



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0778

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**\* RE:**

Submitting reso. auth. Resolution Improvements To Patient Safety At Detroit Medical Center Hospitals

**\* SUMMARY:**

Resolution Improvements To Patient Safety At Detroit Medical Center Hospitals

**\* RECOMMENDATION:**

For Your Review

**\* DEPARTMENTAL CONTACT:**

Name: Sandra Jeffers  
Position: Administrative Assistant

**\*=REQUIRED**