair, Service Chief, or the Dean's office. Notification must include the reasons for the leave, the anticipated duration of the leave, the proposed beginning and end dates of the leave, which may not extend beyond one (1) year.
- (iii) Absences of more than six (6) months will result in an automatic FPPE upon return to clinical practice regardless of the reasons for the Medical Staff leave.
- (iv) The Member's privileges will remain intact during the leave period up to one (1) year.

(b) Health Related Leave for an Individual Health Condition

- (i) A Member seeking a health-related Medical Staff leave of absence shall request such by submitting a written request to the Service Chief. The request must state the reasons for the leave along with the proposed beginning and ending dates of the leave, which will not exceed one (1) year. The Service Chief shall notify the COS or the COS's designee regarding any individual health-related leave that may impact the Member's ability to exercise the Member's clinical privileges.
- (ii) The Service Chief or Department Chair, after consultation with COS as appropriate, will determine whether a request for a health-related Medical Staff leave of absence will be granted.
- (iii) If Medical Staff leadership becomes aware that a Member has been absent from patient care responsibilities related to a health condition for longer than thirty (30) days without formally requesting a Medical Staff leave of absence, the COS, in consultation with the Service Chief and Department Chair, may impose a Medical Staff leave of absence.
- (iv) Alternatively, should the COS determine that a Member should be on a Medical Staff leave of absence related to an individual health condition, the COS may place the Member on Medical Staff leave of absence.
- (v) In the event that the health-related Medical Staff leave of absence extends beyond six (6) months, the Member's privileges will be administratively suspended until such time, if any, that the Member

fulfills the requirements to return to clinical practice as outlined below.

(vi) Return to Clinical Practice after a Medical Staff Health-related Leave

- (1) At least thirty (30) days or as reasonably practicable prior to an intended return from a Medical Staff health-related leave of absence, the Member shall provide written notice of the intent to return to clinical practice to the applicable Service Chief. The Service Chief shall promptly notify the COS regarding any Member returning to clinical practice following an individual health condition when there are concerns about the Member's ability to exercise the Member's clinical privileges.
- (2) The written notice of intent to return to clinical practice shall be accompanied by a notification from the integrated disability management program (i.e., Work Connections) and/or other institutionally approved return to work process in consultation with the Member's treating physician. In the case of non-employed Members, a report from the Member's treating physician indicating that the Member is physically and mentally capable of returning to clinical practice and safely exercising the Member's clinical privileges.
- (3) Where a Service Chief has notified the COS regarding any Member returning to clinical practice following an individual health condition when there are concerns about the Member's ability to exercise the Member's clinical privileges, the COS or the COS's designee will review the written notice of intent to return to clinical practice. With any health-related return to clinical practice, regardless of whether the Service Chief has notified the COS, the COS may determine additional evaluation is indicated, based on recommendations of OCA's designated physician(s), prior to a Member's return to work, including identification of conditions, accommodations, and necessary requirements for any resulting FPPE. If the COS or the COS's designee approves the return to clinical practice, the Member may immediately resume clinical practice, subject to any conditions, accommodations, and necessary requirements for any resulting FPPE. If, however, the COS does not approve the return to clinical practice, the request to return to clinical practice will be forwarded to the Credentialing and Privileging Committee for review and recommendation to the ECCA. If the ECCA denies the request for return to

clinical practice, the Member may be entitled to request a hearing and appeal as provided in the Fair Hearing Plan.

- (4) Upon return from a health-related leave, regardless of duration, the Member may be subject to a FPPE structured for the given situation at the request of the COS. Absences of more than six (6) months will result in automatic FPPE upon return to clinical practice regardless of the reasons for the Medical Staff leave.

(c) Termination of Medical Staff Membership and/or Clinical Privileges

- (i) For absences longer than one (1) year, the ECCA will process an administrative lapse of the Member's Membership and clinical privileges. The individual may apply for Membership and privileges pursuant to the standard process for initial Applicants.
- (ii) Failure to provide proper notice to return to clinical practice following a Medical Staff leave of absence will be deemed a voluntary relinquishment of Medical Staff appointment and clinical privileges.
- (iii) If a Member's current appointment period is due to expire during the leave period, the Member may be reappointed while on leave through the normal reappointment process. If a Member should fail to submit a complete reappointment application, the Member's appointment and clinical privileges will administratively lapse at the end of the appointment period. In such circumstances, the Member will be required to proceed through the standard initial appointment process. No patient care activities may occur after the expiration date, or prior to the Member's new appointment date (if applicable).

**ARTICLE VI.
SPECIFIED PROFESSIONAL PERSONNEL**

6.1. PREROGATIVES

SPPs are not eligible for Medical Staff membership, but participate directly in the management of patients under the supervision, direction or back-up of a Physician, Dentist, Oral Surgeon, or Podiatrist Member. They are assigned to an appropriate Service and carry out their activities subject to the policies and procedures of the Service, and consistent with the clinical privileges granted, including FPPE and OPPE.

Although not Members, the administrative guidelines or policies, drafted with Service Chief input, shall set forth the criteria for clinical privileges for each type of SPP. Such criteria shall include the following:

- (i) They exercise judgment within their areas of competence, provided that a Physician Member shall have the ultimate responsibility for patient care or in the case of nurse midwives, provide back-up in complex pregnancy situations.
- (ii) They participate directly in the management of patients under the supervision, direction or back-up of a Physician Member.
- (iii) They record reports and progress notes in patients' records and write orders to the extent established for them by the Medical Staff.
- (iv) They perform services in conformity with the applicable provisions of these Bylaws and appropriate state law.
- (v) The Member immediately responsible for the direction and supervision of the SPP shall have the authority to initiate practice limitations on the SPP for legitimate reasons and with the concurrence of the appropriate Service Chief or UMH administrative department head, in accordance with the procedures set forth in this section.
- (vi) How the participation of the SPP will support the academic and research mission of UMH.

6.2. PROCEDURE FOR GRANTING CLINICAL PRIVILEGES

The designation of individuals eligible to apply for clinical privileges as an SPP, and the corresponding procedures and protocols, as well as terms and conditions for each type of SPP, shall be designated by the UMHS Board based on the recommendations of the relevant Service, the Credentialing and Privileging Committee, and the ECCA. SPPs applying for initial and renewed clinical privileges shall be processed in a manner parallel to the process described herein for appointment and reappointment to the Medical Staff, provided, however, that the rights of SPPs with respect to actions taken are as provided below.

6.3. HEARING PROCEDURES APPLICABLE TO SPPS

SPP's privileges are subject to suspension, restriction or termination consistent with the process described in Article VIII and the SPP's hearing and appellate rights are set forth in this section. Except with Automatic Action taken in 8.5, a limited fair hearing process with respect to termination, suspension, denial or reduction of clinical privileges for SPPs will be provided in the form of a conference with the Service Chief and the SPP's responsible Member, with the inclusion of other SPPs or Members as appropriate. The Service Chief will provide the affected SPP written notice of the date, time, and place of the conference, along with the basis for the privilege action. The SPP has the right to appear at the conference and present evidence regarding the privilege action. Within a reasonable time after adjournment of the conference, the Service Chief will issue a written decision indicating whether they agree with the privilege action. If the decision is in disagreement with the privilege action, the matter will be referred to the ECCA for its consideration and recommendation. If the decision is in agreement with the privilege action, the SPP may appeal the decision to the COS who shall have the authority to decide the status of the SPP's privileges. The COS or the ECCA may afford an SPP's additional hearing rights, but such additional rights are not required.

**ARTICLE VII.
CLINICAL PRIVILEGES**

7.1. CLINICAL PRIVILEGES

7.1-1 Clinical Privileges Required

Every Member and SPP practicing within UMH shall be entitled to exercise only those clinical privileges specifically granted to the Member or SPP by the UMHS Board except as provided in Sections 7.2., 7.3. and 7.4.

7.1-2 Requests

Every application or reapplication for clinical privileges must contain a request for the specific clinical privileges desired by the applicant. The applicant is responsible for providing evidence of meeting the qualifications and competency outlined in the delineation of clinical privileges. Every initial application for membership and for reappointment, and every SPP application for clinical privileges, must contain a request for the specific clinical privileges desired, and, if applicable, the facilities where those clinical privileges are sought. Application for clinical privileges or changes therein, shall originate and be completed and signed by the applicant; reviewed and, if complete and satisfactory, signed by the relevant Service Chief ; reviewed and signed by the appropriate Department Chair; recommended for decision by the Credentialing and Privileging Committee and the ECCA; and finally assessed and acted upon by the UMHS Board. An application by a Service Chief is subject to endorsement by his or her Department Chair; and application by a Department Chair is subject to endorsement by the relevant Service Chief and COS. Requirements for education, training, monitored performance, etc. shall be included on the ECCA-approved delineation of privileges forms.

7.1-3 New Procedures and Techniques

Requests for clinical privileges to perform either a procedure not currently being performed at UMH or a significant new technique for an existing procedure (new procedure) shall not be processed until: (1) a determination has been made that the procedure should be offered by UMH ; and (2) criteria for clinical privileges to perform the new procedure have been established.

As an initial step in the process, the relevant Department Chair and/or Service Chief will make a preliminary recommendation as to whether the new procedure should be offered. Factors that may be considered include, but are not limited to: (1) minimum education, training, and experience necessary to perform the new procedure safely and competently; (2) whether continued competency for the new procedure is volume-sensitive and if the requisite volume would be available; (3) the existence of objective clinical criteria and/or indications for when the new procedure is appropriate; (4) whether there is empirical evidence of improved patient outcomes and/or other clinical benefits to patients; (5) whether the new

procedure is being performed at other similar hospitals and the experiences of those institutions; and (6) whether UMH has the resources, including space, equipment, personnel, and other support services, to safely and effectively perform the new procedure.

Upon receipt of the preliminary recommendations from the Department Chair and/or Service Chief, the Credentialing and Privileging Committee will review and evaluate the request and supporting information in accordance with the Medical Staff policy for new privileges. If it is recommended that the new procedure be offered, the Credentialing and Privileging Committee will conduct an assessment and may consult with internal and/or external experts, as necessary, to develop recommendations regarding (1) the minimum education, training, and experience necessary to perform the new procedure; (2) the Departments or Services that should be permitted to offer the new procedure; (3) the extent of focused monitoring and supervision that should occur if the privileges are granted; and (4) the manner in which the procedure will be reviewed as part of UMH's ongoing and focused professional practice evaluation activities. The Credentialing and Privileging Committee will forward its recommendations to the ECCA, that will review the matter and forward its recommendations to the UMHS Board for final action.

7.1-4 Clinical Privileges That Cross Specialty Lines

- (a) Requests by individuals in another specialty for clinical privileges that traditionally have been exercised only by individuals from one specialty will not be processed until the steps outlined in this section have been completed and a determination has been made regarding the individual's eligibility to request the clinical privileges in question.
- (b) The Credentialing and Privileging Committee and the ECCA shall conduct research and consult with experts, including those on the Medical Staff (*e.g.*, Department Chairs, individuals on the Medical Staff with special interest and/or expertise) and those outside UMH (*e.g.*, other hospitals, residency training programs, specialty societies).
- (c) The Credentialing and Privileging Committee may or may not recommend that individuals from different specialties be permitted to request the privileges at issue. If it does, the Committee may develop recommendations regarding:
 - (i) the minimum education, training, and experience necessary to perform the clinical privileges in question;
 - (ii) the clinical indications for when the procedure is appropriate;
 - (iii) the extent of focused monitoring and supervision that should occur if privileges would be granted;

- (iv) the manner in which the procedure would be reviewed as part of the Hospital's ongoing performance improvement activities (including an assessment of outcomes data for all relevant specialties); and
- (v) the impact, if any, on emergency call responsibilities.

The Credentialing and Privileging Committee shall forward its recommendations to the ECCA, which shall review the matter and forward its recommendations to the UMHS Board for final action.

7.1-5 Ongoing and Focused Professional Practice Evaluation

All clinical privileges are subject to ongoing and focused evaluation by the appropriate Department(s) and Service(s) as provided in the Professional Practice Evaluation policy. OPPE and FPPE are elements of peer or professional practice review and protected by the confidentiality policies described in the Bylaws and Rules and Regulations. OPPE may include direct observation of care and review of the records which document the evaluation of the Member or SPP's participation in the delivery of medical care. OPPE indicators are reported to and approved by the MSQC.

Each Member or SPP afforded clinical privileges at UMH shall complete such focused-monitoring period (also known as FPPE) as may be required by the Service. Monitoring shall be in accordance with standards set forth in the Professional Practice Evaluation Policy. A Member on Provisional Status shall remain subject to completion of monitoring as outlined in 4.1-2. Documentation attesting to completion of monitoring shall be signed by the monitor or Service Chief, along with an evaluation of performance, and a statement as to whether the Member meets all of the qualifications. Medical Staff Members who change Medical Staff classification to one of greater clinical responsibility, or Members or SPPs who are granted additional privileges, shall also complete a period of monitoring as assigned by the Service Chief and approved by the Credentialing and Privileging Committee. Monitoring shall be performed by a Member of the Medical Staff in good standing with privileges in the specialty area being monitored. The Service Chief shall establish the plan for FPPE, which is subject to approval by the Credentialing and Privileging Committee.

7.1-6 Dentists, Podiatrists and Oral Surgeons

- (a) Clinical privileges granted to Dentists, Podiatrists and Oral Surgeons shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each Dentist, Podiatrist or Oral Surgeon may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.
- (b) Surgical procedures performed by Dentists, Podiatrists and Oral Surgeons who are not also Physicians shall be under the overall supervision of the Chair of a Department and a Service Chief designated by the ECCA in the

same degree as other surgical services within a Department or Service. Surgery off the main campus at licensed UMH facilities shall also be subject to oversight by the appropriate ACU Medical Director.

- (c) All dental and podiatric patients shall receive the same basic medical appraisal as patients admitted to other surgical services. A Physician Member shall be consulted and is responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization.

7.1-7 Psychologists

- (a) Clinical privileges granted to Psychologists shall be based on their training, experience and demonstrated competence and judgment. Psychologists will not prescribe drugs, perform surgical procedures, or otherwise practice outside the area of their expertise or approved delineation of privileges. They shall practice under the overall supervision of a Department Chair and Service Chief designated by the ECCA.
- (b) Psychologists may not admit patients to UMH hospital facilities. However, in inpatient settings, they may diagnose and treat the patient's psychological condition as a part of the comprehensive care offered by their program. A Physician Member of the Medical Staff shall admit the patient and shall be responsible for any medical care that may be required during the hospitalization. Psychologists may provide consultation within their area of expertise on the care of patients within UMH.
- (c) In outpatient settings, Psychologists may diagnose and treat a patient's psychological condition. Psychologists will ensure that their patients receive referral to appropriate medical care.

7.1-8 Optometrists

- (a) Clinical privileges granted to Optometrists shall be based on their training, experience, and demonstrated competence and judgment. Optometrists may not admit patients to UMH hospital facilities, or practice outside of their area of expertise, approved delineation of privileges, or their scope of practice permitted by law. Optometrists shall practice under the overall supervision of a Department Chair and Service Chief designated by the ECCA. A Physician Member of the Medical Staff shall admit the patient and shall be responsible for any medical care that may be required during the hospitalization.
- (b) Optometrists generally may conduct eye examinations, evaluate the need for vision correction and prescribe such correction, as appropriate, and screen for certain eye conditions. Optometrists will ensure that patients receive referrals to appropriate medical care as necessary.

7.2. TEMPORARY PRIVILEGES

7.2-1 Granting of Temporary Privileges

Temporary clinical privileges may be granted on the recommendation of the UMHS President or authorized designee and approved by the COS, acting as the UMHS President's authorized designee, only when there is an important clinical need, and when, at the start of an academic year, an applicant who completed his or her academic training program after the date of any postgraduate verification forms necessary for appointment has submitted a complete application that otherwise raises no concerns and that is simply awaiting UMHS Board action. A Practitioner is not eligible for temporary privileges under this section if Practitioner has ever been subject to (i) involuntary limitation, reduction, restriction, suspension, or termination of Medical Staff membership or clinical privileges at any organization; (ii) professional licensure sanctions; or (iii) sanctions in connection with his or her most recent training program.

An applicant seeking temporary privileges must be interviewed by the Service Chief, Department Chair and/or COS (in person or by telephone) and submit adequate evidence of applicant's identity and qualifications, which at a minimum shall include a copy of applicant's driver's license with photo, a copy of current medical license, a copy of applicant's authority to prescribe restricted drugs, proof of applicant's professional liability insurance, other documentation as requested, and a favorable reference from a chief executive officer, chief of staff or medical staff department head of a reputable healthcare facility where applicant holds clinical privileges concerning applicant's capabilities and other criteria specified in administrative guidelines. Administrative guidelines and policies may also specify additional requirements and the information that shall be obtained from primary sources. Before temporary clinical privileges are granted, the Practitioner must acknowledge in writing that Practitioner has read those sections of the Bylaws, Rules and Regulations and policies, which would govern applicant's temporary activities within UMH facilities.

7.2-2 Exercise of Temporary Privileges

In exercising such clinical privileges, the applicant shall act under the supervision of the Service Chief to whom the applicant is assigned.

7.2-3 Limitations

Temporary clinical privileges may be granted for not more than two (2) periods of thirty (30) days or less, each by joint action of the COS acting as the UMHS President's authorized designee and either the Department Chair or Service Chief. Special requirements of supervision and reporting may be imposed by the Service Chief concerning any Practitioner granted temporary clinical privileges.

7.2-4 Termination Procedure for Temporary Privileges

Any two (2) of the COS, Department Chair or Service Chief jointly may, at any time, terminate a Practitioner's temporary clinical privileges effective as of the discharge from UMH of Practitioner's patient(s) then under the Practitioner's care without statement of cause or reason. However, where it is determined that the life or health of one or more patients would be endangered by continued management and/or treatment by the Practitioner, any person entitled to impose Summary Action pursuant to these Bylaws may immediately terminate temporary clinical privileges. In addition, temporary clinical privileges may also be immediately terminated by the COS upon notice to the Practitioner for any failure by the Practitioner to comply with such special conditions or limitations or any other reason giving rise to doubts about the Practitioner's patient care, integrity or ethics which would more effectively be assessed through a full application process. Upon termination, the appropriate Service Chief or, in the absence of the Service Chief, the COS, shall assign a Member to assume responsibility for the care of such terminated Practitioner's patient(s) until they are discharged from UMH hospitals. The wishes of the patient(s) shall be considered where feasible in selection of a substitute Member.

7.3. SPECIAL EMERGENCY AND DISASTER PRIVILEGES FOR MEMBERS

Subject to the discretion and approval of the COS, in the case of patient emergency or in the case of emergency or disaster where the Emergency Operations Plan has been activated, any Member, to the degree permitted by the Member's license and regardless of Service or Medical Staff status, shall be permitted to do, and assisted in doing, everything possible to save the life of a patient, using every facility necessary, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such Member must request the additional clinical privileges, if any, necessary to continue to treat the patient. In the event such clinical privileges are denied or the Member does not desire to request clinical privileges, the patient shall be assigned by the COS to an appropriate member of the Medical Staff. For the purpose of this section, an "emergency" includes a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and that any delay in administering treatment would add to that danger. The provisions in this section shall be supplemented by policies of UMH.

7.4. SPECIAL EMERGENCY AND DISASTER PRIVILEGES FOR NON-MEMBERS

In the case of emergency or disaster where the Emergency Operations Plan has been officially activated, and UMH may potentially be unable to handle immediate patient care needs, any Practitioner or SPP who is not currently a participating provider for UMH, and who volunteers to provide clinical services to patients during said emergency or disaster, shall be processed according to UMH policies and procedures.

**ARTICLE VIII.
PERFORMANCE IMPROVEMENT AND CORRECTIVE ACTION**

The Medical Staff encourages the use of progressive steps by Medical Staff leaders (the COS, ACOS, Department Chairs, and Service Chiefs) to address questions relating to a Member's, SPP's or Trainee's (referred to as "individual" in this Article VIII) clinical practice or professional conduct. The goal of collegial interventions and educational efforts is to initially use non-punitive methods when possible to arrive at voluntary, responsive actions by the individual to resolve questions identified. The indications for performance improvement and actions described in this Article apply to Trainees and SPPs to the extent applicable to their positions. However, hearing rights for SPPs with regard to actions related to the exercise of clinical privileges are limited to those procedures described in Section 6.3. Trainees do not have hearing and appeal rights under these Bylaws.

8.1. COLLEGIAL INTERVENTION

8.1-1 Special Professional Review at Department or Service Level.

A collegial intervention, review and/or study is professional review activity involving the practice or professionalism of an individual, that may be initiated on a Department or Service basis for the purpose of addressing practice improvement opportunities regarding patient care, cooperation, professionalism, and/or collegiality among the Medical Staff and UMH staff.

Collegial interventions may include counseling, education, and related steps, such as the following:

- (a) Advising of applicable policies and procedures, such as policies regarding appropriate behavior, emergency call obligation, and the timely and adequate completion of medical records;
- (b) Real-time observation, chaperone assignment, monitoring, consultation, and letters of guidance; and
- (c) Sharing comparative quality, utilization, and other relevant information, including any variations from clinical protocols or guidelines, in order to assist the individual to conform their practices to appropriate norms.

Collegial intervention efforts are encouraged, but are not mandatory, and are within the discretion of the responsible Medical Staff leaders. When pursued, the Medical Staff leaders will document collegial intervention efforts in the individual's confidential peer review files. The subject will have the opportunity to review the documentation and respond in writing. The response, if any, is maintained in the peer review file along with the original documentation. The responsible Medical Staff leaders shall determine whether to direct that a matter be handled in accordance with another policy, such as the Code of Conduct or Professional Practice Evaluation policy or be evaluated for further inquiry. All activities under this Section 8.1. are Professional Review.

8.1-2 Alternative Action by Medical Staff Leadership and the ECCA.

If at any time during an inquiry, evaluation, review, investigation, or other proceeding, information demonstrates that the actions or behaviors of the individual may be caused by an impairment to the individual's physical or mental health, the individual may be referred by Medical Staff leadership for evaluation and potential treatment as provided in the Practitioner Impairment Policy 04-06-046. If that occurs, Medical Staff leadership or the ECCA may temporarily interrupt other process under these Bylaws and initiate Alternative Action.

- (a) Alternative Action is an alternative and cooperative non-disciplinary means of addressing a problem of an individual for which corrective action or other traditional means of behavioral modification are either not feasible or not as appropriate. Alternative Action requires the consent of the individual and is not subject to any hearing and appeal under the Fair Hearing Plan or process under Section 6.3., as applicable.
- (b) The ECCA shall establish the procedures for Alternative Action on a case by case basis consistent with applicable policies as determined by the ECCA.
- (c) Alternative Action only occurs at the discretion of the applicable Medical Staff leaders or the ECCA. Accordingly, Medical Staff leadership or the ECCA may end Alternative Action at any time for any reason and resume any other action under these Bylaws.

8.2. **PERFORMANCE IMPROVEMENT EVALUATION**

8.2-1 Criteria for Initiation

At any time, the COS, any ACOS, the relevant Department Chair or Service Chief, or the UMHS President may initiate evaluation of an individual based on the reasons listed below and/or similar considerations. The evaluation may also be referred to a Professional Review Committee. In addition, whenever under Section 8.1. questions continue or when collegial interventions have not timely resolved an issue, the matter shall be referred to or reviewed by the COS, any ACOS, the relevant Department Chair or Service Chief, the UMHS President, or a Professional Review Committee for additional evaluation. The officer, leader or committee conducting an evaluation under this Section 8.2. will maintain a brief record of the steps taken, any communications with the subject individual, and copies of the source materials collected and reviewed. Reasons for evaluation include but are not limited to:

- (a) The activities or professional conduct of any individual with clinical privileges that are or are reasonably probable of being:
 - (i) Detrimental to patient safety,

- (ii) Detrimental to effective delivery of patient care, or
 - (iii) Disruptive to UMH operations.
- (b) Unethical conduct.
 - (c) Institution of formal charges for, or conviction of, a felony or any other crime involving or affecting professional practice.
 - (d) Incompetency (to include mental, judgment and physical).
 - (e) Unauthorized disclosure of confidential University, UMH, Medical Staff, patient, Professional Review, or designated confidential business, information.
 - (f) Violation of these Bylaws, the Rules and Regulations or Medical Staff policies, or UMH policies (including, but not limited to, falsification of application or credential documents).
 - (g) Failure to discharge the responsibilities of membership or SPP or Trainee status.
 - (h) Personal conduct that impairs the ability of the individual to effectively practice within UMH or has a reasonable likelihood of damaging the reputation of UMH or the University.
 - (i) Non-compliance with a plan of correction or memorandum of understanding agreed upon by the individual and Medical Staff leadership or UMH.
 - (j) Any conduct that forms the basis of summary action as described under Section 8.4. or automatic action under Section 8.5.
 - (k) Institution of administrative proceedings that could lead to the individual being suspended or excluded from the Medicare or Medicaid programs.
 - (l) A finding by any local, state or national professional organization that an individual committed unethical acts.
 - (m) A finding by any professional licensing board that an individual violated licensing statutes or rules.

8.2-2 After initial review and validation that the issues identified are credible, the Medical Staff leader or Professional Review Committee to whom the matter was referred and/or reviewed by may recommend an investigation to the ECCA. No action taken pursuant to Sections 8.1. or 8.2. shall constitute an investigation or corrective action or be grounds for hearing and appeal under the Fair Hearing Plan or process under

Section 6.3. The evaluations and assessments under this Section 8.2. are Professional Review.

8.3. INVESTIGATION AND CORRECTIVE ACTION

8.3-1 Investigation Requests

All requests for investigation shall be in writing, submitted to the COS or the ECCA and supported by reference to a description or examples of the specific activities or conduct that constitute the grounds for the request. At all times, the UMHS President or the ECCA shall retain authority and discretion to take action that may be warranted by the circumstances, including summary action, and including instances where no activities under Sections 8.1. or 8.2. have occurred. The COS, the ECCA and UMHS President shall be kept fully informed of all action taken in conjunction therewith that they are not personally managing.

8.3-2 Investigation, Reports and Notices

If an investigation is deemed necessary and appropriate, an investigation shall begin only after a formal determination by the ECCA to do so. The ECCA may designate a person, an ad hoc committee, or another Professional Review Committee to investigate. When so designated, the investigator (person or committee) shall promptly investigate the matter and upon completion of the investigation, forward a written report of the investigator's findings, conclusions and recommendations to the ECCA. If the investigation request was preceded by an evaluation, a report of that evaluation or other review activity may be used in lieu of an investigation. A record of the steps taken during the investigation shall be maintained. The individual shall be notified by the designated investigating body in writing of the investigation, the steps that will be taken during the investigation, the individual's responsibilities, rights and options, and that the individual may have an opportunity to participate in the investigation process. The written notice to the individual shall be approved by the COS and OGC prior to sending to the individual.

8.3-3 Interview of Individual

At any point after an investigation is initiated, the ECCA, the COS, the UMHS President, a Department Chair, a Service Chief, the Associate Dean for Graduate Medical Education and Designated Institutional Official, a Program Director or an investigator (person or committee) may, upon request, have the opportunity to interview the individual who is the subject of the investigation. An interview shall not be deemed an investigation subject to hearing and appeal rights under the Fair Hearing Plan or Section 6.3. and the individual being interviewed shall not have the right to be represented by legal counsel at the interview. A summary of the interview, including the perspective of the individual being interviewed, will be included in the investigation report.

8.3-4 ECCA Action

Promptly following receipt of the investigation report or, if applicable, a report of an evaluation, the ECCA may accept, modify, or reject any recommendation it receives from an investigator. The ECCA may:

- (a) Determine that no action is justified with or without a warning letter or admonition;
- (b) Recommend to the UMHS Board additional FPPE;
- (c) Issue a letter of reprimand;
- (d) Impose an additional monitoring without limitation of clinical privileges;
- (e) Recommend to the UMHS Board reduction, suspension or revocation of clinical privileges;
- (f) Recommend to the UMHS Board reduction of category or limitation of any prerogatives directly related to patient care;
- (g) Recommend suspension or revocation of membership or appointment;
- (h) Recommend to the UMHS Board that other action be taken; and
- (i) Modify or terminate the status of Trainees and SPPs.

8.3-5 Exercise or Waiver of Procedural Rights

A Member may request a hearing under the Fair Hearing Plan, and an SPP may request the process in Section 6.3., if a recommendation or action taken by the ECCA pursuant to (b) or (e) through (i) of Section 8.3-4 is identified by the ECCA in the notice to the Member as giving the Member the right to a hearing under the Fair Hearing Plan or the SPP the process are described in Section 6.3. The ECCA may, based on the outcome of any hearing, revise its action or recommendation. Failure of the Member or SPP to timely request and pursue exercise of procedural rights shall constitute acceptance of an adverse action or recommendation as provided in the Fair Hearing Plan or Section 6.3., as applicable. Trainees do not have hearing and appeal rights under these Bylaws, including but not limited to this Article VIII.

8.3-6 Report to UMHS Board and UMHS Board Action

All the ECCA actions and recommendations regarding a corrective action request shall be reported promptly to the UMHS Board. A determination of no action or the taking of actions specified in Section 8.3-4(b), (c) and (d) shall not be final until affirmatively approved by the UMHS Board. If not approved by the UMHS Board, the UMHS Board may, after due consultation with the ECCA, take any other action

specified in Section 8.3-4. As to any corrective action taken or recommended by the ECCA for which the Member or SPP has timely and effectively pursued a hearing or the SPP has pursued the process under Section 6.3., if applicable, the UMHS Board action will await the outcome or waiver of any appropriate appeal by the Member or SPP. As to any corrective action taken or recommended by the ECCA for which the Member or SPP is not entitled to or has waived a formal hearing, the UMHS Board may expressly affirm, or after consultation with the ECCA, reject (or rescind) such action or recommendation with such special directives to the UMHS President and/or the ECCA as it deems appropriate. Silence or non-action by the UMHS Board for sixty (60) days after receipt of notice of the ECCA corrective action, without the pendency of hearing or appeal proceedings, shall constitute the UMHS Board's implied approval of same. All approvals, determinations and actions for the UMHS Board may be decided or conducted by an appropriate committee of the Board.

8.4. SUMMARY ACTION

8.4-1 Criteria and Initiation

The COS or UMHS President acting in combination with the relevant Department Chair or Service Chief, or the ECCA acting alone or the UMHS Board acting alone, will have the authority to summarily suspend or place conditions upon the exercise of all or any portion of the clinical privileges or status of an individual whenever:

- (a) The individual's temporary or permanent mental or physical state is such that one or more patients under the individual's care may be subject to imminent danger to their health as a result of the individual's action or inaction if the individual is permitted to continue to exercise clinical privileges.
- (b) There is information suggesting that the individual has committed acts of an illegal or unethical nature while in the UMH or in another health care setting that are of such gravity that, if proven, would justify revocation or permanent suspension of Medical Staff membership, clinical privileges, professional licensure or prescribing authority.
- (c) There is information that, in the judgment of those having the authority to summarily act, indicates that the failure to take summary action may result in imminent danger to the health of one or more patients under the present and/or future care of the individual or others.
- (d) There is information suggestive of an act, omission or pattern by the individual that has the potential of materially damaging UMH's licensure status or ability to effectively function as a provider of services.
- (e) Non-compliance with an agreement between an individual and the ECCA or UMH, where the agreement either specifies non-compliance will result

in suspension or the acts of non-compliance will place patient, staff or other Member/SPP/Trainee welfare at risk.

Such summary action shall become effective immediately upon imposition pursuant to this Section 8.4-1, and written notice of the suspension promptly shall be given to the individual.

8.4-2 ECCA Action

At an ECCA meeting held no later than fourteen (14) days following such summary action, meaning as soon as feasible but not more than fourteen (14) days following the summary action, the ECCA shall review and consider the action to be taken. The ECCA shall have the right, but not the obligation, to require the presence of the affected individual for the ECCA interview and ascertainment of the individual's position on the summary action. The ECCA, in consultation with the UMHS President, may impose a modification, continuation or termination of the terms of the summary action. The ECCA may also make a referral of the matter for investigation specified in Section 8.3., as an alternative or concurrently. If the ECCA does not, within fourteen (14) days of imposition, rescind the action in total, the individual may make a request to pursue the procedures applicable in the Fair Hearing Plan or Section 6.3., as applicable. If the ECCA should rescind the summary action, but refer the matter for investigation as an alternative, any request for the procedures of the Fair Hearing Plan or Section 6.3., as applicable, shall be pursued in accordance with these Bylaws only after the ECCA has taken action. In the event that the ECCA should recommend investigation concurrent with summary action for the same individual, then any review procedures for both actions shall be consolidated in accordance with the provisions of the Fair Hearing Plan or Section 6.3., as applicable.

8.5. AUTOMATIC ACTION

Automatic action occurs in response to determinations by agencies or authorities that implicate the affected individual's qualifications to practice at UMH. Automatic action may also trigger additional evaluation specified in Section 8.2. or investigation specified in Section 8.3., or such evaluation or investigation may, at the discretion of the relevant Medical Staff leaders, be delayed pending resolution of the external proceedings. The effect of automatic action on a Member, SPP, or Trainee is not subject to hearing or appeal, and reinstatement following the end of the disqualifying event is considered a reapplication, unless determined otherwise by the ECCA in its discretion.

8.5-1 Loss of License, Serious Crime, or Sanctions

An individual whose license authorizing the individual to practice in this State is revoked, suspended, or lapsed, or who is convicted of a crime involving clinical practice or hospital facilities or of any felony, or who becomes temporarily or permanently excluded, suspended, sanctioned or otherwise ineligible to fully participate in Medicaid, Medicare or other governmental healthcare program, shall

immediately and automatically be suspended from practicing in UMH. Such action is in addition to any other corrective action that may be imposed.

8.5-2 Termination of Faculty or Trainee Appointment or SPP Status

The termination of a faculty appointment or employment by the University or UMH automatically terminates the appointment to the Medical Staff and clinical privileges of a Member and terminates the Medical Staff status of a SPP or appointment of a Trainee.

8.5-3 Suspension of Faculty or Trainee Appointment or SPP Employment

The total suspension or partial suspension of the clinical practice aspect of a Member's faculty appointment or Medical School title, or the suspension of the employment of an SPP automatically results in suspension of all clinical privileges at UMH of the Member or SPP that are directly within the scope of the University faculty/SPP suspension. The total or partial suspension of a Trainee by a body with authority over the Trainee automatically results in suspension of the Trainee's status under these Bylaws.

8.5-4 Prescribing Authority

An individual with clinical privileges whose authority to prescribe and administer is revoked or suspended by an applicable authority shall immediately and automatically be divested of the individual's right under the Medical Staff to prescribe medications covered by such authority. After this administrative action, the ECCA at its next regularly scheduled meeting shall review and consider the facts under which the authority was revoked or suspended. The ECCA may then take corrective action as is appropriate to the facts disclosed in its review and report the action taken to UMHS Board.

8.6. ADMINISTRATIVE ACTION

8.6-1 Circumstances

Administrative action that suspends an individual's appointment, status, and/or clinical privileges shall be automatically imposed for any reasons enumerated in Section 8.5. (except for Section 8.5-2, where termination is automatic) and under this Section 8.6. Administrative action, under the provisions of this section, may not constitute a reportable Medical Staff action in accordance with state and federal reporting requirements, as it is considered to be a non-disciplinary and non-Professional Review Action for purposes of those reporting requirements.

8.6-2 Medical Records

If, after a warning of delinquency from the COS, an individual fails to complete medical records in a timely fashion, clinical privileges shall be suspended until all the delinquent records have been completed. Failure to complete the medical

records within thirty (30) days from the date that clinical privileges were first suspended or in a shorter time specified by the ECCA, will be deemed a resignation of membership and all clinical privileges for a Member or SPP or resignation as a Trainee.

Unless the ECCA or UMHS Board find after review the records were not delinquent or, if delinquent, were timely completed, the suspended membership and clinical privileges may be reinstated by the COS or UMHS President, in consultation with the other, only upon complete correction of all delinquencies, credible assurances by the individual that there will be no further medical record delinquency, and a determination by either the COS or UMHS President that such reinstatement will serve the best interests of the patients and the UMH. Otherwise, membership and clinical privileges of the Member, or clinical privileges of a SPP, after suspension under this subsection may be obtained by the Member or SPP only by new initial application.

Review and any reinstatement of resignation of Trainee status on the Medical Staff shall be in accordance with procedures applicable to Trainees.

8.6-3 Professional Liability Insurance

In the event that an individual who is required to maintain insurance coverage fails to:

- (a) Maintain in force professional liability insurance in prescribed amounts or maintain other proof of financial responsibility, or
- (b) Report any change in the status of the individual's professional liability insurance to the UMHS President within seven (7) days subsequent to the change; the clinical privileges of the individual shall be suspended until the requirement is again met. While clinical privileges are suspended, the individual may not see, treat, consult with respect to, or admit a patient at UMH facilities. Clinical privileges, that are suspended for failure to maintain insurance shall continue to be suspended until the insurance is reinstated. Continued failure to be in compliance may result in corrective action pursuant to Section 8.3. and/or non-reappointment.

8.6-4 Technical Non-Compliance with Bylaws, Rules or Other UMH or UMHS Policies

In the event an individual is found to have violated a provision of the Bylaws, Rules, or policy that does not directly or immediately involve patient well-being, the UMHS President or COS, after consultation with the ECCA or UMHS Board, is empowered to issue a letter to the individual giving notice of non-compliance and advising the individual of the importance of future compliance. The individual involved shall be required, within thirty (30) days after receipt of such notice, to acknowledge in writing its receipt, and to pledge the individual will thereafter comply with the policy involved, and provide any mitigating factors the individual feels are warranted. A copy of such Notice of Non-Compliance and the individual's

response shall be placed in the peer review file with respect to the individual. Such notice may be considered, for two (2) reappointment periods after issuance, in any corrective action proceedings involving the individual. If no further Notices of Non-Compliance are issued within two (2) reappointment cycles for similar infractions, it will, at the request of the individual, be permanently expunged from the individual's Medical Staff review file.

8.6-5 Failure to Comply with Special Attendance Requirement

A Member who fails to attend a specially required meeting of the Medical Staff, a Department, Service, or committee meeting without advance permission by the chair of the body involved, after having been given written notice of a special requirement to attend such meeting shall, upon written notice by the COS, have all clinical privileges suspended until the matter is resolved by the ECCA review.

8.6-6 Partial Suspension of Faculty Appointment or Clinical Privileges in Another Practice Setting Potentially Impacting Clinical Practice

In the event that the faculty appointment of a Member is partially suspended, but the suspension does not specifically encompass practice at UMH, or clinical privileges in another practice setting are suspended, the COS may, if the COS determines that clinical practice and/or grounds for corrective action at UMH may be implicated, determine that all or part of the Member's clinical privileges be suspended until the matter can be reviewed at the next meeting of the ECCA or sooner by a designee of the ECCA.

8.6-7 Licensure Probation

When a Member is placed on probation by State licensure authorities, such Member's voting and office holding prerogatives are suspended effective upon and for at least the term of the probation.

8.6-8 Continuing Education Requirements

Failure to complete sufficient number and type of continuing education credits to meet minimum Michigan licensure requirements shall be grounds for the COS to suspend clinical privileges until those requirements are met regardless of whether or not the individual's license is suspended. Continued or repeated failure to meet either of these requirements shall be grounds for denying reappointment.

8.6-9 Disruptive or Impaired Practitioner

An individual who meets the criteria for a "Disruptive Practitioner" or "Impaired Practitioner" under Medical Staff or UMH policy shall be required to proceed through the process specified in such policy. However, nothing therein shall limit the availability of corrective or summary action under these Bylaws.

**ARTICLE IX.
HEARING AND APPELLATE REVIEW**

9.1. HEARINGS AND APPELLATE REVIEW

In the event a Member or Applicant believes the Member or Applicant is aggrieved by a recommendation or action of the ECCA or UMHS Board, the Member or Applicant may be entitled to pursue review as provided in, and in the manner provided by, these Bylaws. Review under these fair hearing provisions of the Bylaws is limited to those types of actions identified in these Bylaws.

9.2. EXCLUSIVE REMEDY

If an adverse ruling is made with respect to a Medical Staff membership, Staff status or clinical privileges at any time, regardless of whether the individual is an Applicant or a Member, the individual shall follow and abide by the remedies afforded by the Bylaws before resorting to a formal legal action.

9.3. RIGHT TO REQUEST HEARING

9.3-1 A Member or Applicant may request a hearing upon one or more of the following actions or recommended actions relating to professional competence or professional conduct in the care of patients:

- (a) Denial of initial appointment or reappointment, termination or revocation of any appointment.
- (b) Denial of requested clinical privileges, suspension of clinical privileges for more than fourteen (14) days or revocation of privileges.
- (c) Denial of reinstatement from a leave of absence if the reason is related to professional competence or conduct.
- (d) Any other Professional Review Action that must be reported to the Michigan Department of Community Health under MCLA § 333.20175(5) and/or to the Data Bank under the federal Health Care Quality Improvement Act, 42 USC § 11101 *et seq.* and implementing regulations.

9.3-2 A Member or Applicant who is not entitled to a hearing or appeal may dispute an ECCA finding or determination by requesting that a written rebuttal be attached to the Member's or Applicant's file and by submitting the rebuttal within thirty (30) days of the ECCA's action.

9.4. REQUIRED NOTICE OF RECOMMENDATION TRIGGERING HEARING RIGHT AND REQUEST FOR HEARING

9.4-1 The COS must promptly give Special Notice of a recommendation or action that entitles a Member or Applicant to request a hearing. This notice must include at

least: (i) a statement of the recommendation or action and reasons for it; (ii) a statement that the Member or Applicant has a right to request a hearing on the recommendation or action within thirty (30) days of receipt of the notice; and (iii) a copy of or internet link to the Medical Staff Bylaws. Copies of this notice will be distributed to the UMHS President and the Member's Department Chair and Service Chief.

9.4-2 A request for a hearing must be made in writing and delivered to the COS within thirty (30) days after the Member or Applicant receives the Special Notice described above.

9.5. HEARING NOTICES

9.5-1 Notice of Hearing

The COS is responsible for scheduling the hearing and providing by Special Notice, the following information to the Member or Applicant at least thirty (30) days prior to the date scheduled for the hearing:

- (a) The time, place and date of the hearing.
- (b) A copy of this Fair Hearing Plan.

9.5-2 Second Notice

The COS is responsible for providing the Member or Applicant by Special Notice, at least fifteen (15) days prior to the hearing, the following:

- (a) A proposed list of witnesses who will give testimony.
- (b) The names of the Hearing Panel members and Hearing Officer.
- (c) A list of patients whose records support the recommendation (if applicable) and a list of other supporting documents. The statement of reasons may be revised or amended at any time, even during the hearing, as long as the additional information is relevant to the recommendation or otherwise to the Member's or Applicant's professional competence or conduct, or the Member's or Applicant's qualifications for membership or clinical privileges.

9.5-3 Member's or Applicant's Submissions

At least fifteen (15) days before the hearing date the Member or Applicant must send via registered mail; certified mail, return receipt requested; express mail service requiring a signed receipt; hand delivery directly to the COS or a recognized assistant confirmed by affidavit of the delivering person; or other means designed to reasonably assure delivery and confirm receipt by the COS of the item involved, to the COS, a written list of the names of witnesses expected to offer testimony on

the Member's or Applicant's behalf, a list of records and other supporting documents, together with a brief summary of the anticipated testimony of each.

9.6. HEARING PANEL AND OFFICERS

9.6-1 The COS, in consultation with the CMO, will appoint a Hearing Panel consistent with the following guidelines:

- (a) The Hearing Panel will consist of at least three (3) Active Members, one of whom shall be designated as the chair.
- (b) In addition, the Hearing Panel may also include physicians and/or laypersons unaffiliated with UMH. Knowledge of the underlying professional review matter, in and of itself, does not preclude an individual from serving on the Hearing Panel, nor does employment by, or other contractual arrangement with, the University or any of its affiliates.
- (c) As determined by the COS, the Hearing Panel may not include any individual who:
 - (i) Is in direct economic competition with the Member or Applicant.
 - (ii) Is demonstrated to have an actual bias, prejudice or conflict of interest that would prevent the individual from fairly and impartially considering the matter.

9.6-2 Hearing Officer

The COS, in consultation with the CMO, will appoint a Hearing Officer. The Hearing Officer shall not act as an advocate for either side at the hearing, and will conduct the hearing, maintain decorum and rule on all evidentiary and witness matters. A Hearing Officer will be an attorney-at-law experienced in conducting such hearings. The Hearing Officer may not be, or represent clients, in direct economic competition with the Member or Applicant.

The Hearing Officer shall:

- (a) Provide the Member or Applicant with a reasonable opportunity to be heard and to present evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination.
- (b) Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant or abusive, or that causes undue delay.
- (c) Maintain decorum throughout the hearing.
- (d) Determine the order of the proceeding.

- (e) Rule on all matters of procedure and the admissibility of evidence.
- (f) Conduct argument by counsel on procedural points outside the presence of the Hearing Panel unless the Hearing Panel by a majority vote requests to be present.

The Hearing Officer and the Hearing Panel may be advised by internal or external UMHS legal counsel with regard to the hearing procedure. The Hearing Officer may participate in the private deliberations of the Hearing Panel and serve as a legal advisor to the Hearing Panels.

9.7. OBJECTIONS TO HEARING PANEL AND OFFICERS

Any objections to any member of the Hearing Panel, or the Hearing Officer, shall be made in writing, within ten (10) days of receipt of notice, to the COS. A copy of such written objections must be provided to the COS and must include the basis for the objections. The COS shall rule on the objections and give notice to the parties. The COS may request that the Hearing Officer make a recommendation as to the validity of the objections.

9.8. HEARING RIGHTS

9.8-1 In the hearing the Member or Applicant has the following rights:

- (a) To representation by an attorney or other person of the requestor's choice.
- (b) To have a record made of the proceedings. A record of the proceedings shall be made, and the Hearing Panel shall determine the method for creating the record. A copy or copies of the record may be obtained by the Member or Applicant upon payment of any reasonable charges associated with the preparation thereof.
- (c) To call and question witnesses.
- (d) To present evidence determined to be relevant by the Hearing Officer regardless of its admissibility in a court of law.
- (e) To submit a written statement at the close of the hearing.

The Member or Applicant has no right to request or receive, during or in connection with a hearing, appeal or any subsequent proceeding, information or data concerning other Medical Staff Members or individuals with clinical privileges in connection with the requestor's dispute or in any subsequent litigation.

9.8-2 The Hearing Panel at its own initiative, may question witnesses, request the presence of additional witnesses and/or request additional documentary evidence. If the Member or Applicant does not testify, Member or Applicant may be called and questioned by the Hearing Panel.

9.9. PRE-HEARING CONFERENCE

The Hearing Officer will require a representative (who may be counsel) for the Member or Applicant and for the Medical Staff to participate in a pre-hearing conference. The COS or designee shall be the representative of the Medical Staff. At the pre-hearing conference, the Hearing Officer will resolve all procedural questions, including any objections to exhibits or witnesses and the time to be allotted to each witness's testimony and questions.

9.10. PROVISION OF RELEVANT INFORMATION

The hearing is an intra-professional, confidential peer review matter within UMH and as a result the procedures generally utilized in lawsuits or other litigation are not applicable herein. As a result, there shall be no right to discovery or receipt of information prior to the hearing except as specified herein. The Hearing Officer may direct the parties to exchange exhibits, except those that may be used for impeachment purposes, at a specified time prior to the hearing. Except in extraordinary circumstances, the exhibit exchange shall be no earlier than two weeks prior to the first date of the hearing. Prior to receiving any confidential documents, the Member or Applicant shall agree that all documents and information will be maintained as confidential and will not be disclosed or used for any purpose outside of the hearing. The Member or Applicant must also provide a written representation that the Member's or Applicant's representative and any expert(s) have executed business associate agreements compliant with the requirements of the Health Insurance Portability and Accountability Act of 1996, implementing privacy and security regulations, and applicable state law in connection with any identifiable patient information contained in any documents provided.

9.11. BURDEN OF PROOF

In all hearings, including those relating to appointment, reappointment or the granting of clinical privileges, the Member or Applicant shall have the burden of proof to demonstrate that Member or Applicant satisfies, on a continuing basis, all criteria for initial appointment, reappointment and clinical privileges. Unless the Hearing Panel finds that the Member or Applicant has proved, by clear and convincing evidence, that the Member or Applicant has met the Member's or Applicant's burden and that the recommendation or action that prompted the hearing was arbitrary or capricious, the Hearing Panel shall find in favor of the committee or body that proposed the recommendation or initiated the action that is subject to the hearing.

9.12. ADMISSIBILITY

The hearing will not be conducted according to rules of evidence. Any relevant evidence will be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of the evidence in a court of law.

9.13. PRESENCE OF HEARING PANEL MEMBERS

A majority of the Hearing Panel shall be present throughout the hearing. In unusual circumstances, when a Hearing Panel member must be absent from any part of the hearing, the Member shall read the entire record of the portion of the hearing from which the Member was absent.

9.14. RECOMMENDATION OF THE HEARING PANEL

9.14-1 Within twenty (20) days after final adjournment of the hearing (which may be designated as the time the Hearing Panel receives the hearing record or transcript or any post-hearing statements, whichever is later), the Hearing Panel shall render a recommendation, accompanied by a written report, to include a concise statement of the basis for the recommendation, to the COS, the ECCA and UMHS Board.

9.14-2 The Member or Applicant shall be provided a copy of the Hearing Panel recommendation and report by Special Notice. Within fifteen (15) days after the delivery of the copy of the Hearing Panel recommendation and report to the Member or Applicant, the Member or Applicant may submit a written statement specifying the recommendations to which the Member or Applicant disagrees and the reasons for such disagreement.

9.15. GROUNDS FOR APPEAL TO THE UMHS BOARD

The grounds for appeal are limited to the following: There was substantial failure to comply with this Article IX, so as to deny a fair hearing.

9.16. TIME FOR APPEAL

Within ten (10) days after the receipt of the Hearing Panel’s recommendation and report, either the Member or Applicant or the ECCA may request an appeal. The request shall be in writing, delivered to the COS either in person or by registered mail; certified mail, return receipt requested; express mail service requiring a signed receipt; hand delivery directly to the COS or a recognized assistant confirmed by affidavit of the delivering person; or other means designed to reasonably assure delivery and confirm receipt by the COS of the item involved. The request shall include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If an appeal is not requested within such ten (10) day period, an appeal is deemed to be waived and the decision is final.

9.17. UMHS BOARD APPELLATE REVIEW

Whenever an appeal is requested as set forth in the preceding section, the chair of the UMHS Board shall schedule and arrange for an appeal. The Member or Applicant shall be given Special Notice of the time, place and date of the appeal. The appeal shall be held as soon as arrangements can reasonably be made, taking into account the schedules of all the individuals involved.

9.17-1 Nature of Appellate Review

- (a) The UMHS Board may consider the appeal as a whole body, or the chair of the UMHS Board may appoint a Review Panel composed of not less than three (3) persons, either members of the UMHS Board or others, including, but not limited to, reputable persons outside the hospital, to consider the record upon which the recommendation before it was made and recommend final action to the UMHS Board.
- (b) Each party may present a written statement of no more than ten (10) letter size (8.5 x 11 inches) pages, single space typing, 12 (twelve) point or greater font, in support of its position on appeal. The requesting party shall submit a statement first and the other party shall then have thirty (30) days to respond. The UMHS Board (or Review Panel), in its sole discretion, may allow each party or its representative to appear personally and make oral argument not to exceed thirty (30) minutes.
- (c) The UMHS Board (or Review Panel) may review the entire record of the hearing and, in its discretion, accept additional written or oral evidence that it determines to be relevant.

9.17-2 UMHS Board Decision

The UMHS Board shall make the final decision, and the COS shall notify the ECCA and send Special Notice to the Member or Applicant of the decision.

9.17-3 Right to One Hearing and One Appeal Only

Each Member or Applicant shall be entitled to one (1) hearing and one (1) appellate review on any matter. If the UMHS Board denies initial appointment of an Applicant to the Medical Staff or denies reappointment or revokes the appointment and/or clinical privileges of a current Member of the Medical Staff, that individual may not apply for Staff appointment or for those clinical privileges for a period of five (5) years, unless the UMHS Board provides otherwise.

9.18. TERMINATION OF CONTRACT

If so specified in a written contract, such as in a professional services contract or agreement, the appointment and/or clinical privileges of a Member or SPP held in accordance with such a written contract will be terminated automatically in the event of expiration (without renewal) or termination of the written contract, without regard to the professional competence of the Member and without right to hearing.

ARTICLE X.
COMMUNICATION AND RESOLUTION OF DIFFERENCES

There is a defined process to manage and resolve conflicts between the Medical Staff and the ECCA regarding proposals to adopt or amend the Medical Staff Rules and Regulations, adopt or amend policies and procedures under the authority of the ECCA, or other issues of significance to the Medical Staff. Such conflicts may be identified by petition signed by at least fifty (50) Members of the Active Medical Staff. When such conflicts are identified, the COS will call a Special Meeting of the Medical Staff to discuss the conflict as provided in Section 13.2. of the Bylaws. The sole subject for any such Special Meeting will be the issue in conflict. If the differences cannot be resolved, the ECCA shall forward its recommendations pertaining to the amendment or policy at issue, along with the proposed recommendations offered by the voting Members of the Medical Staff, to the UMHS Board for final action. This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including but not limited to, Professional Review Actions concerning individual Members, Applicants, Trainees, and SPPs.

Nothing in this section is intended to prevent individual Members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Rules and Regulations or other Medical Staff policies directly to the UMHS Board. Communication from Members to the UMHS Board will be directed through the UMHS President, who will forward the request for communication to the Chair of the UMHS Board. The UMHS President will also provide notification to the ECCA by informing the COS of all such exchanges. The Chair of the UMHS Board will determine the manner and method of the UMHS Board's response to the Member(s).

**ARTICLE XI.
REPRESENTATIVE OF MEDICAL STAFF ON UMHS BOARD**

11.1. REPRESENTATIVES OF MEDICAL STAFF ON UMHS BOARD

If permitted by the UMHS Board bylaws, two (2) Medical Staff representatives (referred to in these Bylaws as the “UMHS Board Representatives”) shall serve on the UMHS Board.

11.2. APPOINTMENT OF MEDICAL STAFF REPRESENTATIVES TO THE UMHS BOARD

Appointment(s) shall be made by the Regents in accordance with the UMHS Board bylaws.

11.3. MEMBERSHIP ON EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS

The UMHS Board Representatives shall be members ex officio of the ECCA with voting rights and responsibilities as specified in these Bylaws.

**ARTICLE XII.
ORGANIZATIONAL UNITS OF THE MEDICAL STAFF**

12.1. GENERAL PURPOSE AND DUTIES OF SERVICES AND COMMITTEES

An essential purpose of all Services and the committees which have clinical or professional review functions is to evaluate, monitor, maintain and/or improve the quality and utilization of patient care services provided by UMH. The duties of Services and Medical Staff committees shall include, but are not necessarily limited to:

- (i) Review of professional practices at UMH in an effort to reduce morbidity and mortality.
- (ii) Review of professional practices in an effort to improve the care and treatment provided patients in the hospital facilities, which shall include monitoring UMH and Medical Staff policies and procedures, requirements for alternate coverage and consultations, and recommending methods of enforcement and changes when appropriate.
- (iii) Review of the safety, quality and necessity of care provided patients in UMH.
- (iv) Review of preventability of complications and deaths occurring in UMH.
- (v) Directing, ordering and requiring the collection of records, data and knowledge in furtherance of its duties.
- (vi) Submission of reports to the ECCA concerning:
 - 1. Findings of the committee's review and evaluation activities, actions taken thereon, and the results of such action.
 - 2. Recommendations for maintaining and improving the quality of care provided in UMH.
 - 3. Such other matters as may be requested from time to time by the ECCA.

All data, knowledge and records of these Services and committees shall and must be kept in a confidential manner and shall not be subject to being subpoenaed or produced in legal proceedings consistent with the provisions of Michigan and federal law.

12.2. DEPARTMENTS AND SERVICES

12.2-1 Department and Services

The Medical Staff delivers health care services through clinical Departments and Services. Departments are organized by the Medical School and their Chairs appointed by the Medical School to reduce morbidity and mortality at UMH and otherwise promote patient safety and quality improvement. If the ECCA and

UMHS Board create a new service, the Bylaws will be updated accordingly.
Departments and Services at UMH include the following:

- (a) Anesthesiology: Adult, Critical Care, Pediatric, Pain Management.
- (b) Cardiac Surgery: Adult, Pediatric.
- (c) Dentistry.
- (d) Dermatology.
- (e) Emergency Medicine: Adult, Pediatric.
- (f) Family Medicine.
- (g) Internal Medicine: Allergy, Cardiovascular Medicine, Metabolism, Endocrinology & Diabetes, Gastroenterology, General Medicine, Geriatric Medicine, Hematology/Oncology, Infectious Diseases, Molecular Medicine and Genetics, Nephrology, Pulmonology, Rheumatology.
- (h) Neurology.
- (i) Neurosurgery.
- (j) Obstetrics & Gynecology: Gynecology, Obstetrics
- (k) Pathology: Clinical, Anatomical.
- (l) Pediatrics: Adolescent Medicine, Cardiology, Developmental-Behavioral Pediatrics, Critical Care Medicine, Endocrinology, Gastroenterology, General Pediatrics, Genetics, Hematology/Oncology, Infectious Diseases, Neonatology, Nephrology, Neurology, Pulmonary, Rheumatology.
- (m) Physical Medicine and Rehabilitation.
- (n) Psychiatry: Adult, Child and Adolescent.
- (o) Radiation Oncology.
- (p) Radiology: Adult, Child, Nuclear Medicine.
- (q) Ophthalmology.
- (r) Orthopaedic Surgery: Adult, Trauma, Pediatric, Adult Joint Reconstructions, Sports Medicine.
- (s) Otolaryngology: Adult, Pediatrics.

- (t) Surgery: Acute Care Surgery, General, Maxillofacial, Pediatric, Plastic, Thoracic, Vascular.
- (u) Urology.

12.2-2 Criteria for a Service

The ECCA establishes the Services, subject to the approval of UMHS Board, consistent with the criteria listed below.

- (a) A Service consists of Members who confine their activities to a nationally defined field of medical practice or specialization.
- (b) A Service must meet the criteria for qualification to conduct a recognized graduate training program for Practitioners.
- (c) Within a Service there must be defined responsibility for patient care.
- (d) In exceptional circumstances, the requirement to conduct a recognized graduate training program may be waived upon application to and with the concurrence of the COS, the ECCA and the UMHS Board. Circumstances where this may be considered include, but are not limited to, a group of physicians practicing in a nationally defined field of medical practice and specialization but who do not have a formal residency program, but are of sufficient size such that subdivision increases the effectiveness of meaningful professional review.

12.2-3 Establishment or Dissolution of a Service

- (a) Services in place at the time these Bylaws are adopted shall remain in place until and unless dissolved as provided in (c) below.
- (b) To establish a Service, a group of Members (two or more), must submit documentation demonstrating that a proposed Service meets the criteria of Section 12.2-2 and secure the endorsement of the relevant Department Chair, the Dean of the Medical or Dental School, as applicable, and the request, accompanied by the required documentation and endorsements, must then be submitted to the ECCA for review and recommendation, and then to the UMHS Board for final action.
- (c) Existing Services may be reorganized or eliminated by UMHS Board, after receiving input from the CMO, the ECCA and the affected Department(s) and Service(s). No Service may be unilaterally created, reorganized or eliminated by a Department or Service.

12.3. COMMITTEES

12.3-1 Role of Committees

- (a) A committee is appointed to perform duties and functions, which cannot be achieved effectively, expeditiously or economically through normal medical or administrative staff action.
- (b) The use of a committee to perform a given function within the Medical Staff will be authorized by the ECCA only after clearly showing that its use affords a more effective, expeditious or economical means of accomplishing the objective. Use of a committee is considered effective for fact-finding, research, special studies, audit, review, investigation and survey activities. It is used as a complement to Medical Staff or administrative staff actions, not as a substitute.

12.3-2 Types and Categories of Committees

The Medical Staff recognizes two (2) types of committees, either of which is considered to be a Professional Review Committee:

- (a) Standing – established for an indefinite period of time; subject to annual review.
- (b) Ad hoc – established to perform a specific task, including investigations and special reviews, in a given period of time, usually six (6) months or less.

12.3-3 Establishment and Appointment of Committees and their Membership

- (a) The ECCA must approve the establishment of all Medical Staff committees, both standing and ad hoc, the purposes for which they are established, and their duties.
- (b) Standing and ad hoc committees are advisory to the ECCA.
- (c) The COS shall, except as specifically provided in these Bylaws, the Rules and Regulations or the policies of the Medical Staff, designate the chair of Medical Staff committees.
- (d) Members of committees will be appointed by the committee chair, with the approval of the ECCA, except for those committees with membership criteria otherwise specified by these Bylaws, the Rules and Regulations or the policies of the Medical Staff or UMH.
- (e) The Committee chair shall be responsible for recording attendance and reporting to the COS on positive contributions or poor attendance by individual committee members.

12.3-4 Regular and Special Meetings

Unless otherwise provided in these Bylaws or Rules and Regulations, meetings shall be at the discretion of the committee.

12.3-5 Quorum

Unless otherwise stated in these Bylaws or Rules and Regulations, a quorum for the transaction of business at any meeting of any Medical Staff committee shall be fifty percent (50%) of the voting members of that committee.

12.3-6 Manner of Action

Meetings may be conducted in-person or virtually by technologies permitting meaningful, real-time discussions (*e.g.* video conference or Webex with audio conference). The action of a majority of voting committee members present at a meeting at which a quorum is present shall be the action of the committee. Without the meeting, action may be taken by notice of the contemplated action to each committee member and the consent, confirmed either in writing or electronically, of at least seventy-five percent (75%) of the committee members entitled to vote.

12.3-7 Rights of Ex Officio Members

Persons serving under these Bylaws as ex officio members of a committee shall have all the rights and privileges of regular members except they shall not vote, unless otherwise stated in these Bylaws or Rules and Regulations, or be counted in determining the existence of a quorum.

12.3-8 Minutes/Meeting Summaries

Minutes/meeting summaries of each meeting shall be prepared and shall include a record of the attendance of committee members and the vote taken on each matter. A copy of the minutes/meeting summary shall be available to the COS and/or the ECCA upon request.

12.4. PROFESSIONAL REVIEW COMMITTEES

12.4-1 Functions

Functions of Professional Review Committees may include, but are not limited to, review of qualifications of Applicants, Members and SPPs, the quality and medical necessity of care provided, and the preventability of complications and deaths. Examples of Professional Review Committees at UMH include, but are not limited to, the ECCA, the Credentialing and Privileging Committee, the Clinical Care Review Committee, the Medical Staff Quality Committee, the Professional Review Advisory Committee and various institution and Department-level Professional (peer) review and quality improvement committees.

12.4-2 Confidentiality

Michigan law protects against disclosure of the records, data and knowledge collected for or by individuals or committees assigned a quality or professional review function for hospitals and other health care organizations, including UMH. All records, data or knowledge created or maintained by, at the direction of, or otherwise on behalf of a Professional Review Committee are confidential and not discoverable, and shall be used only for Professional Review Committee purposes at UMH and/or pursuant to any peer review sharing arrangements. The documents are protected from disclosure under federal and state laws and institutional policies.

12.4-3 Breach of Confidentiality

Effective professional review, the consideration of the qualifications of Applicants to, and Members of, the Medical Staff and of SPPs applying for or exercising clinical privileges, and the evaluation and improvement of the quality of care rendered by UMH, including Trainees, must be based on free and candid discussions. The exchange or release of confidential quality and/or peer review information must be in compliance with applicable laws, regulations and institutional policies. Any breach of confidentiality of the records, discussions or deliberations of Professional Review Committees is considered outside appropriate standards of conduct for this Medical Staff, disruptive to the operations of UMH and detrimental to quality patient care, treatment and services. Any such breach of confidentiality is grounds for corrective action.

12.5. EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS

12.5-1 Function

The ECCA has the primary authority for activities related to the self-governance of the Medical Staff and for performance improvement of the professional services provided by Members and other health professionals privileged through the Medical Staff process, and acts on behalf of the Medical Staff between meetings.

12.5-2 Composition

The ECCA is comprised of the following voting and non-voting members:

- (a) 15 Voting members
 - (i) Chair: COS, ex officio.
 - (ii) 2 UMHS Board Representatives, selected by the process described below.
 - (iii) 1 CPT.

- (iv) 11 Members at large, selected by the process described below (no more than 5 may hold the title of Department Chair or Service Chief at any given time).
- (b) Non-Voting members
- (i) UMHS President, ex officio (or designee).
 - (ii) Medical School Dean, ex officio (or Physician designee).
 - (iii) Executive Director of UMMG, ex officio.
 - (iv) Assistant Dean for Graduate Medical Education, ex officio.
 - (v) Vice Chair(s), all ACOC, ex officio.
 - (vi) Chief Nursing Executive, ex officio.
 - (vii) Chief Medical Information Officer, ex officio.
 - (viii) CMO, ex officio.
 - (ix) Chief Clinical Officer, UMMG, ex officio.
 - (x) Chief PA, ex officio.
 - (xi) Chief NP, ex officio.
 - (xii) Chair, Credentialing and Privileging Committee, ex officio.

Additional guests may be invited on a standing basis or to individual meetings at the discretion of the COS. The COS may, at any time, call the voting members and other non-voting members, staff or advisors the COS deems appropriate, into executive session to discuss matters of particular sensitivity, such as, but not limited to, recommendations for corrective action. The UMHS President (or designee) and the Medical School Dean (or designee) shall be invited to attend any executive session convened to discuss a recommendation for corrective action. Non-voting members are allowed to provide a designee in the event they are unable to attend a meeting.

12.5-3 Selection, Removal and Interim Appointments

- (a) UMHS Board Representatives

Two (2) UMHS Board Representatives will be Members of the Medical Staff and chairs of the Medical School clinical departments nominated by the President of the University in consultation with the EVPMA and the Board, and appointed by the Board of Regents.

(b) CPT Representatives

The HOA recommends at least one (1) CPT (who may be the HOA President) to serve on the ECCA. Final selection and appointment is determined by the COS. The elected CPT serves a one (1) year term with eligibility for re-election for up to one (1) additional term.

(c) At-Large Members

At-large Members are selected by a cohort according to the procedures described below. The cohorts are designed to promote diversity of membership and broad representation across specialties. Each cohort may select the number of representatives identified in Table 15.5-3(c) below. Cohort groups are primarily for the purpose of determining the ECCA voting membership. Department Chairs and Service Chiefs may raise items to be addressed by the ECCA either through the respective cohort representative or directly to the COS.

Table 12.5-3(c): ECCA At-Large Membership Cohorts

Cohort	Number of ECCA Representatives
Hospital-Based Cohort: Anesthesiology, Emergency Medicine, Pathology, Radiation Oncology, Radiology, Adult Hospitalists, Pediatric Hospitalists	3 (No more than 1 from any Department)
Medical Cohort (Excluding General Pediatrics and Pediatric Hospitalists): Dermatology, Neurology, Pediatric Specialties, PM&R, Psychiatry	2 (No more than 1 from any Department)
Internal Medicine Cohort (Excluding Primary Care and Hospitalists)	2
Primary Care Cohort (Excluding Non-Primary Care Internal Medicine): Family Medicine, OB/GYN, General Medicine (excluding Hospitalists), Geriatrics, General Pediatrics (excluding Pediatric Hospitalists)	2 (No more than 1 from any Department)
Surgical Cohort: Cardiac Surgery, Dentistry, Neurosurgery, Ophthalmology, Orthopedics, Otolaryngology, Surgery, Urology	2 (No more than 1 from any Department)

(d) Election Procedures

Individual members that belong to more than one cohort (1) will only be given a single vote, aligned to primary appointment and clinical privileges.

Regular terms for elected Medical Staff leadership positions begin on July 1 and end on June 30 of the appropriate year. The frequency of elections and rotation arrangements are summarized in Table 12.5-3(d).

Table 12.5-3(d): Election Procedures

Position	Term Time	Details
COS	3 years	No term limits; no rotations.
At-Large ECCA Members	3 years	Term limit: One 3-year term, after which rotation off as a voting Member is mandatory for at least 2 years.

(e) Removal

- (i) Any elected Medical Staff leader will be removed from office automatically in the event of a termination, suspension, or restriction of employment at University or Medical Staff membership, or loss of other minimum qualifications for office. In addition, a Medical Staff leader may be removed by a two-thirds vote of the Active Medical Staff, by the unanimous vote of the ECCA (excluding the vote of the leader), or at the direction of the UMHS Board for inability or failure to perform the duties of the position held.
- (ii) Unless removed at the direction of the UMHS Board, at least ten (10) days before initiation of any removal action, the individual must be given written notice of the date of the meeting at which action will be taken. The individual will be afforded an opportunity to address the Medical Staff or the ECCA, as appropriate, prior to a vote on removal.

(f) Interim Appointments

- (i) In the event of a vacancy in the voting Member’s position, interim representatives will be appointed as follows:
 - (1) UMHS Board Representative will be replaced as provided in the UMHS Bylaws.
 - (2) A CPT representative will be replaced with a CPT selected by the HOA President.
 - (3) An at-large representative will be replaced by the Department Chair applicable to the outgoing Member, subject to the approval of the COS.
- (ii) Within thirty (30) days after a vacancy occurs in an elected position, the ECCA will vote to fill the position until the next annual election, at which point the vacancy will be filled through regular election procedures.

12.5-4 Charge

- (a) The ECCA shall be advisory to the COS, the CMO and the UMHS Board. It will serve as the executive body of the Medical Staff and will have the authority to act for it on all matters except those which require specifications by the entire Medical Staff, as provided in the Bylaws, or are reserved to the UMHS Board or Regents.
- (b) The ECCA shall consider all matters that pertain to patient care and the professional conduct and activity of Members.
- (c) The ECCA shall receive and act upon reports and recommendations of the committees of the Medical Staff.
- (d) The ECCA shall implement policies of the Medical Staff not otherwise the responsibility of the Department or Service.
- (e) The ECCA shall have authority, delegated by the Medical Staff and UMHS Board, to amend and addend the Rules and Regulations and the Medical Staff policies as provided in Article XVII.
- (f) The ECCA shall have authority, delegated by UMHS Board, to approve and amend (1) the application and evaluation forms for appointment and reappointment to the Medical Staff; and (2) the application forms for clinical privileges.
- (g) The ECCA shall provide liaison between the Medical Staff and the UMHS President and the COS and the UMHS Board.
- (h) The ECCA shall recommend action to the CMO and the UMHS President on matters of medico-administrative nature.
- (i) The ECCA shall review the reports of the Credentialing and Privileging Committee and make recommendations to the UMHS Board, as well as the assignment of Trainees to the various programs and Services, and the delineation of clinical privileges or Scope of Service.
- (j) The ECCA shall take reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all Members of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective or review measures when warranted.
- (k) The ECCA shall recommend policies and programs for the delivery of institutional services for patient care with the concurrence of the Medical Staff.
- (l) The ECCA shall adopt and maintain rules and policies for the governance of the Medical Staff, including but not limited to the protocols and

guidelines for the election of officers and members of the ECCA, and officer and the ECCA member qualifications and good standing, subject to the acceptance of the Medical Staff as provided in these Bylaws.

- (m) The ECCA will approve all policies, protocols, guidelines and standing orders pertaining to the delegated practice of medicine and additionally the ECCA shall review a report of the UMMG Clinical Practice Committee at least annually, which includes all approved protocols, guidelines and standing orders.
- (n) The ECCA shall make recommendations when necessary to the UMHS Board regarding the following:
 - (i) Medical Staff structure changes;
 - (ii) Medical Staff membership and the delineation of clinical privileges for each Practitioner and SPP privileged through the Medical Staff process;
 - (iii) The Medical Staff role in patient safety and quality improvement; the ECCA review of and actions on reports of Medical Staff committees, Departments, Services, other assigned activity groups, and other information on which it acts;
 - (iv) The mechanism for termination of membership; and/or
 - (v) The hearing process applied to disciplinary actions and terminations.

12.5-5 Meetings and Records

The ECCA shall meet at least monthly and at other times as called by the COS and will maintain records of its proceedings and actions.

12.6. CREDENTIALING AND PRIVILEGING COMMITTEE

12.6-1 Composition

The Credentialing and Privileging Committee shall consist of at least five (5) Members, selected by the COS to serve for as long as the COS determines, as selected as follows:

- (a) The Committee chair must be an Active Member of the Medical Staff. Once appointed and when requested by the COS, the chair nominates additional Members for consideration by the COS. To the extent possible, nominated Members should represent a variety of specialties and settings, namely: medical, surgical, pediatric, including subspecialties, ambulatory and hospital based;

- (b) At least 1 CPT;
- (c) A least 1 APRN; and
- (d) At least 1 PA.

The Committee is staffed by the OCA.

12.6-2 Charge

- (a) Reviews the credentials of Applicants whose application is deemed complete by MSS and recommends action on appointment, reappointment, and/or clinical privileges requests made by Applicants, Members and SPPs which have been endorsed by the relevant Department Chairs and Service Chiefs, as well as Trainees whose application has been recommended for approval by the Associate Dean for Graduate Medical Education or GMEC.
- (b) Prepares a summary report for each ECCA meeting listing each Practitioner and SPP recommended for appointment, reappointment, or any change in clinical privileges and a report on any complete application with respect to which the committee's decision is negative.
- (c) Reviews, recommends, and assures Departments and Services maintain up-to-date privilege delineation documents.
- (d) Facilitates UMH compliance with applicable laws, regulations, accreditation requirements and delegated credentialing agreements related to credentialing and privileging, including telemedicine privileging.
- (e) Recommends amendments to applicable policies, as necessary for the efficient operation of the credentialing and privileging process.
- (f) Take action on recommendations of the Associate Dean for Graduate Medical Education or GMEC with regard to Trainees, and makes recommendations to the ECCA regarding their respective Trainee appointment.

12.6-3 Meetings and Records

The Credentialing and Privileging Committee meets at least monthly on a schedule determined by its chair and posted on the OCA website. Committee recommendations are forwarded to the ECCA based on a majority vote of those voting members present. MSS is responsible for documenting the agenda and minutes for all meetings to assure compliance with applicable laws, regulations, and accreditation standards.

12.7. CLINICAL CARE REVIEW COMMITTEE

The Clinical Care Review Committee (CCRC) is comprised of experienced, multi-disciplinary, multi-professional caregivers and administrators. The composition and size of the committee is left to the discretion of the chair. The committee is staffed by PRCR and supported by an attorney from OGC, who shall serve as counsel to the committee. It reviews clinical issues that have arisen in cases of unanticipated patient outcomes expressly for the purpose of reducing morbidity and mortality within UMH. Agendas are set by the PRCR and the OGC. Cases are presented by PRCR and OGC for clinical review. The committee's conclusions help to inform the UMH on quality and safety improvements, peer review cases, clinical educational opportunities and the organization's engagement with affected patients and families.

12.7-1 Composition

The CCRC is chaired by the CMO, with the COS and an Associate COS serving as vice chairs. The composition of the committee is left to the discretion of the chair, with advice from the director of PRCR, but includes at a minimum, the following representation:

- (a) Representatives: Physician Assistant, Nursing, House Officers, OCA, and Patient Safety Officer.
- (b) Medical Staff representation, including both inpatient and outpatient focus, from specialties such as OB-GYN, Pediatrics, General Surgery, Emergency Medicine, Anesthesia, Radiology, Infectious Disease, Internal Medicine, Family Medicine, Neurosurgery, Pediatric Hospitalists, and Cardiology.
- (c) Segment leadership representation.
- (d) Ad hoc invitees, at request of chair, depending on case specialty.

12.7-2 Charge

- (a) Assess the quality of care provided in cases of unanticipated clinical outcomes in order to reach conclusions and make recommendations to mitigate risks identified based upon the reasonableness of the care assessed.
- (b) Identify institutional systems, procedures, trends, individuals and practice patterns that may affect patient safety, clinical quality and patient experience for referral to appropriate leaders, parties and committees.
- (c) Identify opportunities for improvement in patient experience, clinical care, peer review and educational needs and communicate these to appropriate leaders, parties, and committees.

12.7-3 Meetings and Records

The CCRC meets on a schedule determined by its chair, generally monthly. PRCR and OGC are responsible for case investigations and presentations. Consistent with privacy and peer review requirements, the committee's assessments and recommendations may be shared with the organization's clinical leadership, departmental/divisional clinical leaders, the OCA, the Claims Management Committee, the Medical Staff Quality Committee, the Patient Safety Committee, and/or the UMHS Clinical Quality Committee.

12.8. MEDICAL STAFF QUALITY COMMITTEE

The MSQC provides a multi-disciplinary forum for review and approval of local Department and Service and facility-based peer review policies, procedures, programs and initiatives for the purpose of improving patient care and reducing morbidity and mortality within UMH. MSQC assures that local peer review programs, including, but not limited to, policies and procedures for OPPE and FPPE are developed, implemented and enforced. MSQC is supported by an attorney from OGC, who shall serve as counsel to the committee.

12.8-1 Composition

The Medical Staff Quality Committee is chaired by the COS. The composition of the committee is left to the discretion of the committee chair, but includes at a minimum, the following:

(a) 8 At-Large Members of the Medical Staff:

The At-Large members of the MSQC will be nominated by the Chair and the nominees' respective Department Chairs. Nominees will be vetted by the sitting members of the MSQC and seated after a majority vote of those At-Large Members eligible to vote. At-Large Members shall at least include:

- (i) 2 Members from Surgical Disciplines (this can include a gynecologist or a pediatric surgical specialist);
- (ii) 3 Members of the Medical Disciplines (this can include psychiatry and emergency medicine);
- (iii) 1 Member of a Diagnostic Discipline (Radiology, Pathology);
- (iv) 1 Member practicing a Pediatric Medical Discipline; and
- (v) 1 Member from Obstetrics/Gynecology (to represent the Women's Hospital).

One (1) of the above At-Large Members should have some practice presence in the ambulatory/clinic environment.

- (b) If a particular peer matter requires the consultation of a specialty not contemporaneously represented as a voting member of MSQC, such consultation can be sought as needed. That consultant will not have membership or voting rights on MSQC.

12.8-2 Charge

- (a) Develop policies and standards for review by the Committee of the whole.
- (b) Provides assistance to Departments and Services in developing, evaluating and selecting measures of individual and aggregate Medical Staff performance.
- (c) Provides assistance to Departments and Services in developing local Medical Staff peer review programs.
- (d) Reviews and approves local peer review programs, including policies for OPPE and FPPE.
- (e) Assures Departments and Services implement their peer review programs.
- (f) Performs, as a committee of the whole or through the members of an ad hoc peer review committee, individual case peer review at the request of the ECCA, the COS, or any Department Chair or Service Chief.

12.8-3 Meetings and Records

MSQC meets at least monthly, or more often at the call of its chair. The OCA is responsible for documenting the agendas and minutes of all MSQC meetings to assure compliance with applicable laws, regulations and accreditation standards.

12.9. PROFESSIONAL REVIEW ADVISORY COMMITTEE

The Professional Review Advisory Committee (PRAC) meets as needed to evaluate and discuss a privileged practitioners or Trainee's performance and to make recommendations regarding interventions that may be appropriate and/or other measures to monitor and address concerns and complaints about professional performance.

12.9-1 Composition

The COS may select members of the PRAC *ex officio* from among those listed below and as appropriate for the practice being assessed. These members shall be selected on the basis of relevance to the subject of the proceedings, *i.e.*, that they have subject matter expertise. They shall serve in an *ex officio* capacity until the business at hand has been completed.

- (a) COS or designee.

- (b) OCA Administrator (staff).
- (c) Executive Vice Dean for Academic Affairs.
- (d) Academic Human Resources representative (for faculty) or Human Resources representative for Trainees and SPPs.
- (e) Vice Provost for Academic and Faculty Affairs.
- (f) OGC designee(s).
- (g) Other committee members may include, as determined by the COS:
 - (i) Department Chair (for applicable department).
 - (ii) Associate Dean for Graduate Medical Education.
 - (iii) SPP category leader, appropriate for practitioner being assessed.
 - (iv) Service Chief (for the applicable Service) or Program Director (for the applicable Trainee program).
 - (v) Other members as designated by the COS.

12.9-2 Charge

- (a) The PRAC acts on behalf of the Medical Staff to evaluate complaints or concerns involving privileged practitioners or trainees and ensures that they are addressed in the appropriate forum, in coordination with the Medical School as appropriate.
- (b) At the request of the COS, identifies individuals with the requisite knowledge and expertise to assist in conducting professional and fair practice quality review when collegial intervention or corrective action may be contemplated.
- (c) Collaborates on activities and initiatives designed to assure compliance with applicable laws, regulations and accreditation standards related to peer review and corrective action proceedings and mandated reporting.

12.9-3 Meetings and Records

The PRAC meets on an ad hoc basis as determined by the COS. The OCA is responsible for documenting, as necessary, the committee's meetings and activities.

12.10. BYLAWS COMMITTEE

The Bylaws Committee is responsible for recommending amendments to the Bylaws and the Rules and Regulations as necessary from time to time to assure compliance with

applicable laws, regulations, and accreditation standards and the smooth operation of the Medical Staff. It is staffed by the OCA.

12.10-1 Composition.

The Bylaws Committee is chaired by the COS or by an ACOS designated by the COS. It includes at least the following additional members:

- (a) Dean of Medical School or designee, *e.g.*, Associate Dean of Clinical Affairs.
- (b) The Executive Director or designee of the UMMG.
- (c) 4 At-Large members of the Active Medical Staff, who are appointed by the chair, subject to the approval of the ECCA.
- (d) 1 representative from PRCR.
- (e) 1 representative from OCA.
- (f) The CMO or designee

12.10-2 Charge.

- (a) Reviews the Bylaws, and the Rules and Regulations at least once every three (3) years and recommends updates and revisions as appropriate to the ECCA.
- (b) Reviews new or revised laws, regulations, or accreditation standards and determines whether revisions to the above Bylaws and/or Rules and Regulations are necessary to assure ongoing compliance.

12.10-3 Meetings and Records.

The Bylaws Committee convenes at the call of the chair. The OCA is responsible for documenting the agendas and minutes of all Bylaws Committee meetings.

12.11. NOMINATING COMMITTEE

The Nominating Committee is responsible for assuring that all elected offices are filled, and that vacancies are addressed expeditiously. It is staffed by the OCA.

12.11-1 Composition.

The Nominating Committee is chaired by the COS or by an ACOS designated by the COS. It includes at least the following additional members:

- (a) Dean of Medical School or designee, *e.g.*, Associate Dean of Faculty Affairs.

- (b) The Executive Director or designee of the UMMG.
- (c) 4 At-Large members of the Active Medical Staff, who are appointed by the chair, subject to the approval by the ECCA.
- (d) 1 representative from PRCR.
- (e) 1 representative from OCA.
- (f) The CMO or designee.

12.11-2 Charge.

Solicits nominations for vacancies in elected Medical Staff offices (COS, other officers, ECCA at-large representatives) and oversees the election process pursuant to protocols and guidelines.

12.11-3 Meetings and Records.

The Nominating Committee convenes at the call of the chair. The OCA is responsible for documenting the agendas and minutes of all Nominating Committee meetings.

12.12. OTHER MEDICAL STAFF COMMITTEES

The ECCA, in coordination with the UMHS Board, shall establish standing committees, arrange Member participation in UMH committees, or otherwise establish other procedures, for the general standing committees listed below. The details of the charge, composition and meeting and record requirements for such committees are included in the Rules and Regulations:

- (i) Adult Ethics Committee.
- (ii) Cardiopulmonary Resuscitation Committee.
- (iii) Cerebral Death Determination Committee.
- (iv) Health Records Standards Committee.
- (v) Infection Control Committee.
- (vi) Pain Committee.
- (vii) Pediatric Ethics Committee.
- (viii) Pharmacy and Therapeutics Committee.
- (ix) Sedation Analgesia Committee.

- (x) Transfusion Committee.
- (xi) Utilization Management Committee.

The authority and responsibilities, including meetings and reporting of standing committees performing any of these review functions, shall be set forth in the Rules and Regulations. The continuing need for standing committees so established shall be reviewed periodically, but at least biennially.

12.13. RECORD MAINTENANCE AND ACCESSIBILITY

Committees are encouraged to maintain websites containing information on the committee's charge and membership. Except as otherwise provided, Services may and Medical Staff committees must record and maintain minutes of their meetings and make reports and recommendations to the ECCA. Committee and Service members shall have access to the minutes of the body of which they are members. Members of the Active category shall have access to all minutes which do not involve confidential information; what constitutes confidential, Professional Review Information for this purpose shall be determined by and in the discretion of either the UMHS President or COS , after mutual consultation.

12.14. MEDICAL STAFF PARTICIPATION IN UMH COMMITTEES

The Medical Staff shall routinely participate in UMH committees, which affect the discharge of Medical Staff responsibilities. The COS shall appoint the Medical Staff representatives to such committees, who are not designated by some other mechanism.

**ARTICLE XIII.
MEDICAL STAFF AND SERVICE MEETINGS**

13.1. REGULAR MEETINGS OF THE MEDICAL STAFF

The COS or the ECCA may call regular meetings of the Medical Staff at any time. The agenda for regular Medical Staff meetings, prepared by the COS in consultation with the ECCA, will be distributed in advance. The COS will preside over and establish the procedures for the notice and conduct of the meetings.

13.2. SPECIAL MEETINGS OF THE MEDICAL STAFF

The COS shall call a Special Meeting after the receipt of a written request for a Special Meeting describing the purpose or topic of the meeting signed by not less than four hundred (400) Medical Staff voting Members. The ECCA shall designate the time and place of any Special Meeting, and such information shall be stated in the COS notice calling the meeting. No business shall be transacted at any Special Meeting except that stated in the notice calling the meeting. The COS will preside over and shall establish the procedures for the conduct of a Special Meeting.

13.3. QUORUM FOR MEDICAL STAFF MEETINGS

Fifty (50) voting Members of the Medical Staff shall constitute a quorum at any regular meeting. Two hundred (200) voting Members of the Medical Staff shall constitute a quorum at any Special Meeting.

13.4. SERVICE MEETINGS

Services will periodically meet independently or participate as a Service in other organization (*e.g.* Department) meetings to address administrative matters affecting the Service and to conduct professional improvement activities as described in Section 8.1. A meeting of any Service may be called by or at the request of the Department Chair or Service Chief. Attendance requirements for Members of the Active Staff and quorum for the Service meeting will be established by the Service Chief, subject to the approval of the COS.

**ARTICLE XIV.
CONFIDENTIALITY, IMMUNITY, AND RELEASES**

14.1. AUTHORIZATIONS AND CONDITIONS

By applying for or exercising clinical privileges within UMH, an Applicant, Member, Trainee or SPP expressly:

- (i) Authorizes Representatives of UMH and the Medical Staff to solicit, provide and act upon Professional Review Information.
- (ii) Agrees to be bound by the provisions of these Bylaws, Rules and Regulations, and applicable policies and to waive, fully release, discharge, and not initiate (or cause to be initiated) any claims, complaint, or request for damages or other relief against the Regents, UMH, UMHS Board, the Medical Staff, University, including employees and agents of all such organizations, and any Representative or Facility who acts in accordance with the provisions of these Bylaws to the fullest extent permitted by law.
- (iii) Acknowledges that the provisions of these Bylaws, Rules and Regulations, and applicable policies are express conditions to the individual's application for, acceptance of, or continued practice pursuant to membership, clinical privileges or other authorization pursuant to these Bylaws or on behalf of UMH.

14.2. CONFIDENTIALITY OF PROFESSIONAL REVIEW INFORMATION

Professional Review Information regarding an Applicant, Member, Trainee or SPP held by UMH or UMHS shall, to the fullest extent permitted by law, be confidential and not discoverable. Such Professional Review Information shall not be disclosed to anyone other than a Representative or Facility that is conducting or assisting with Professional Review involving that individual Applicant, Member, Trainee or SPP or, as required by law. Professional Review Information concerning an Applicant, Member, Trainee or SPP shall not be part of a patient's medical record or routinely included in the UMH's general business records. The UMHS Board, the ECCA, the COS, a Department Chair, and the UMHS President (including the UMHS President's designee) shall each have the authority to enforce this section.

14.3. IMMUNITY FROM LIABILITY

14.3-1 Good Faith Immunity

Any Representative or Facility who acts in good faith in discharging duties, functions or responsibilities in accordance with these Bylaws on behalf of UMH shall be, to the fullest extent permitted by law, indemnified by UMH and, immune from liability relating to all lawsuits or claims by a Member, Applicant, Trainee or SPP for taking action in a Professional Review Committee or providing or disclosing information for such purposes.

14.3-2 Immunity for Communication to Governmental Agencies or Compliance with Law or Court Procedures

No Representative of UMH, UMH itself, or a Facility shall have any liability, relating to all lawsuits or claims by an Applicant, Member, Trainee or SPP for any information communicated to a governmental agency under the assumption or belief that the Representative, UMH, or Facility had a legal, ethical or moral obligation to do so. Moreover, no Representative affiliated with the UMH, the UMH itself, or Facility shall have any liability relating to lawsuits or claims by an Applicant, Member, Trainee or SPP for communication of any information in accordance with a court order and/or court subpoena, or in accordance with the directive, in any form, of a governmental agency. The provisions of this section, however, do not waive confidentiality rights of the UMH or its Representatives and Facility under Section 14.2.

14.4. RELEASES AND AUTHORIZATIONS

Each Applicant, Member, Trainee or SPP shall, to facilitate Professional Review and Professional Review Actions, execute written releases and/or authorizations consistent with this Article upon request of UMH, a Representative, or Facility. However, execution of a release or authorization is not a prerequisite to the effectiveness of this Article.

14.5. CUMULATIVE EFFECT

Provisions in these Bylaws, in the Rules and Regulations, policies, and in application forms relating to authorizations, confidentiality of information, and immunities from liability, shall be in addition to other protections provided by law and not in limitation of such legal protections.

**ARTICLE XV.
MISCELLANEOUS PROVISIONS**

15.1. TIME LIMITS

The time limits for service, committee or other action in all parts of these Bylaws may be waived or adjusted by the ECCA (at the Medical Staff level) or the UMHS Board (all levels) for what, in their discretion is good cause. In addition, the ECCA may alter the scheduling for reappointment (*i.e.*, the number of days before expiration of appointment certain actions must be taken) provided persons subject to reappointment are given reasonable notice of the changes in scheduling.

15.2. INTERNAL REPORTING

Any action taken concerning membership or clinical privileges, including at time of appointment, reappointment, or corrective or other action, shall be reported if not already known, to the COS, UMHS President, EVPMA, UMHS Board Chair, and on a need-to-know basis, to other Members and UMH staff (*e.g.*, reduction in surgical privileges would have to be reported to the operating room supervisor).

15.3. NOTICES AND OTHER COMMUNICATIONS

Except as otherwise provided (*e.g.*, Special Notices for hearings) notices and other communications pursuant to these Bylaws and the Rules and Regulations may be communicated by any reasonable method which will fairly give notice and a timely opportunity to access and review the matter so communicated. Such methods include U.S. Mail, private mail (*e.g.*, Federal Express), hand delivery, and to any person who has an electronic mail address (personal or a designee like an assistant), electronic mail. The ECCA may also authorize electronic voting procedures.

15.4. PERFORMANCE OF HISTORY AND PHYSICAL EXAMINATIONS

A history and physical examination must be completed and documented in the medical record no more than thirty (30) days before or twenty-four (24) hours after admission or registration of each patient, but prior to surgery or a procedure requiring anesthesia services. The history and physical examination must be completed and documented by a Physician, Dentist, Podiatrist, Oral Surgeon, or other qualified licensed individual in accordance with pertinent state law and other hospital policy. When the history and physical examination is completed within the thirty (30) days prior to admission or registration, an examination of the patient must be documented in the medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. This updated examination may be completed by a member of the surgical team, including the anesthesiologist. Notwithstanding the foregoing, the specific timelines for completion of the history and physical examination for circumstances involving inpatients, outpatients and various procedures is set forth in the Rules and Regulations. For outpatients, the Medical Staff authorizes a policy or policies, pursuant to the policy development processes of the Medical Staff, for the identification of specific procedures and patients who may receive an assessment as specified in the policy, in lieu

of the history and physical examination requirements above, provided that such policy and its development shall meet all applicable legal rules and hospital accreditation standards for such policies.

**ARTICLE XVI.
INTERPRETATION, REVIEW, AND AMENDMENT**

16.1. INTERPRETATION

These Bylaws and Rules and Regulations shall be interpreted in a manner consistent with applicable law and regulation. In the event the provisions of these Bylaws and Rules and Regulations promulgated hereunder are found not to be in conformance with Michigan or federal law, they shall be deemed automatically amended to comply with such law. As soon thereafter as may be practicable, such change shall be made in writing in the Bylaws and Rules and Regulations. A finding that any article, section or subsection is legally invalid shall not invalidate the effectiveness of all other portions of the Bylaws and Rules and Regulations that are consistent with law. Nothing contained in these Bylaws or the Rules and Regulations, shall in any manner restrict or limit the authority of the UMHS Board or the Regents, respectively, to exercise responsibilities as the governing bodies of the UMH and the University under applicable law.

16.2. MEDICAL STAFF RESPONSIBILITIES FOR BYLAWS

The Medical Staff is responsible for developing, reviewing as needed and proposing amendments to the Bylaws and Rules and Regulations, which shall become effective when approved by the UMHS Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible and timely manner.

16.3. ECCA REVIEW OF BYLAWS AND AMENDMENTS

All proposed amendments to the Bylaws, whether originated by the ECCA, another standing committee or by a Member in the Active Staff category, must be submitted to the ECCA for review and discussion and an ECCA vote before action is taken by the Active Staff Members as a whole.

16.4. AMENDMENT PROCEDURE FOR BYLAWS

16.4-1 Formal Amendment of Bylaws

Any proposal to amend the Bylaws shall be submitted to the Medical Staff's Bylaws Committee. The Bylaws Committee may recommend adoption, adoption with modification or refusal of the amendment. If approved, the amendment is presented to the ECCA for approval. The ECCA may agree or decline to submit the proposal for a vote by all Active Staff Members.

If the ECCA approves, the proposal shall be distributed in writing or electronically to all Active Staff Members at least fourteen (14) days prior to the Medical Staff's vote on the proposal. For such vote, each Member in the Active category of the Medical Staff will be eligible to vote on the proposed amendment via printed or electronic ballot. An affirmative vote may be cast by either marking the Ballot "yes;" by an electronic vote of "yes" or by discarding the paper ballot if a printed ballot is used; or by not voting if an electronic ballot system is used. A negative

vote shall be cast by marking the Ballot “no,” or indicating a “no” electronic vote and returning it to the OCA or by voting “no” on the electronic ballot. An amendment will be deemed approved by the Medical Staff providing that seventy-five percent (75%) of Members in the Active Staff category meet criteria for an affirmative vote. The amendment shall become effective upon approval by the UMHS Board.

16.4-2 ECCA Technical Amendment of Bylaws

The ECCA may adopt such amendments to the Bylaws as are, in the ECCA’s judgment, technical modifications or clarifications required by law, or to address reorganization, renumbering, punctuation, spelling or other errors of grammar or expression. Such amendments are subject to review and approval by the two (2) Physician member subcommittee of the UMHS Board.

16.4-3 Emergency Action

In the event there is a bona fide need for immediate action by the Medical Staff, any procedural rule or requirement in these Bylaws, the Rules and Regulations, or Medical Staff policies (*e.g.*, a meeting notice requirement) may be modified by joint written action of the UMHS President, the COS, and an authorized representative of the UMHS Board, subject to prompt submission thereafter to the ECCA and the Medical Staff of a proposed amendment to the provision so modified on an emergency basis.

16.4-4 UMHS Board Action

In the event that the Medical Staff shall fail to exercise its responsibility and authority as required by Section 16.2., and this inaction puts UMH’s accreditation, licensure, payment or legal status at risk, after written notice from the UMHS Board to such effect, including a period of sixty (60) days for response and a joint conference, the UMHS Board may resort to its own initiative in formulating or amending the Bylaws. In such event, Medical Staff recommendations and views shall be carefully considered by the UMHS Board during its deliberations and in its actions.

16.5. NOTICE TO MEMBERS

When Bylaws, appendices, rules or policy provisions are adopted, materially amended or repealed, notice of the action and copies of any materially changed provisions shall be made available to all Members.

**ARTICLE XVII.
RULES AND REGULATIONS AND MEDICAL STAFF POLICIES**

17.1. MEDICAL STAFF RULES AND REGULATIONS

The Medical Staff shall adopt Rules and Regulations consisting of such rules, protocols and selected policies as may be necessary for the proper conduct of the work of the Medical Staff.

17.1-1 Rules and Regulations

The Rules and Regulations shall consist of the Rules and Committee Protocols which set forth detailed procedures for exercise of governance responsibilities, including, but not limited to, the Medical Staff rules, and the protocol for establishing the name, appointment process for and charge of Medical Staff committees.

17.1-2 Rules and Regulations Amendment

The Rules and Regulations may be amended or added to by the ECCA, provided, however, that notice shall be given to Members prior to the amendment or addition becoming effective. Any such amendment or addition is final upon approval of the UMHS Board. In cases where an urgent amendment or addition to the Rules and Regulations may be necessary to comply with law or regulation, the ECCA may provisionally adopt and the UMHS Board may provisionally approve such an amendment or addition without providing notice to the Medical Staff, provided, however, the Medical Staff has the opportunity for retrospective review of the amendment.

17.2. MEDICAL STAFF POLICIES

The ECCA shall from time to time issue policies. Policies are statements of principle that shall guide the Medical Staff on matters of moral, legal, clinical or professional concern. While violations of a policy may form the basis for corrective action, policies shall not either increase or limit procedural process protections in the Bylaws or Rules and Regulations.

As delegated by the UMHS Board, Medical Staff policies may be approved and amended by the ECCA, provided that notice of such approval or amendment is provided to the Medical Staff following adoption. All policies shall be published (electronically) for the Medical Staff.

17.3. ADMINISTRATIVE GUIDELINES OR PROCEDURES

Administrative guidelines or procedures are issued to guide Medical Staff leadership and supporting staff in the implementation of the Bylaws and Rules and Regulations. They shall be entirely interpretive, advisory and procedural in nature and shall not set forth

substantive requirements for Members generally. Administrative guidelines or procedures may be adopted by the COS, the ECCA or the UMHS Board.

17.4. SERVICE POLICIES

Each Service may adopt such policies as may apply strictly to the administration of its own activities, subject to the ECCA approval, as determined by the ECCA. Joint Service policies may be proposed for the ECCA's approval by two (2) or more Services when activities of those Services overlap or consistent policies would otherwise be desirable.

17.5. BYLAWS GOVERN

No rules, policies, administrative guidelines or procedures that conflict with these Bylaws shall be adopted.

**ARTICLE XVIII.
CONFLICT OF INTEREST**

18.1. MANAGEMENT OF CONFLICTS OF INTEREST

Free flow of communication and sound decision making requires Members who serve as Medical Staff officers and Members, UMH employees, or invitees who serve as committee members or staff to disclose any duality of interest on matters under consideration by them in those capacities and, where personal economic interest could influence fair decision making concerning fellow Members, Applicants, SPPs and Trainees, or UMH related-business issues, to refrain from voting in such matters.

18.2. GOOD FAITH

Members, UMH employees, and independent contractors involved in Medical Staff decision-making roles or processes, all exercise the utmost good faith in all transactions touching upon their respective duties on behalf of the Medical Staff and the UMH. The use of position, or knowledge gained there from, in such a way that a conflict may arise between the individual's interest and the interest of the Medical Staff as a whole, the UMH, or other Members, including improper personal gain, shall not be permitted. Moreover, acceptance of gifts, favors, hospitality or consulting fees which may influence decisions or actions affecting the best interest of Medical Staff, UMH, the UMHS, or UMH patients may constitute a potential or actual conflict of interest or may violate UMH policy.

18.3. DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS

Each Member or UMH employee holding a Medical Staff or Department officer position or serving on a committee (as member or staff) shall be alert for potential or actual conflicts of interest and shall express any concern or possible conflict prior to discussion of the matter. All potential or actual conflicts of interest shall be identified and explained to the body, committee, or person taking action on the matter. Any person having a potential or actual conflict of interest on a matter shall not otherwise use the person's personal influence to affect a decision on the matter. Where such a potential or actual conflict exists, the minutes or other record of a meeting shall reflect that a disclosure of the potential or actual conflict of interest was made along with an explanation of same, and except as hereinafter provided, that the person having the potential or actual conflict abstained from voting or taking action. Persons having a potential or actual conflict of interest shall be excused from deliberations and any action regarding the matter except where such person is permitted to remain during deliberation and/or vote as specifically provided below.

18.4. DETERMINATION OF NONEXISTENCE OR WAIVER OF CONFLICT

Potential or actual conflicts involving an action or decision should be evaluated by the applicable body, committee, or person (other than the person having a potential or actual conflict of interest). Where it is determined a conflict of interest exists but is minor, irrelevant, or the best interests of the Medical Staff, UMH, UMHS, and patients are not at risk based upon a weighing of the advantages and disadvantages accompanying the conflict, the body, committee, or person (other than the person having a potential or actual

conflict of interest) may resolve and conclude a conflict does not exist. Upon such a finding, the individual whose potential conflict of interest or actual conflict of interest was under consideration, shall be permitted to freely participate and vote or take action on the matter, as appropriate. A finding that a conflict does not exist or is waived, should be reflected in the pertinent body's minutes and/or records. Where there are conflict of interest questions involving the chairperson of any body, the question will be resolved pursuant to the foregoing. In such cases, the vice-chair, or in the vice-chair's absence the senior member of the body, shall serve as chair during the review and settlement of conflict question.

18.5. LIMITED PARTICIPATION UPON DISCLOSURE

The foregoing requirements should not be construed to prevent any such person from disclosing any reason known by the person why a contract, transaction, or other matter is not in the best interests of the Medical Staff, UMH, or UMHS. Upon proper identification and explanation of potential or actual conflict of interest, such person may answer pertinent questions stating the person's position on the issue especially where such person possesses relevant special knowledge, education, or training and where permitted by affirmative majority vote of the remaining voting members of a body or committee, or where action is to be taken by another person, the permission of such other person. All decisions to merit participation by a person with a potential or actual conflict of interest shall be evaluated in accordance with this Article.

18.6. OTHER POLICIES

This Article should be read consistent with any other UMH, UMHS, Medical School or Medical Staff confidentiality and conflict of interest policies. However, in the event that a more specific policy covering similar subject matter is more restrictive and protective against conflicts, that policy's more restrictive requirements shall supersede.

Revisions to the Medical Staff Bylaws were:

Amended and Approved by the University of Michigan Hospitals Bylaws Committee	August 5, 2021
Approved by the University of Michigan Hospitals Executive Committee on Clinical Affairs	September 14, 2021
Approved by the Medical Staff of the University of Michigan Hospitals	September 24, 2021
Approved by the University of Michigan Hospitals Executive Board	December 7, 2021