MEDICAL STAFF BYLAWS AND POLICIES
OF
MUNSON HEALTHCARE
GRAYLING HOSPITAL
MEDICAL STAFF BYLAWS

As approved 4.27.2023

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Credentials Policy.

1.B. DELEGATION OF FUNCTIONS

(1) When an administrative function under these Bylaws is to be carried out by a member of Hospital management (i.e., the CEO or CMO), by a Medical Staff member or other practitioner, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Hospital employee (or a committee of such individuals). Any such designee is bound by all the terms, conditions and requirements of these Bylaws. However, the delegating individual or committee is responsible for ensuring the designee performs the function as required by these Bylaws. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

(2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. MEDICAL STAFF DUES

(1) Annual Medical Staff dues shall be as recommended by the MEC and may vary depending upon staff category and/or privilege status.

(2) Dues shall be payable upon request. Failure to pay dues shall result in ineligibility to apply for Medical Staff reappointment.

(3) Signatories to the Hospital's Medical Staff account shall be the Chief of Staff, the Vice Chief of Staff and the Treasurer.

1.D. INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff Officers, department chairs, section chiefs, committee chairs, medical directors, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by the Hospital's corporate bylaws.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment contained in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as Appendix A to these Bylaws.

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of members who:

(a) are involved in an average of at least 12 patient contacts per -year during their appointment term; and

(b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Hospital through service on committees and/or active participation in performance improvement or professional practice evaluation functions.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his or her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

* Any member who has fewer than 12 patient contacts per year, on average, during his or her t appointment term shall not be eligible to request Active Staff status at the time of his or her reappointment.

** The member will be transferred to another staff category that best reflects his or her relationship to the Medical Staff and the Hospital (options – Courtesy, Consulting, Community, or Coverage).

2.A.2. Prerogatives:

Active Staff members may:

(a) admit patients without limitation, except as otherwise provided in their specific delineation of clinical privileges, the Bylaws or Bylaws-related documents, or as limited by the Board;

(b) exercise such clinical privileges as are granted to them;

(c) vote in all general and special meetings of the Medical Staff and applicable department, section, and committee meetings; and

(d) hold office, serve as department chairs or section chiefs, serve on Medical Staff committees, and serve as chairs of committees.

2.A.3. Responsibilities:

Active Staff members must assume all the responsibilities of membership on the Active Staff, including:

(a) willingness to serve on committees, as requested;

(b) as required by applicable Hospital policy, providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department;

(c) participating in the evaluation of new members of the Medical Staff;

(d) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);

(e) if credentialed to do so, accepting inpatient consultations, when requested; and

(f) paying applicable application fees and dues.

2.B. COURTESY STAFF

2.B.1. Qualifications:

The Courtesy Staff shall consist of members who*:*

(a) are involved in an average of fewer than 12 patient contacts per year during their appointment term;

(b) meet all the same threshold eligibility criteria as other Medical Staff members, including specifically those relating to availability and response times with respect to the care of their patients; and

(c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information

from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Courtesy Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his or her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

* Any member who has no patient contacts during his or her appointment term will be transferred to another staff category that accurately reflects his or her relationship to the Medical Staff and the Hospital (options – Consulting, Community, or Coverage).

** Any member who has an average of 12 or more patient contacts per year during his or her appointment term shall be automatically transferred to Active Staff status.

2.B.2. Prerogatives and Responsibilities:

Courtesy Staff members:

(a) may admit patients and exercise such clinical privileges as are granted to them;

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

(c) may attend meetings of the Medical Staff and applicable department and section meetings (without vote);

(d) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but:

(1) must assume the care of any of their patients who present to the Emergency Department when requested to do so by an Emergency Department physician,

(2) must accept referrals from the Emergency Department for follow-up care of their patients treated in the Emergency Department, and

(3) will be required to provide specialty coverage if the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;

(e) shall cooperate in the professional practice evaluation and performance improvement processes; and

(f) shall pay applicable application fees and dues.

2.C. CONSULTING STAFF

2.C.1. Qualifications:

The Consulting Staff shall consist of members who:

(a) are of demonstrated professional ability and expertise who provide a service not otherwise available or in very limited supply on the Active Staff (should the service become readily available on the Active Staff, the Consulting Staff members would not be eligible to request continued Consulting Staff status at the time of their next reappointments and would have to transfer to a different staff category if they desire continued appointment);

(b) provide services at the Hospital only at the request of other members of the Medical Staff; and

(c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.C.2. Prerogatives and Responsibilities:

Consulting Staff members:

(a) may not admit patients to the Hospital;

(b) may exercise such clinical privileges as are granted;

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

(d) may attend meetings of the Medical Staff and applicable department and section meetings (without vote);

(e) may be invited to serve on committee (with vote);

(f) are excused from providing specialty coverage for the Emergency Department and providing care for unassigned patients;

(g) shall cooperate in the professional practice evaluation and performance improvement processes; and

(h) shall pay applicable application fees and dues.

2.D. COMMUNITY STAFF

2.D.1. Qualifications:

The Community Staff consists of members who:

(a) desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital and meet the eligibility criteria set forth in the Medical Staff Credentials Policy with the exception of the qualifications in Section 2.A.1 of the Credentials Policy related to location (office and/or residence), coverage, emergency call, clinical activity, DEA registration, and residency and board certification; and

(b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Community Staff as outlined in Section 2.D.2.

The primary purpose of the Community Staff is to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care and to promote professional and educational opportunities, including continuing medical education.

2.D.2. Prerogatives and Responsibilities:

Community Staff members:

(a) may attend educational activities sponsored by the Medical Staff and the Hospital;

(b) may refer patients to members of the Active Staff for admission and/or care and review the medical records and test results (via paper or electronic access) for any such patient;

(c) may not admit patients, attend patients, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Hospital;

(d) may not exercise clinical privileges in the Hospital;

(e) may attend meetings of the Medical Staff and applicable department and section meetings (without vote);

(f) may not hold office, serve as department chairs or section chiefs, serve on Medical Staff committees, and serve as chairs of committees;

(g) may be invited to serve on committee (with vote);

(h) may perform history and physical examinations in the office and have those reports entered into the Hospital's medical records;

(i) must accept referrals from the Emergency Department for follow-up care of patients treated and released from the Emergency Department;

(j) may refer patients to the Hospital's diagnostic facilities and order such tests; and

(k) shall pay applicable application fees and dues.

2.E. COVERAGE STAFF

2.E.1. Qualifications:

The Coverage Staff shall consist of members who:

(a) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff members who are members of their group practice or coverage arrangement (e.g., a group that practices at multiple Munson Healthcare hospitals sends another member of its group as a substitute for a member who is on the Active Staff at the Hospital but who is unavailable) or where there is a needed service (e.g., a physician who covers a service for one weekend a month);

(b) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians);

(c) are not required to satisfy any defined response time requirements in place at the Hospital, except for those times when they are providing coverage; and

(d) agree that their Medical Staff appointment and clinical privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage

arrangement with the Active Staff member(s) terminates for any reason or if the service need is otherwise met.

2.E.2. Prerogatives and Responsibilities:

Coverage Staff members:

(a) when providing coverage assistance for an Active Staff member, shall be entitled to admit and/or treat patients who are the responsibility of the Active Staff member who is being covered (i.e., the Active Staff member's own patients or unassigned patients who present through the Emergency Department when the Active Staff member is on call);

(b) may exercise such clinical privileges as are granted;

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

(d) may be invited to serve on committees (with vote);

(e) may attend Medical Staff, department, and section meetings (without vote);

(f) shall assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation, and teaching assignments when providing coverage; and

(g) shall pay applicable application fees and dues.

2.F. ADMINISTRATIVE STAFF

2.F.1. Qualifications:

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

2.F.2. Prerogatives and Responsibilities:

Administrative Staff members:

(a) may not consult, admit, or attend to patients;

(b) may not exercise clinical privileges in the Hospital;

(c) may not hold office;

(d) may not serve as department chairs or committee chairs;

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

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

(g) are entitled to attend educational programs of the Medical Staff and the Hospital; and

(h) are not required to pay application fees and dues.

2.G. HONORARY STAFF

2.G.1. Qualifications:

(a) The Honorary Staff shall consist of practitioners who have retired from the practice of medicine in this Hospital after serving for more than 20 years, who are in good standing, and who have been recommended for Honorary Staff appointment by the MEC.

(b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application/reappointment processing.

2.G.2. Prerogatives and Responsibilities:

Honorary Staff members:

(a) may not consult, admit, or attend to patients;

(b) may not exercise clinical privileges in the Hospital;

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

(d) may be appointed to committees (with vote);

(e) may attend Medical Staff, department, and section meetings (without vote);

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

(g) are not required to pay any application fees or dues.

2.H. TELEMEDICINE STAFF

2.H.1. Qualifications:

The Telemedicine Staff shall consist of physicians who are licensed to practice medicine in Michigan (or who meet the alternative licensing requirements applicable to telemedicine providers in both the state where the individual is located and Michigan) and who meet all of the qualifications for Medical Staff appointment outlined in the Medical Staff Credentials Policy, except for those requirements relating to geographic residency, coverage arrangements, and emergency call responsibilities.

2.H.2. Prerogatives and Responsibilities:

Telemedicine Staff members:

(a) may exercise such privileges as are granted to them;

(b) may admit patients to the Hospital;

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

(d) may be invited to serve on committees (with vote);

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

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

(g) shall pay applicable application fees and dues.

2.I. LIP STAFF

2.I.1. Qualifications:

The LIP Staff shall consist of members who are authorized by law and by the Hospital to provide patient care service without direction or collaboration/supervision, within the scope of their license and consistent with the clinical privileges granted. The LIP Staff is not a category of the Medical Staff but is included in this Article of the Bylaws for convenient reference.

2.I.2. Prerogatives and Responsibilities:

LIP members:

(a) may function in the Hospital as permitted by their license and clinical privileges;

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

(c) may not chair Medical Staff committees, but may (with a minimum of five years of experience) be appointed to serve on Medical Staff committees, with or without vote, at the discretion of the Leadership Council and committee chair;

(d) must actively participate in the professional practice evaluation and performance improvement processes; and

(e) shall pay applicable fees and dues.

ARTICLE 3

OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff shall be the Chief of Staff, Vice Chief of Staff, Immediate Past Chief of Staff, and Secretary-Treasurer. The Leadership Council may also, at its discretion, create and appoint Advanced Practice Providers leadership positions. Any such appointment shall be approved by the MEC and described in the Medical Staff Organization Manual.

3.B. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously, as determined by the MEC, shall be eligible to serve as an officer of the Medical Staff, unless an exception is recommended by the MEC and approved by the Board. They must:

(1) be appointed in good standing to the Active Staff, have served on the Active Staff for at least one year, and shall, with respect to all Officer positions except Secretary-Treasurer, be a physician;

(2) have no past or pending adverse recommendations concerning Medical Staff appointment or clinical privileges at the Hospital;

(3) not presently be serving as a Medical Staff officer, Board member, department chair, or committee chair at any other hospital that is not affiliated with Munson Healthcare and shall not so serve during their term of office;

(4) be willing to faithfully discharge the duties and responsibilities of the position;

(5) have experience in a leadership position or other involvement in performance improvement functions;

(6) attend continuing education relating to Medical Staff leadership, credentialing, and/or peer review functions prior to or during the term of the office;

(7) have demonstrated an ability to work well with others; and

(8) disclose in a manner determined by the MEC any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with the Hospital or any affiliate, other than those services provided in a practitioner's office and billed under the same provider number used by the practitioner. The MEC shall assess any such conflicts to determine whether they

are such that they render the individual ineligible for the position. Any such disclosure shall be reviewed by the Leadership Council in conjunction with the MEC to determine whether the relationship is such that it renders an individual ineligible for the position for which he or she is being considered.

3.C. DUTIES

3.C.1. Chief of Staff:

The Chief of Staff shall:

(a) act in coordination and cooperation with Hospital Administration in matters of mutual concern involving the care of patients in the Hospital;

(b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the CEO and the Board;

(c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;

(d) serve as chair of the MEC (with vote), chair the Leadership Council (with vote), and be a member of all other Medical Staff committees, *ex officio*, without vote;

(e) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of the Hospital;

(f) appoint the chairs and members of all Medical Staff committees, except for the MEC; and

(g) perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Policy.

3.C.2. Vice Chief of Staff:

The Vice Chief of Staff shall:

(a) assume all duties of the Chief of Staff and act with full authority as Chief of Staff when the Chief of Staff is unavailable within a reasonable period of time;

(b) serve on the MEC and the Leadership Council, with vote; and

(c) assume all such additional duties as are assigned to him or her by the Chief of Staff or the MEC.

3.C.3. Immediate Past Chief of Staff:

The Immediate Past Chief of Staff shall:

(a) serve on the MEC and the Leadership Council, with vote;

(b) serve as an advisor to other Medical Staff leaders; and

(c) assume all duties assigned by the Chief of Staff or the MEC.

3.C.4. Secretary-Treasurer:

The Secretary-Treasurer shall:

(a) serve on the MEC;

(b) oversee the preparation of accurate and complete minutes of all MEC and general Medical Staff meetings;

(c) have the ability to sign checks;

(d) be responsible for the collection of and accounting for any funds in the Medical Staff Fund and report to the Medical Staff;

(e) assume all such additional duties as are assigned to him or her by the Chief of Staff or the MEC; and

(f) maintain financial records w/ accountant on record and assist Medical Staff Office with facilitating annual tax preparations.

3.D. NOMINATIONS

(1) The Leadership Council shall convene in advance of the election and shall submit the name of at least one qualified nominee for any vacant office or at-large positions on the MEC. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected. Notice of the nominees shall be provided to the Medical Staff prior to the election, when possible.

(2) Additional nominations may also be submitted in writing by petition signed by at least five Voting Staff members prior to the election. In order for a nomination to be added to the ballot, the Leadership Council must have sufficient time to confirm the individual meets the qualifications in Section 3.B, as well as his or her willingness to serve.

(3) Nominations from the floor shall not be accepted.

3.E. ELECTION

(1) If the Leadership Council presents a single nomination for any office and there are no other nominees presented by other means, the unopposed candidate shall be deemed to be elected and no vote is necessary.

(2) Where there are two or more nominees, elections shall occur at called meetings of the Medical Staff. Candidates receiving a majority of votes cast at the meeting by the members of the Voting Staff present and voting at that meeting shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.

(3) In the alternative, and in the discretion of the MEC, elections may be held by written or electronic ballot returned to Medical Staff Services in the manner as indicated on the ballot at the time it is distributed. Ballots shall be provided to all members of the Voting Staff and completed ballots must be received in Medical Staff Services by the date indicated on the ballot. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.

3.F. TERM OF OFFICE

Officers shall serve for a term of two years or until a successor is elected or appointed.

3.G. REMOVAL

(1) A vote to remove an elected officer may be initiated by a two-thirds vote of the Voting Staff, two-thirds vote of the MEC, or by the Board. Grounds for removal shall be:

(a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;

(b) failure to perform the duties of the position held;

(c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or

(d) an infirmity that renders the individual incapable of fulfilling the duties of that office.

(2) The individual shall be given 10 days' written notice of the date of the MEC meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC at this meeting prior to a vote on removal.

3.H. VACANCIES

A vacancy in the office of Chief of Staff shall be filled by the Vice Chief of Staff, who shall serve until the end of the Chief of Staff's unexpired term. In the event there is a vacancy in the office of Vice Chief of Staff or Secretary-Treasurer or where there is a vacancy of an at-large MEC position, the MEC shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

ARTICLE 4

CLINICAL DEPARTMENTS AND SECTIONS

4.A. ORGANIZATION

The Medical Staff shall be organized into departments and sections as determined by the MEC and listed in the Organization Manual. The MEC may create new departments, eliminate departments, create or eliminate sections within departments, or otherwise reorganize the department structure, in accordance with the amendment provisions contained in the Organization Manual.

4.B. ASSIGNMENT TO DEPARTMENTS AND SECTIONS

(1) Upon initial appointment to the Medical Staff, each Medical Staff member shall be assigned to a clinical department and section, if applicable. Assignment to a particular department or section does not preclude a Medical Staff member from seeking and being granted clinical privileges typically associated with another department.

(2) A Medical Staff member may request a change in department or section assignment to reflect a change in his or her clinical practice.

(3) Department or section assignment may be transferred at the discretion of the MEC.

4.C. FUNCTIONS OF DEPARTMENTS

The departments shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments, (ii) to monitor the practice of all those with clinical privileges in a given department, and (iii) to assure emergency call coverage for all patients.

4.D. QUALIFICATIONS AND TERMS OF ELECTED OR APPOINTED DEPARTMENT CHAIRS

(1) Each department chair shall:

(a) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and

(b) satisfy the eligibility criteria in Section 3.B, unless an exception is recommended by the MEC.

(2) Elected and appointed department chairs shall serve a term of two years.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS

(1) Except as otherwise provided by contract, department chairs shall be elected by the department/appointed by the Chief of Staff, subject to MEC approval and confirmation by the Board. For elected chairs, candidates will be identified at a meeting of the department/candidates will be appointed by the Chief of Staff and be willing to serve. The election shall be by written or electronic ballot. Ballots may be returned in person, by mail, or by facsimile by the date indicated on the ballot. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no one is willing to serve as a department chair, the Chief of Staff shall appoint an individual, in consultation with the MEC.

(2) A vote to remove a department chair may be initiated by a two-thirds vote of the department or by a two-thirds vote of the MEC after reasonable notice and opportunity to be heard. Grounds for removal shall be:

(a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;

(b) failure to perform the duties of the position held;

(c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or

(d) an infirmity that renders the Medical Staff member incapable of fulfilling the duties of that office.

(3) The department chair shall be given 10 days' written notice of the date of the MEC meeting at which action shall be considered. The department chair shall be afforded an opportunity to speak to the MEC at this meeting prior to a vote on removal.

(4) In the event there is a vacancy in a department chair position, the Chief of Staff shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the Chief of Staff and subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.

4.F. DUTIES OF DEPARTMENT CHAIRS

Department chairs shall work in collaboration with Medical Staff Leaders and other Hospital personnel to collectively be responsible for the following:

(1) all clinically-related activities of the department;

(2) all administratively-related activities of the department, unless otherwise provided for by the Hospital;

(3) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;

(4) recommending criteria for clinical privileges that are relevant to the care provided in the department;

(5) preparing Emergency Department on-call rosters , or delegating such function to the relevant section chief, to ensure appropriate coverage;

(6) evaluating requests for clinical privileges for each member of the department;

(7) the integration of the department into the primary functions of the Hospital;

(8) the coordination and integration of interdepartmental and intradepartmental services;

(9) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;

(10) offer input on the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment and services within the department, if requested;

(11) recommendations for a sufficient number of qualified and competent persons to provide care or services;

(12) continuous assessment and improvement of the quality of care and services provided;

(13) maintenance of quality monitoring programs, as appropriate;

(14) recommendations for space and other resources needed by the department;

(15) assessing and recommending off-site sources for needed patient care services not provided by the department or the Hospital;

(16) the orientation and continuing education of all persons in the department;

(17) appointing section chiefs as necessary; and

(18) performing all functions authorized in the Credentials Policy, including collegial intervention.

4.G. CLINICAL SECTIONS

4.G.1. Section Requirements:

Sections shall generally have no meeting or minutes requirements. Only when sections are making formal recommendations to a department will a report be required from the section leader.

4.G.2. Section Activities:

Sections may perform any of the following activities:

(a) continuing education;

(b) performance improvement opportunities;

(c) grand rounds;

(d) discussion of policy or equipment needs; and/or

(e) development of recommendations for department chair.

4.G.3. Section Chiefs:

The relevant department chair may appoint a section chief who will be responsible for calling special meetings to discuss specific issues as necessary and will also be involved with quality and credentialing issues as requested and for preparing an Emergency Call Roster to ensure appropriate coverage. Section chiefs may also be appointed by the MEC.

ARTICLE 5

MEDICAL STAFF COMMITTEES AND
PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

(1) Unless otherwise indicated, all committee chairs and members shall be appointed by the Leadership Council. Committee chairs shall be selected based on the criteria set forth in Section 3.B of these Bylaws, and all committee members must signify their willingness to meet basic expectations of committee membership as set forth in Section 3.B of the Organization Manual.

(2) Committee chairs and members shall be appointed for terms of two years. Chairs and members may be removed and vacancies filled by the Leadership Council.

(3) Unless otherwise indicated, all Hospital and administrative representatives on the committees shall be appointed by the CEO, in consultation with the CMO and the Chief of Staff. All such representatives shall serve on the committees, without vote.

(4) Unless otherwise indicated, the Chief of Staff, CMO, and the CEO may attend any Medical Staff committee meeting, *ex officio*, without vote.

5.C. MEDICAL EXECUTIVE COMMITTEE

5.C.1. Composition:

(a) The MEC shall consist of the following voting members:

(1) Chief of Staff;

(2) Vice Chief of Staff;

(3) Secretary/Treasurer;

(4) Credentials Committee Chair;

(5) Chair of each Department; and

(6) Chief of each Section.

(b) The CEO (or designee)**,** CMO, Chief Nursing Officer, Physician Network Medical Director, Manager of Accreditation Compliance, Risk Manager, and Medical Staff Coordinator shall serve as *ex officio*, non-voting members.

(c) Other Medical Staff members or Hospital personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.

5.C.2. Duties:

The MEC has the primary oversight authority related to professional activities and functions of the Medical Staff and performance improvement activities regarding the professional services provided by Medical Staff members with clinical privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

(a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings;

(b) coordinating the activities and policies adopted by the Medical Staff, departments, sections, and committees;

(c) receiving and acting on requests and recommendations from the departments, sections and committees and officers of the Medical Staff;

(d) recommending directly to the Board on at least the following:

(1) the Medical Staff's structure;

(2) the mechanism used to review credentials and to delineate individual clinical privileges;

(3) applicants for Medical Staff appointment and reappointment;

(4) delineation of clinical privileges for each eligible individual;

(5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;

(6) the mechanism by which Medical Staff appointment may be terminated; and

(7) hearing procedures;

(e) consulting with the CEO on quality-related aspects of contracts for patient care services;

(f) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;

(g) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;

(h) providing leadership in activities related to patient safety;

(i) prioritizing continuing medical education activities;

(j) reviewing, or delegating to a Task Force the responsibility to review, at least once every five years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and

(k) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, the Board or other applicable policies.

5.C.3. Meetings:

The MEC shall meet as often as necessary to fulfill its responsibilities and shall maintain a permanent record of its proceedings and actions.

5.D. PERFORMANCE IMPROVEMENT FUNCTIONS

The Medical Staff is actively involved in performance improvement functions, including reviewing data and recommending and implementing processes to address the following:

(1) patient safety, including processes to respond to patient safety alerts, meet patient safety goals and reduce patient safety risks;

(2) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;

(3) medical assessment and treatment of patients;

(4) use of information about adverse privileging determinations regarding any practitioner;

(5) oversight in the process of analyzing and improving patient satisfaction;

(6) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;

(7) the utilization of blood and blood components, including review of significant transfusion reactions;

(8) operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;

(9) appropriateness of clinical practice patterns;

(10) significant departures from established patterns of clinical practice;

(11) education of patients and families;

(12) coordination of care, treatment and services with other practitioners and Hospital personnel;

(13) accurate, timely and legible completion of medical records;

(14) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Appendix B of these Bylaws;

(15) the use of developed criteria for autopsies;

(16) sentinel events, including root cause analyses and responses to unanticipated adverse events;

(17) nosocomial infections and the potential for infection;

(18) unnecessary procedures or treatment; and

(19) appropriate resource utilization.

5.E. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Organization Manual, the MEC may establish additional committees to perform one or more staff functions and may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual Medical Staff member, a standing committee, or a special task force shall be performed by the MEC.

5.F. SPECIAL COMMITTEES

Special committees shall be created and their Medical Staff members and chairs shall be appointed by the Chief of Staff. Such task forces shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is July 1 to June 30**.**

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff shall meet as needed.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff, the MEC, the Board, or by a petition signed by not less than 10% of the Voting Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each department and committee shall meet as often as necessary to fulfill their responsibilities, at times set by the Presiding Officer (i.e., Medical Staff Officer, department chair, or committee chair, as applicable).

6.C.2. Special Meetings:

A special meeting of any department or committee may be called by or at the request of the Presiding Officer, the Chief of Staff, or by a petition signed by not less than 10% of the voting members of the department or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

(a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of departments and committees at least 14 days in advance of the meetings. The primary mechanism utilized for providing notice will be e-mail; however, notice may also be provided by mail, facsimile, hand delivery, posting in a designated electronic or physical location, or telephone at least 14 days prior to the meetings. All notices shall provide the date, time, and place of the meetings.

(b) When a special meeting of the Medical Staff, a department, and/or a committee is called, all of the provisions in paragraph (a) shall apply except that the notice period shall be reduced to 48 hours and posting may not be the sole mechanism used for providing notice of a special meeting.

(c) The attendance of any individual Medical Staff member at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

(a) For any regular or special meeting of the Medical Staff, department, or committee, those voting members present (but not fewer than two) shall constitute a quorum. Exceptions to this general rule are as follows:

(1) for meetings of the MEC, the Credentials Committee, and the Leadership Council, the presence of at least 50% of the voting members of the committee shall constitute a quorum; and

(2) for amendments to these Medical Staff Bylaws, at least 25% of the Voting Staff shall constitute a quorum.

(b) Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding.

(c) Recommendations and actions of the Medical Staff, departments, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present. Voting may be by written ballot at the discretion of the Presiding Officer.

(d) When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff or a department or committee, an individual who has recused himself or herself from participation in the vote shall not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses himself or herself on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).

(e) The voting members of the Medical Staff, a department, or a committee may also be presented with a question by mail, facsimile, e-mail, hand delivery, website posting, or telephone and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws (which requires a 25% quorum) and actions by the MEC, the Credentials Committee and the Leadership Council (which require a 50% quorum), a quorum for purposes of these votes shall be the number of responses returned to the Presiding Officer by

the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.

(f) At the discretion of the Presiding Officer, one or more Medical Staff, department or committee members may participate in a meeting by telephone conference.

6.D.3. Agenda:

The Presiding Officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, department, or committee.

6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order Revised may be used for reference at all meetings and elections, but shall not be binding. Specific provisions of these Bylaws and Medical Staff, department, or committee custom shall prevail at all meetings, and the Presiding Officer shall have the authority to rule definitively on all matters of procedure.

6.D.5. Minutes, Reports, and Recommendations:

(a) Minutes of all meetings of the Medical Staff, departments, and committees shall be prepared and shall include a record of the attendance of Medical Staff members and the recommendations made and the votes taken on each matter. The minutes shall be approved at the next applicable meeting.

(b) A summary of all recommendations and actions of the Medical Staff, departments, and committees shall be transmitted to the MEC and to the CEO for purposes of keeping the Board apprised of the activities of the Medical Staff and its departments and committees.

(c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

6.D.6. Confidentiality:

All Medical Staff business conducted by committees or departments is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff and other practitioners who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

All Voting Staff members are expected to attend and participate in Medical Staff meetings and applicable department and committee meetings each year.

ARTICLE 7

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy in a more expansive form.

7.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Policy.

7.B. PROCESS FOR PRIVILEGING

Requests for privileges are provided to the applicable department chair, who reviews the individual's education, training, and experience, and acknowledges to Medical Staff Services that the individual meets all qualifications. The Credentials Committee reviews the chair's assessment, the application, and all supporting materials and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant privileges is favorable, it is forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CEO of the right to request a hearing.

7.C. PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are provided to the applicable department chair, who reviews the individual's education, training, and experience, and acknowledges to Medical Staff Services that the individual meets all qualifications. The Credentials Committee then reviews the chair's assessment, the application, and all supporting materials and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant appointment or reappointment is favorable, it is forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CEO of the right to request a hearing.

7.D. DISASTER PRIVILEGING

When the disaster plan has been implemented, the CEO, CMO, or Chief of Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

7.E. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

(1) Appointment and clinical privileges may be automatically relinquished if an individual:

(a) fails to do any of the following:

(i) timely complete medical records;

(ii) satisfy threshold eligibility criteria;

(iii) provide requested information;

(iv) complete and/or comply with educational or training requirements;

(v) attend a special conference to discuss issues or concerns; *or*

(vi) fails to timely pay dues;

(b) is involved or alleged to be involved in defined criminal activity;

(c) makes a misstatement or omission on an application form; or

(d) remains absent on leave for longer than one year, unless an extension is granted.

(2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

7.F. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

(1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, either (a) the MEC, (b) the Leadership Council, OR *all* of the following individuals collectively (c) (i) Medical Staff Officer, (ii) CMO or CEO *and* (iii) department chair or section chief (unless one group of individual listed in (i) through (iii), is not reasonably available, in which case two out of the three categories of individuals may collectively make such decision), is/are authorized to suspend or restrict all or any portion of an individual's clinical privileges as a precaution pending an investigation.

(2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the MEC or CEO.

(3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.

(4) The MEC will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.

(5) Prior to, or as part of, this review, the individual may be given an opportunity to meet with the MEC.

7.G. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, or Rules and Regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Medical Staff Professionalism Policy or is disruptive to the orderly operation of the Hospital or its Medical Staff.

7.H. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL

(1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.

(2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.

(3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.

(4) A stenographic reporter will be present to make a record of the hearing.

(5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the

Hearing Panel in the form of a post-hearing statement submitted at the close of the hearing.

(6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.

(7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

(8) The affected individual and the MEC may request an appeal of the recommendations of the Hearing Panel to the Board.

ARTICLE 8

AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

(1) Amendments to these Bylaws may be proposed by a petition signed by at least ten members of the Voting Staff or by the MEC.

(2) In the discretion of the MEC, amendments to the Bylaws shall be presented to the Medical Staff in one of the following two ways:

(a) Amendments Subject to Vote at a Meeting: The MEC shall report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, (i) a quorum of at least 25% of the Voting Staff must be present, and (ii) the amendment must receive approval from 60% of the votes cast by the Voting Staff at the meeting.

(b) Amendments Subject to Vote via Written or Electronic Ballot: The MEC shall present proposed amendments to the Voting Staff by written or electronic ballot, to be returned by the date and in the manner indicated on the ballot, which date shall be at least 14 days after the proposed amendment was provided to the Voting Staff. Along with the proposed amendments, the MEC shall provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 25% of the Voting Staff, and (ii) the amendment must receive approval from 60% of the votes cast.

(3) The MEC shall have the power to adopt such clarifications to these Bylaws which are needed because of renumbering, punctuation, spelling or errors of grammar, or change of name(s) or title(s).

(4) All amendments shall be effective only after approval by the Board.

(5) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two weeks after receipt of a request for same submitted by the Chief of Staff.

(6) Neither the Medical Staff nor the Board shall unilaterally (without seeking the advice of the other party) amend these Bylaws.

8.B. OTHER MEDICAL STAFF DOCUMENTS

(1) In addition to the Medical Staff Bylaws, there shall be policies, procedures and Rules and Regulations that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. All Medical Staff policies, procedures, and Rules and Regulations shall be considered an integral part of the Medical Staff Bylaws, but will be amended in accordance with this section. These additional documents are the Medical Staff Credentials Policy, the Medical Staff Organization Manual, and the Medical Staff Rules and Regulations.

(2) An amendment to the Credentials Policy, Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these documents shall be provided to each member of the Voting Staff at least 14 days prior to the MEC meeting when the vote is to take place. Any member of the Voting Staff may submit written comments on the amendments to the MEC.

(3) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rules and Regulations are inconsistent with these Bylaws, they are of no force or effect.

(4) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.

(5) Amendments to the Medical Staff policies and to the Rules and Regulations may also be proposed by a petition signed by at least 20% of the members of the Voting Staff. Any such proposed amendments will be reviewed by the MEC, which shall report on the proposed amendments either favorably or unfavorably before they are forwarded to the Board for its final action.

(6) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

8.C. CONFLICT MANAGEMENT PROCESS

(1) When there is a conflict between the Medical Staff and the MEC with regard to:

(a) proposed amendments to the Medical Staff Rules and Regulations,

(b) a new policy proposed or adopted by the MEC, or

(c) proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by at least 20% of the Voting Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.

(2) If the differences cannot be resolved, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the Voting Staff, to the Board for final action.

(3) 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 of the Medical Staff.

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

8.D. UNIFIED MEDICAL STAFF PROVISIONS

8.D.1. Adoption of a Unified Medical Staff:

If the Board of Munson Healthcare elects to adopt a single unified Medical Staff that includes the Hospital, the members of the Voting Staff may approve or opt out of the unified Medical Staff structure by conducting a vote in accordance with the process outlined in Section 8.A for amending these Medical Staff Bylaws.

8.D.2. Bylaws, Policies, and Rules and Regulations of the Unified Medical Staff:

Upon approval of a unified Medical Staff structure, the unified Medical Staff will adopt Medical Staff bylaws, policies, and rules and regulations that:

(a) take into account the unique circumstances of each participating hospital, including any significant differences in the patient populations that are served and the clinical services that are offered; and

(b) address the localized needs and concerns of Medical Staff members at each of the participating hospitals.

8.D.3. Opt-Out Procedures:

If a unified Medical Staff structure is approved, the voting members of the unified Medical Staff may later vote to opt out of the unified Medical Staff. Any such vote will be conducted in accordance with the process outlined in the Medical Staff Bylaws in force at the time of the vote.

ARTICLE 9

ADOPTION

These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter thereof.

Medical Staff: As approved 3.21.2023

Board of Directors: As approved 4.27.2023

APPENDIX A: MEDICAL STAFF CATEGORIES SUMMARY

	Active	Courtesy	Consulting	Community	Coverage	Administrative	Telemedicine	Honorary
Qualifications	Active clinical practice within the Hospital who meet minimum activity requirements	Use Hospital for convenience, but if exceed maximum activity requirements, automatic transfer to Active Staff	Demonstrate professional ability and expertise and provide a service not otherwise available or in very limited supply on the Active Staff	Desire to be associated with Hospital, but do not intend to establish a clinical practice and do not exercise any privileges in the Hospital	Provide coverage support to Active Staff member(s) or where there is a need	Provide administrative services to the Medical Staff and Hospital with no clinical privileges or patient responsibilities	Licensed to practice in Michigan and do so via telemedicine	Retired members who deserve special recognition for their contributions to the Medical Staff, as recommended by the MEC
Average Number of Patient Contacts per year	≥ 12	< 12	NA	NA	NA	NA	NA	NA
Have admitting privileges	Y	Y	N	N	Y	N	Y	N
Have clinical privileges	Y	Y	Y	N	Y	N	Y	N
FPPE/OPPE required	Y	Y	Y	N	Y	N	Y	N
Serve as a Medical Staff Officer	Y**	N	N	N	N	N	N	N
Serve as a department chair or section chief	Y**	N	N	N	N	N	N	N
Serve as a committee chair	Y**	N	N	N	N	N	N	N
Serve on Medical Staff committees (with vote)	Y	N	Y	Y	Y	Y	Y	Y
May attend Medical Staff and applicable department and section meetings	Y	Y	Y	Y	Y	Y	Y	Y
Vote at Medical Staff and applicable department and section meetings	Y	N	N	N	N	N	N	N
Emergency Call Responsibilities	Y (per policy)	Follow-Up Care	Y	Follow-Up Care	Y, when covering	Y	Y	Y
Application Fees	Y	Y	Y	Y	Y	N	Y	N

Y= Yes N = No NA = Not Applicable ** For APPs in the Active staff category, such APPs may not serve in any of these positions except Secretary-Treasurer.

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

(1) Timing of the History and Physical Examination

(a) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services). The history and physical examination must be performed by a physician or other licensed individual who is qualified to perform such examinations under Michigan law and Hospital policy.

(b) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. In such cases, within 24 hours after admission/registration or prior to surgery/invasive procedure, whichever comes first, the patient must be reassessed by a practitioner who has been granted clinical privileges by the Hospital to perform histories and physicals. The purpose of this assessment is to identify any changes subsequent to the original examination. The practitioner must update the history and physical examination to reflect any changes in the patient's condition since the date of the original history and physical or state that there have been no changes in the patient's condition.

(c) When the history and physical examination is not performed or recorded in the medical record before a surgical, diagnostic operative or invasive procedure, the operation or procedure will be canceled unless the attending physician states in writing that an emergency situation exists. If it is an emergency situation and a history and physical has been dictated, but has not been transcribed, there will be a statement to that effect in the patient's chart, with an admission note by the attending physician. The admission note must be documented immediately prior to surgery (same day as surgery) and will include, at a minimum, an assessment of the patient's heart rate, respiratory rate and blood pressure.

(2) Scope of the History and Physical Examination

(a) The scope of the medical history and physical examination for inpatient and observation patients will include, as pertinent:

- patient identification;
- chief complaint;
- history of present illness;

- review of systems;
- personal medical history, including medications and allergies;
- immunization status;
- family medical history;
- social history, including any abuse or neglect;
- physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
- vital signs, along with height, weight, and BMI;
- data reviewed;
- assessments, including problem list;
- plan of treatment; and
- if applicable, signs of abuse, neglect, addiction, or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion which will be documented in the plan of treatment.

(b) In the case of a pediatric patient, the history and physical examination report may also include, as relevant: (i) developmental age; (ii) length or height; (iii) weight; (iv) BMI; (v) head circumference (if appropriate); and (vi) immunization status.

(3) Short Stay Documentation Requirements

A Short Stay History and Physical Form, approved by the MEC, may be utilized for (i) ambulatory or same day procedures, or (ii) short stay observations which do not meet inpatient criteria. These forms shall document the chief complaint or reason for the procedure, the relevant history of the present illness or injury, and the patient's current clinical condition/physical findings.