COMMUNITY HOSPITAL SOUTH

MEDICAL STAFF CONSTITUTION & BYLAWS

Approved: Medical Executive Committee – November 13, 2000
Approved: General Medical Staff – January 8, 2001
Approved: Board of Directors – February 5, 2001
Reviewed w/no changes – September 13, 2004
Reviewed w/minor changes – February 7, 2005
Approved: General Medical Staff – May 9, 2005
Approved: Board of Directors – June 6, 2005
Approved: Medical Executive Committee – December 12, 2005
Approved: General Medical Staff – January 9, 2006
Approved: Board of Directors – February 6, 2006
Reviewed w/no changes – April 13, 2009
Approved: General Medical Staff – May 11, 2009
Approved: Board of Directors – June 1, 2009
Reviewed w/minor changes – C & B Committee – August 30, 2012
Approved: Medical Executive Committee – September 10, 2012
Approved: General Medical Staff – September 10, 2012
Approved w/changes: Medical Executive Committee – January 14, 2014
Approved: General Medical Staff – February 11, 2014
Approved: Board of Directors – March 10, 2014
Approved w/changes: Medical Executive Committee – September 8, 2014
Approved: General Medical Staff – September 8, 2014
Approved: Board of Directors – October 13, 2014
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These Bylaws, which originate with the Medical Staff, are adopted in order to provide for the organization of the Medical Staff of Community Hospital South and to provide a framework for self-government in order to permit the Medical Staff to discharge its responsibilities in matters involving the quality of medical care, and to govern the orderly resolution of these purposes. These Bylaws provide the professional and legal structure for Medical Staff Directors, and relations with applicants to and members of the Medical Staff. These Bylaws, when adopted by the Medical Staff and approved by the Board of Directors, create a system of mutual rights and responsibilities between members of the Medical Staff and the Hospital.

DEFINITIONS

1) “Board of Directors” means the governing body of the Hospital.

2) “Chief of Staff” means the chief officer of the Medical Staff elected by the members of the Medical Staff.

3) “Administrator” means the person elected by the Board of Directors to serve in an administrative capacity.

4) “Clinical privileges” or “privileges” means the permission granted to a Medical Staff member to render specific services to patients.

5) “Hospital” means Community Hospital South, Inc.

6) “Medical Executive Committee” means the executive committee of the Medical Staff which shall constitute the governing body of the Medical Staff as described in these Bylaws.

7) “Medical Staff” or “Staff” means those providers who have been granted recognition as members of the Medical Staff to the terms of these Bylaws.

8) “Medical Staff Year” means the period from October 1 to September 30.

9) “Member” means, unless otherwise expressly limited, any provider holding a current Indiana license to practice within the scope of his license, who is a member of the Medical Staff.

10) “Physician” means an individual with an M.D. or D.O. degree who is currently licensed to practice medicine in the State of Indiana.

11) The gender he/she/it are referred to as “he.”

12) “Accreditation Body” means any organization which (1) awards an accreditation or certification to or sought by the Hospital in order to obtain reimbursement or improve performance or quality; or (2) provides quality management programs to the Hospital. Such Accreditation Body may require data related to indications and outcomes which Members, Independent Non-Physician Practitioners or Allied Health Professionals exercising clinical privileges in those accredited or certified areas or programs will provide upon request by the Hospital as a condition of their continued ability to exercise clinical privileges in those areas.

ARTICLE I

NAME

The name of this organization is the Medical Staff of Community Hospital South, Inc. The Board, the Medical Staff, and committees of the medical staff, in order to promote professional peer review activity, constitute themselves as professional review bodies as defined by the Indiana Peer Review Act, I.C. 34-4-12.6-1 and the Health Care Quality Improvement Act. The Board, the Medical Staff and committees of the medical staff claim all privileges and immunities afforded them by law.
ARTICLE II

APPOINTMENT

2.1 NATURE OF APPOINTMENT

No physician, including those in a medical-administrative position by virtue of a contract or employment with the Hospital, shall admit or provide medical or health-related services to patients in the Hospital unless he is a member of the Medical Staff in accordance with the procedures set forth in these Bylaws. Appointment to the Medical Staff shall confer only such clinical privileges and prerogatives as have been granted in accordance with these Bylaws.

2.2 QUALIFICATIONS FOR APPOINTMENT

2.2-1 GENERAL QUALIFICATIONS

Only physicians who shall be deemed to possess basic qualifications for appointment to the Medical Staff, except for the honorary/emeritus category (in which case these criteria shall only apply as deemed individually applicable by the Medical Staff) and who:

a) can document and verify their (1) current licensure; (2) adequate experience, education, and training; (3) current professional competence; (4) good judgment; (5) adequate physical and mental health status; and (6) that they are professionally and ethically competent and (7) that patients treated by them can reasonably expect to receive quality medical care;

b) agree (1) to adhere to the ethics of their profession; (2) to work cooperatively and effectively communicate with others so as not to affect patient care adversely; and (3) to participate in and properly discharge these responsibilities determined by the Medical Staff;

c) submit proof of qualification as a health care provider under Indiana's Medical Malpractice Act provided that, upon written request and with the recommendation of the Medical Executive Committee, the Board, for good cause shown may waive this requirement. In determining whether an individual exception is appropriate, the following facts may be considered for appointment to the Medical Staff.

1) whether the applicant has applied for the requisite insurance;
2) whether the applicant has been refused insurance and, if so, the reasons for the refusal;
3) whether insurance is reasonably available to the applicant and, if not, the reasons for its unavailability

Applicants who apply for membership to the Community Hospital South Medical Staff shall be Board Certified in the medical specialty acceptable to the department in which he is applying or be eligible to take a specialty board examination necessary to achieve certification in the specialty for which the applicant has applied as a member of the Medical Staff. To remain in good standing as a member of the Medical Staff, the applicant shall successfully complete, pass and be awarded initial board certification by a specialty board of the ABMS and/or the AOA, APMA ADA or other boards duly recognized by the Board of Directors. This certification must be obtained within five (5) years of being granted membership to the Medical Staff. Failure to satisfy these membership standards may result in termination of membership.

All members of the Community Hospital South Medical Staff who have an existing membership on February 1, 1995, shall be exempted from the Board Certification standards stated above.

2.2-2 PARTICULAR QUALIFICATIONS

a) Physicians

An applicant for physician appointment in the Medical Staff, except for the honorary staff, must hold an M.D. or D.O. degree issued by a medical or osteopathic school approved at the time of issuance of such a degree by the Medical Licensing Board of Indiana. Physicians who have had limitations or restrictions placed on their licenses by appropriate legal authorities may continue to hold appointment on the Medical Staff, if recommended by the Medical Executive Committee and if approved by the Board.
b) Independent Non-Physician Practitioners (Podiatrists, Dentists, Oral Surgeons)

At the discretion of the Board of Directors, in consultation with the Medical Staff, other independent non-Physician practitioners in health related fields, other than allopathic medicine and osteopathy may be admitted to limited appointment on the Medical Staff if:

1) In the opinion of the Board of Directors, the Hospital can provide facilities for the conduct of such independent non-physician practitioner;

2) The Board of Directors is of the opinion that the Medical Staff has the competence to assure the Board, through its regular process of ascertaining credentials, of the competence of the independent non-physician practitioner;

3) The Board of Directors is of the opinion that the Medical Staff has the competence to assure the Board of the continuing quality of patient care by the independent non-physician applicant, if accepted to the Medical Staff;

4) The independent non-physician practitioner holds a valid and current Indiana license or registration within his field of practice;

5) The independent non-physician practitioner has current malpractice insurance coverage as described elsewhere in these Bylaws, and that

6) The independent non-physician practitioner shall not be denied limited appointment to the Medical Staff because of possible financial competition with fully-privileged members of the Medical Staff.

An independent non-physician practitioner may have the privilege of admitting patients to the Hospital but shall not perform or record history and physical examinations, except as to those relating to the independent non-physician practitioner’s privileges, licenses and certifications. Responsibility for each patient’s general medical condition shall remain with a qualified Medical Staff physician member.

The procedure for initial application and reappointment, with time limitations, will be that as established for physician practitioners and documented elsewhere in these Bylaws and in Medical Staff Policies and Procedures.

Disciplinary actions for independent non-physician practitioners shall be those as set forth in Articles VI and VII.

c) Allied Health Professionals – Independent & Dependent

Please refer to the Allied Health Professional Policy and Credentialing Manual for detailed information.

2.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to appointment in the Medical Staff merely because he holds a certain degree, is licensed to practice in this or in any other State, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff appointment or privileges at another healthcare facility.

2.4 NONDISCRIMINATION

No aspect of Medical Staff appointment or particular clinical privileges shall be denied on the basis of sex, race, creed, physical handicap, color or national origin.

2.5 BASIC RESPONSIBILITIES OF MEDICAL STAFF APPOINTMENT

The ongoing responsibilities of each member of the Medical Staff include:

a) providing patients with continuous care and with the quality of care meeting the professional standards of the Medical Staff of this Hospital;

b) abiding by the Medical Staff Bylaws and Medical Staff Policies & Procedures;

c) discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Medical Staff appointment, including committee assignments;
d) preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the hospital;

e) abiding by the guidelines of any Accreditation Body and all local, state and federal laws and regulations including state licensing laws governing the professional license and ethical principles of the profession of the Member or Independent Non-Physician Practitioner;

f) aiding in any Medical Staff-approved educational programs;

g) working cooperatively with Medical Staff members, nurses, Hospital administration and others so as not to adversely affect patient care;

h) making appropriate arrangements for coverage of patients as determined by the Medical Staff;

i) refusing to engage in improper inducements for patient referral;

j) participating in continuing education programs that relate to the privileges granted by and as determined by the Medical Staff, and maintaining a record of such participation to be included in the member’s separate record;

k) participating in such emergency service coverage or consultation panels as may be determined by the Medical Staff;

l) notifying the Medical Executive Committee and the Hospital administration of any adverse actions taken against the physician by any health care facility, State licensure board, drug enforcement administration, Indiana Pharmacy Board, or court of law in a malpractice action, or any action taken by any federally funded program;

m) discharging such other Medical Staff obligations as may be lawfully established from time to time by the Medical Staff;

n) abiding by applicable Hospital Bylaws, Rules and Policies;

o) participating in and collaborating with the peer review and performance improvement activities of the Medical Staff or the Hospital. These include monitoring and evaluation tasks performed by the Medical Staff and compliance with Hospital efforts to improve performance on quality measures such as those established by the Centers for Medicare and Medicaid Services (CMS) and any other governmental agency, payer, or Accreditation Body. This includes upon request providing information including measurements necessary for the accreditation.

p) cooperating with the Hospital in complying with the Health Care Quality Improvement Act, 42 U.s.c. 11101 et seq.

q) notifying the Chief of Staff of an arrest for any felony or misdemeanor involving alcohol, use or distribution of a controlled substance, fraud or other moral turpitude, or unethical conduct.

ARTICLE III

CATEGORIES OF APPOINTMENT

3.1 CATEGORIES

The categories of the Medical Staff shall include the following: Active, Courtesy, and Honorary/Emeritus. At each time of reappointment, the member’s staff category shall be determined.

3.2 ACTIVE STAFF

3.2-1 QUALIFICATIONS

The Active staff shall consist of members who:

a) meet the general qualifications for appointment set forth in Section 2.2;

b) have offices and residences which, in the opinion of the Medical Executive Committee, are located closely enough to the Hospital to provide continuity of quality care;
c) regularly care for patients in this Hospital or are regularly involved in Medical Staff functions, as determined by the Medical Staff;

3.2-2 PREROGATIVES

Except as otherwise provided, the prerogatives of an active Medical Staff member shall be to:

a) admit patients and/or exercise such clinical privileges as are granted pursuant to Article V;

b) attend and vote on matters presented at General and Special meetings of the Medical Staff and of the Departments and Committees of which he is a member;

c) hold Staff, Section, Committee, or Department office and serve as a voting member of Committees to which he is duly appointed or elected by the Medical Staff or as a duly authorized representative thereof.

3.2-3 TRANSFER OF ACTIVE STAFF MEMBER

After two (2) consecutive years in which a member of the Active Staff fails to provide care or consultation for patients in this Hospital or to be regularly involved in Medical Staff functions as determined by the Medical Staff, that member shall be automatically transferred to the appropriate category, if any, for which the member is qualified.

3.3 COURTESY STAFF

3.3-1 QUALIFICATIONS

The Courtesy Medical Staff shall consist of members who:

a) meet the general qualifications set forth in subsections (a)-(b) of Section 3.3-1;

b) do not regularly care for patients in this Hospital or are not regularly involved in the Medical Staff functions as determined by the Medical Staff; and

c) are members in good standing of the Active Medical Staff or its equivalent of another Indiana licensed hospital, although exceptions to this requirement may be made by the Medical Executive Committee for good cause.

3.3-2 PREROGATIVES

Except as otherwise provided, Courtesy Medical Staff members shall be entitled to:

a) admit patients to the Hospital within the limitations of Section 3.4-1 (b) and/or exercise such clinical privileges as are granted pursuant to Article V;

b) attend meetings of the Medical Staff and the Department of which he is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within Committees.

c) Courtesy Staff members shall not be eligible to hold office in the Medical Staff.

3.3-3 LIMITATIONS

A Courtesy Staff member who admits patients or regularly cares for patients at the Hospital, upon review by the Medical Executive Committee, shall be obligated to seek appointment to the Active Staff category if his activity profile shows he admitted or attended patients and/or performed procedures equivalent to that of Active Staff members.

3.4 HONORARY STAFF

3.4-1 QUALIFICATIONS

There shall be two (2) categories of Honorary Staff Members; collectively referred to in these Bylaws
as Honorary Staff:

a) The Honorary Category

The Honorary Category of the Honorary Staff shall consist of physicians who do not practice at the Hospital but are deemed deserving of appointment by virtue of their outstanding reputation, noteworthy contributions to health and medical sciences, or their previous long-standing service to the Hospital, and who continue to exemplify high standards of professional and ethical conduct.

b) The Emeritus Category

The Emeritus Category of the Honorary Staff shall consist of members who have retired from active practice and were members in good standing of the Active Medical Staff for at least ten (10) continuous years, and who continue to adhere to appropriate professional and ethical standards. Members of the Emeritus Category of the Honorary Staff will be relieved of dues and Committee responsibilities.

3.4-2 PREROGATIVES

Honorary Staff members are not eligible to admit patients to the Hospital or to vote or hold office in this Medical Staff organization, but they may serve on Committees with or without vote at the discretion of the Medical Executive Committee. They may attend Staff and Department meetings, including open committee meetings and educational programs.

3.5 LIMITATION OF PREROGATIVES

The prerogatives set forth under each appointment category are general in nature and may be subject to limitations by special conditions attached to a particular appointment, by other sections of these Bylaws and by the Medical Staff Policies and Procedures.

3.6 MODIFICATION OF APPOINTMENT CATEGORY

On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a member under Section 4.6, the Medical Executive Committee may recommend to the Board of Directors a change in the Medical Staff category of a member consistent with requirements of the Bylaws.

3.7 LEAVE OF ABSENCE

a) Voluntary Leave of Absence

Upon recommendation of the Department Chairman and Medical Executive Committee, a Medical Staff member may obtain a voluntary leave of absence from the Staff upon submitting a written request to the Department Chairman, with the approval of the Board, stating approximate period of leave desired and the purpose thereof.

During the period of leave, the physician shall not exercise clinical privileges at the Hospital, and appointment rights and responsibilities shall be inactive, but the obligation to pay dues, shall continue.

At least thirty (30) days prior to the termination of the leave of absence, or at any earlier time, the Medical Staff member may request reinstatement of privileges by submitting a written notice to that effect to the Department Chairman and the Medical Executive Committee. (The Medical Staff member shall submit a summary of relevant activities during the leave, if so requested by the Department Chairman.) In the event of sickness or substance abuse, the medical staff member must submit a written release indicating his ability to resume his duties from the physician in charge of his therapy. The Department Chairman shall make a recommendation concerning the reinstatement of the member’s privileges.

Failure to request a reinstatement, without good cause, shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of appointment, privileges and prerogatives. A member whose appointment is automatically terminated shall be entitled to the procedural rights provided in Article X for the sole purpose of determining whether the failure to request reinstatement was unintentional or excusable, or otherwise. A request for Medical Staff appointment subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointment.
b) Involuntary Leave of Absence

Any Medical Staff member who becomes incapacitated so as to be incapable of engaging in the practice of medicine for a period of greater than sixty (60) days shall notify the Department Chairman of the existence of and the expected duration of the incapacity. If such notice is not given, the Department Chairman may act on other information that establishes the existence of such incapacity. Such Medical Staff member shall automatically be granted an involuntary leave of absence.

During the period of involuntary leave, the physician shall not exercise clinical privileges at the Hospital, and appointment rights and responsibilities shall be inactive, but the obligation to pay dues, if any, shall continue unless waived by the Chief of Staff.

At least fifteen (15) days prior to the termination of a voluntary or involuntary leave of absence, or at any earlier time, the Medical Staff member may request reinstatement of privileges by submitting a written notice to that effect to the Department Chairman. The Medical Staff member shall submit a summary of relevant activities during the leave and/or information establishing his current capacity if so requested by the Department Chairman. In the event of sickness or substance abuse, the medical staff member must submit a written release indicating his ability to resume his duties from the physician in charge of his therapy. The Department Chairman shall make a recommendation to the Medical Executive Committee concerning the reinstatement of the member’s privileges.

A voluntary or involuntary leave of absence will expire twelve (12) months from the day it was granted. Failure to request reinstatement prior to the expiration of the member’s reappointment date or the expiration of the leave of absence, without good cause, shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of appointment, privileges and prerogatives. A member whose appointment is automatically terminated shall be entitled to the procedural rights provided in Article X for the sole purpose of determining whether the failure to request reinstatement was unintentional or excusable, or otherwise.

A request for Medical Staff appointment subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointment.

c) Extension of Leave of Absence – Voluntary & Involuntary

Voluntary and involuntary leaves of absence may not exceed twelve months. Any extension of such leave must be submitted in writing to the Chairman of the Credentials Committee.

ARTICLE IV
APPLICATION

4.1 GENERAL

Except as otherwise specified herein, no person (including persons engaged by the Hospital in administratively-responsible positions) shall exercise clinical privileges in the Hospital unless, and until, he applies for and receives appointment to the Medical Staff or is granted temporary privileges as set forth in these Bylaws. By applying to the Medical Staff for appointment or reappointment (or, in the case of members of the Honorary Staff, by accepting an appointment to that category), the applicant acknowledges responsibility to first review these Bylaws and agrees in writing that throughout any period of appointment he will comply with the responsibilities of Medical Staff appointment and with the Bylaws and Policies and Procedures of the Medical Staff as they exist and as they may be modified from time to time. Appointment to the Medical Staff shall confer on the member only such clinical privileges as have been granted in accordance with these Bylaws.

4.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment or reappointment, the applicant shall have the burden of producing information for an adequate evaluation of the applicant’s qualifications and suitability for clinical privileges and staff category requested, of resolving any reasonable doubts about these matters, of updating and correcting information, and of satisfying requests for information. The applicant’s failure to sustain this burden shall be grounds for denial of the application. Any false or misleading information on the application also shall be grounds for denial of the application. This burden may include submission to a medical or psychiatric examination, at the applicant’s expense, if deemed appropriate by the Medical Executive Committee, which may select the examining physician. The applicant’s failure to complete and deliver the application to the Medical Staff within sixty (60) days of the receipt of
application, without good cause, shall result in a lapse of the application, and a new application shall be considered by the Credentials Committee no sooner than one (1) year from the date of the lapsed application.

4.3 APPOINTMENT AUTHORITY

Appointment, denials and revocations of appointments to the Medical Staff shall be made as set forth in these Bylaws, but only after there has been a recommendation from the Medical Executive Committee.

4.4 DURATION OF INITIAL APPOINTMENT AND REAPPOINTMENT

Initial appointments to the Medical Staff shall be for a period of two (2) years. Reappointments shall be for a period not to exceed two (2) years.

4.5 APPLICATION FOR INITIAL APPOINTMENT

Please refer to the Medical Staff Policy and Procedure for PROCESSING AN APPLICATION FOR INITIAL APPOINTMENT for detailed information.

4.5-1 DEPARTMENT CHAIRMAN ACTION

When collection and verification are accomplished, all such information shall be transmitted to the appropriate Department Chairman for review and signature. The application will then be forwarded to the Credentials Committee.

4.5-2 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review the application, evaluate and verify the supporting documentation, the Department Chairman’s report and recommendations, and other relevant information. The Credentials Committee may elect to interview the applicant and seek additional information. As soon as practical, the Credentials Committee shall transmit to the Medical Executive Committee its recommendations as to appointment or denial and, if appointment is recommended, the category, Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment.

4.5-3 MEDICAL EXECUTIVE COMMITTEE ACTION

After receipt of the Credentials Committee recommendations, the Medical Executive Committee shall consider the recommendations and any other relevant information. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The Medical Executive Committee shall forward its recommendations to the Quality of Care Committee regarding Medical Staff appointment, Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment for prompt transmittal to the Board of Directors.

The Committee may also defer action on the application. The reasons for each recommendation shall be stated.

4.5-4 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

a) Favorable Recommendation: When the recommendation of the Medical Executive Committee is favorable to the applicant, it shall be promptly forwarded, together with supporting documentation, to the Quality of Care Committee and to the Board of Directors.

b) Adverse Recommendation: When a final recommendation of the Medical Executive Committee is adverse to the applicant, the Board of Directors and the applicant shall then be entitled to the procedural rights as provided in Article VII.

4.5-5 ACTION ON THE APPLICATION

The Board of Directors may accept the recommendation of the Medical Executive Committee or may refer the matter back to the Medical Executive Committee for further consideration, stating the purpose for such referral. The following procedures shall apply with respect to action on the application.
a) If the Medical Executive Committee issues a favorable recommendation and the Board of Directors concurs in their recommendation, the decision of the Board shall be deemed final.

b) If the tentative recommendation of the Board of Directors is unfavorable, the applicant may request a hearing by the Judicial Review Committee and the other appeal mechanisms pursuant to Article VII of these Bylaws, and in accordance with the prescribed sequence of steps and chronologies mandated by Article VII.

c) In the event the recommendation of the Medical Executive Committee is unfavorable to the applicant, the procedural rights set forth in Article VII shall apply and if no Judicial Review Committee hearing is requested by the applicant, the recommendation of the Medical Executive Committee shall become final.

d) If a hearing is requested and the decision of a Judicial Review Committee is unfavorable to the applicant, and if the Board of Directors concurs in the unfavorable recommendation following an appeal, pursuant to Article VII, the decision of the Board shall be deemed final action.

e) If the tentative action of the Board of Directors following appeal is favorable to the applicant, the matter shall be referred to the Quality of Care Committee for consideration within fifteen (15) days. The Quality of Care Committee shall have access to all records from the hearing and appeal. The decision of the Quality of Care Committee shall be in writing within thirty (30) days of receipt of the matter unless extended by the Committee for good cause.

f) The decision shall specify the reasons for the action taken. The decision of the Quality of Care Committee shall constitute final action, when approved by the Board.

g) If a hearing is requested and the decision of the Judicial Review Committee is favorable to the applicant, and if the Board of Directors concurs in the unfavorable recommendation of the Medical Executive Committee following an appeal pursuant to Article VII, the decision of the Board shall be deemed final action. However, if the tentative action of the Board of Directors is favorable to the applicant, the matter shall be referred to the Quality of Care Committee for consideration and resolution as described in subsection (e) above.

4.5-6 NOTICE OF FINAL DECISION

a) Notice of final decision shall be given to the Chief of Staff, the Medical Executive Committee and Chairman of each Department concerned, the applicant and the President.

b) A decision and notice to appoint or reappoint shall include, if applicable: (1) the Staff category to which the applicant is appointed; (2) the Department to which he is assigned; (3) the clinical privileges granted; and (4) any special conditions attached to the appointment.

4.5-7 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of one (1) year. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

4.6 REAPPOINTMENTS AND REQUESTS FOR MODIFICATION OF STAFF STATUS OR PRIVILEGES

Please refer to the Medical Staff Policy and Procedure for REAPPOINTMENT for detailed information.

4.6-1 CME REQUIREMENTS FOR REAPPOINTMENT

Please refer to the Medical Staff Policy and Procedure for CME RECORDS FOR PHYSICIANS & PHYSICIAN RESPONSIBILITY for detailed information.

If the physician fails to meet the 50 hour requirement after the 6-month extension, the physician will be deemed to have voluntarily resigned from the Medical Staff. The two (2) year cycle will commence January 1, 2001 onwards for all members.

4.6-2 EXTENSION OF APPOINTMENT

If an application for reappointment has not been fully processed by the expiration date of the member’s appointment, the Staff member shall maintain appointment status and clinical privileges until such time as the processing is completed unless the delay is due to the member’s failure to complete and return in a timely manner
the reappointment application form or provide other documentation or cooperation, in which case the appointment shall terminate. Any extension of an appointment pursuant to this section does not create a vested right in the member for continued appointment through the entire next term but only until such time as processing of the application is concluded.

**4.6-3 FAILURE TO FILE REAPPOINTMENT APPLICATION**

Failure without good cause to file a completed application for reappointment in a timely manner shall result in the automatic suspension of the member’s admitting privileges and expiration of other practice privileges and prerogatives at the end of the current Staff appointment, unless otherwise extended by the Medical Executive Committee with the approval of the Board of Directors. If the member fails to submit a completed application for reappointment within thirty (30) days past the due date, the member shall be deemed to have voluntarily resigned from the Medical Staff. In the event appointment terminates for the reasons set forth herein, the procedures set forth in Article VII shall not apply.

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**ARTICLE V**

**CLINICAL PRIVILEGES**

**5.1 EXERCISE OF PRIVILEGES**

Each member permitted by these Bylaws and the Medical Staff Policies & Procedures to provide patient care services in the Hospital shall have delineated clinical privileges. Except as otherwise provided in these Bylaws, a member providing clinical services at the Hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be Hospital-specific, within the scope of any license, certificate or other legal credential authorizing practice in Indiana and consistent with any restrictions thereon, and shall be subject to these Bylaws, the Policies & Procedures of the clinical Department and the authority of the Department Chairman and the Medical Staff.

**5.2 DELINEATION OF PRIVILEGES IN GENERAL**

**5.2-1 REQUESTS**

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant and the request will be processed with the application for appointment and reappointment pursuant to Article IV. A request by a member for modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

**5.2-2 BASIS FOR PRIVILEGES DETERMINATION**

Requests for clinical privileges shall be evaluated on the basis of the applicant’s education, health status, training, experience, demonstrated professional competence and judgment, current licensure, clinical performance, and the documented results of patient care and other quality review and monitoring which the Medical Staff deems appropriate. Privilege determinations may also be based on pertinent information concerning performance obtained from other sources, especially other institutions and health care settings where an applicant exercises clinical privileges, and any other information necessary to assure the Board of Directors and the Medical Staff that patients will receive quality care.

**5.3 CONDITIONS FOR PRIVILEGES OF INDEPENDENT NON-PHYSICIAN PRACTITIONERS**

**5.3-1 ADMISSIONS**

Independent non-physician practitioners who are members of the Medical Staff may only admit patients if a physician member of the Medical Staff conducts or directly supervises the admitting history and physical examination (except the portion related directly to the non-physician practitioner’s specialty) and assumes responsibility for the care of the patient’s medical problems present at the time of admission or which may arise during hospitalization which are outside the independent non-physician practitioner’s lawful scope of practice.
5.3-2 SURGERY
Surgical procedures performed by independent non-physician practitioners shall be under the overall supervision of the chairman of the appropriate Department of Surgery or the Chairman’s designee.

5.4 TEMPORARY CLINICAL PRIVILEGES
Please refer to the Medical Staff Policy and Procedure for TEMPORARY PRIVILEGES for detailed information.

5.4-1 GENERAL CONDITIONS
a) If granted temporary privileges, the applicant shall act under the supervision of the Department Chairman to which the physician has been assigned, and shall ensure that the Chairman, or the Chairman’s designee, is kept closely informed as to his activities within the Hospital.

b) Temporary privileges shall automatically terminate at the end of the designated period, unless terminated earlier by the Medical Executive Committee upon recommendation of the Department or Credentials Committee. There may be extenuating circumstances requiring an extension of temporary privileges beyond the designated period. This will require review by the Department Chairman, Credentials Committee and Medical Executive Committee and approval by the Board of Directors.

c) Requirements for proctoring and monitoring shall be imposed upon any physician granted temporary privileges on such terms as may be appropriate under the circumstances by the Chief of Staff after consultation with the Department Chairman or his designee.

d) At any time a physician’s temporary privileges may be terminated by the Chief of Staff with the concurrence of the appropriate Department Chairman or their designees, subject to prompt review by the Medical Executive Committee. In such cases, the appropriate Department Chairman or, in the Chairman’s absence, the Chairman of the Medical Executive Committee, shall assign a member of the Medical Staff to assume responsibility for the care of such physician’s patient(s). The wishes of the patient shall be considered in the choice of a replacement Medical Staff member.

e) A person shall not be entitled to the procedural rights afforded by Article VII because a request for temporary privileges is refused or because all or any portion of temporary privileges are terminated or suspended, unless such refusal effectively acts as a denial of an application for appointment.

f) All persons requesting or receiving temporary privileges shall be bound by the Bylaws and Policies & Procedures of the Medical Staff.

5.5 EMERGENCY PRIVILEGES
In the case of an emergency, any Practitioner member of the Medical Staff, to the degree permitted by his/her license and regardless of service or Medical Staff status, or lack thereof, shall be permitted to do everything possible to save the life of a patient, using every facility of the Hospital necessary, including calling for any consultation necessary or desirable. When an emergency situation no longer exists, such Practitioner must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or he/she does not desire to request privileges, the patient shall be assigned to an appropriate member of the Medical Staff by the process identified in 5.4-1 (d). For the purpose of the section, an “emergency” is defined as 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 any delay in administering treatment would add to that danger.

5.6 MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT
Upon recommendation of the Credentials Committee, the Medical Executive Committee may recommend a change in the clinical privileges or Department assignment(s) of a member. The Medical Executive Committee may also recommend that the granting of additional privileges to a current Medical Staff member be made subject to monitoring which may include, but not be limited to, concurrent or retrospective chart review, mandatory consultation and/or direct observation. Appropriate records shall be maintained.

A Medical Staff member who seeks a change in Medical Staff status or modification of clinical privileges may submit such a request at any time upon a form developed by the Medical Executive Committee, except that such application may not be filed within one hundred eighty (180) days of the time a similar request has been denied.
A Medical Staff member requesting reduction of clinical privileges or change of Staff Category must notify the Medical Staff Office who will relay the request to the appropriate Department(s), Committee(s), and the Board of Directors who will appropriately revise the member’s privileges and Staff Category. Such a request requires no action and such modification is for information only.

5.7 LAPSE OF APPLICATION FOR MODIFICATION OF CLINICAL PRIVILEGES

If a medical staff member requesting a modification of clinical privileges or Department assignment fails, within thirty (30) working days, to timely furnish the information necessary to evaluate the request, the application shall automatically lapse, unless granted an extension by the Medical Executive Committee for good cause, and the applicant shall not be entitled to a hearing as set forth in Article VII.

ARTICLE VI
CORRECTIVE ACTION

6.1 CORRECTIVE ACTION

6.1-1 CRITERIA FOR INITIATION

Any person may provide information about the conduct, performance, or competence of any practitioner to the Chief of the Medical Staff. When reliable information indicates a member may have exhibited acts, demeanor, or conduct reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the hospital; (2) unethical; (3) contrary to the Medical Staff and Hospital Bylaws, Policies & Procedures; or (4) below applicable professional standards, the Chief of the Medical Staff shall conduct an informal review and shall notify the practitioner of the nature of the complaint and if deemed by the Chief of the Medical Staff to be of a serious nature, ask the practitioner for a written response.

6.1-2 INITIATION

If the incident is not resolved by this informal interface, the Chief of Staff shall bring the incident to the Medical Executive Committee for consideration and the practitioner shall be notified of his right to appear before the Medical Executive Committee. The Medical Executive Committee may make an informal review and may resolve the incident or may refer the incident to the Professional Standards Committee for investigation and recommendation.

6.1-3 INVESTIGATION

If the Medical Executive Committee concludes that an investigation is warranted, it shall direct the investigation to be completed within thirty (30) days. Referral to the Professional Standards Committee shall be by letter to the Professional Standards Committee Chairman. The letter shall document the specific allegations against the practitioner. The practitioner shall be notified that an investigation is being conducted. In addition, the practitioner shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a “hearing” as that term is used in Article VII, nor shall the procedural rules with respect to hearings or appeals apply. Despite the status of any investigation, the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, investigative process, or other action.

6.1-4 PROFESSIONAL STANDARDS COMMITTEE ACTION

The Professional Standards Committee shall make a written report to the Medical Executive Committee as to the results of its deliberations. The report shall contain three parts: (1) a statement of the facts and/or a statement of the issues regarding the facts surrounding the incident; (2) a discussion of the rationale for the recommendations made; (3) the recommendations.

The Committee recommendation shall be one or more of the following:

a) Determine that no corrective action be taken and, if the Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the member’s file;

b) Defer action for a reasonable time where circumstances warrant;
c) Issue letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude Department Heads from issuing informational written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response that shall be placed in the member’s file;

d) Recommend the imposition of terms of probation or special limitation upon continued Medical Staff appointment or exercising of clinical privileges, including, without limitation, requirements for co-admission, mandatory consultation, or monitoring;

e) Recommend reduction, modification, suspension or revocation of clinical privileges;

f) Recommend reduction of appointment status or limitation of any prerogatives directly related to the member’s delivery of patient care;

g) Recommend suspension, revocation or probation of Medical Staff appointment;

h) Take other action deemed appropriate under the circumstances.

Periods of monitoring, continuing education requirements and other remedies that require additional evaluation after time to determine compliance, competence, or improvement shall be items of continuing recurrence on the Professional Standards Committee agenda until final resolution of the incident. The Professional Standards Committee shall make reports to the Medical Executive Committee regarding progress or the lack of progress of such remedies. (Exception: The Impaired Physician Committee will be responsible for monitoring and follow-up of impaired physicians.)

6.1-5 SUBSEQUENT ACTION

a) The Medical Executive Committee may approve, amend or disapprove the recommendation of the Professional Standards Committee. If corrective action as set forth in Section 7.2 (a)-(l) is recommended by the Medical Executive Committee, that recommendation shall be transmitted to the Board of Directors.

b) The recommendation of the Medical Executive Committee shall be forwarded to the Board and with Board approval shall become final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII.

6.2  SUMMARY RESTRICTION OR SUSPENSION

6.2-1  CRITERIA FOR INITIATION

Whenever a member’s conduct appears to require immediate action be taken to protect the life or well-being of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, or safety to any patient, prospective patient, or other person, the Chief of the Medical Staff, the Medical Executive Committee, the head of the Department or his designee, the President of the hospital in which the member holds privileges, may summarily restrict or suspend the clinical privileges of such Medical Staff Member. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the person or body responsible shall promptly give written notice to the member, the Board of Directors, the Medical Executive Committee and the President of the Hospital. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the member’s patient(s) shall be promptly assigned to another member by the Department Chairman or by the Chief of Staff, considering, where feasible, the wishes of the patient in the choice of a substitute member.

6.2-2  MEDICAL EXECUTIVE COMMITTEE

Within fifteen (15) calendar days after such summary restriction or suspension has been imposed, a meeting of the Medical Executive Committee shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose. In no event shall any meeting of the Medical Executive Committee, with or without the member, constitute a "hearing" within the meaning of Article VII, nor shall any procedural rules apply. The member may be accompanied by legal counsel but counsel may not render advice nor enter into any discussion. The member’s failure, without good cause, to attend any Medical Executive Committee meeting upon request shall
constitute a waiver of his rights under Article VII. The Medical Executive Committee may modify, continue or terminate the summary restriction or suspension. In any event, it shall furnish the member with notice of its decision. The decision of the Medical Executive Committee to summarily restrict or suspend clinical privileges is administrative in nature and does not constitute nor imply a finding of guilt or culpability on the part of the suspended or restricted practitioner.

6.2-3 PROCEDURAL RIGHTS

Unless the Medical Executive Committee promptly terminates the summary restriction or suspension, the member shall be entitled to procedural rights afforded by Article VII.

6.3 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, the member’s privileges or appointment may be suspended or limited as described. This action shall not entitle the member to the procedural rights afforded by Article VII except where a bona fide dispute exists as to whether the circumstances have occurred.

6.3-1 FEDERALLY FUNDED PROGRAMS

a) Any Medical Staff member whose participation in any federally funded program; e.g. Medicare, Medicaid, Champus, etc., is terminated by any of these programs, or who is otherwise excluded or precluded from participation in any of these programs, shall automatically relinquish all clinical privileges as of the effective date of the termination, exclusion or preclusion.

b) Once the sanction by the federally funded program has been lifted, if within the current reappointment term, the practitioner shall be required to request reinstatement on the medical staff which will be reviewed as if it were an application for reappointment. If the practitioner fails to request reinstatement within ninety (90) days from the time his sanction is lifted, the practitioner will be deemed to have voluntarily resigned from the Medical Staff.

c) If the Medical Staff Member’s participation in any federally funded program is not fully reinstated by the expiration of the Medical Staff member’s then current reappointment term, the Medical Staff Member will be deemed to have resigned from the Medical Staff at that time.

d) It shall be the duty of all Medical Staff members to promptly inform the hospital of any action taken by any federally funded program.

6.3-2 LICENSE

a) Revocation and Suspension: Whenever a member’s license or other legal credential authorizing practice in Indiana is revoked or suspended, Medical Staff appointment and clinical privileges shall be automatically revoked as of the date such action becomes effective.

b) Restriction: Whenever a member’s license or other legal credential authorization practice in Indiana is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the member has been granted at the Hospital that are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

c) Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, his appointment status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

d) Reinstatement: If a member’s license is suspended for a definite period by the State Board of Medical Registration, his Hospital and Medical Staff privileges shall automatically be suspended for the same length of time. If he desires to be reinstated, at or near the end of this period of suspension he shall be required to meet with the Credentials Committee. If he does not request reinstatement within ninety (90) days from the time his suspension is lifted, he will be deemed to have voluntarily resigned from the Medical Staff. If the member requests reinstatement within the required time frame, the Credentials Committee shall interview the member and may, at its discretion, recommend restoration of privileges, limited or conditional privileges, or termination of privileges. If the Credentials Committee recommends restoration of previous privileges, this shall become effective when licensure is restored, unless the decision is overruled by the Medical Executive Committee or the Board of Directors. If the member’s suspension is in effect beyond the expiration of his current staff privileges,
he must make formal application for reappointment. The member shall have the right to appeal adverse
decisions as provided under Article VII of these Bylaws.

6.3-3 CONTROLLED SUBSTANCE REGISTRATION (CSR)

a) Whenever a member’s Indiana Controlled Substance certificate and/or ED certificate is revoked, limited or
suspended, the member shall automatically be divested of the right to prescribe medications covered by the
certificate, as of the date such action becomes effective and throughout its term.

b) Probation: whenever a member’s Indiana Controlled Substance certificate and/or ED certificate is subject to
probation, the member’s right to prescribe such medications shall automatically become subject to the same
terms of the probation, as of the date such action becomes effective and throughout its term.

6.3-4 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

A member who fails, without good cause, to appear and satisfy the requirements of Section 11.5-2 shall
automatically be suspended from exercising all or such portion of clinical privileges as may be specified in accordance
with the provisions of that section.

6.3-5 MEDICAL RECORDS

Members of the Medical Staff are required to complete medical records within such reasonable time as shall be
prescribed. A limited suspension in the form of withdrawal of admitting and other related privileges until medical
records are completed shall be imposed by the Chief of Staff, or his designee, or the Medical Executive Committee,
after the member has received notice of failure to complete medical records within such period. For the purpose
of this Section, “related privileges” means voluntary on-call service for Emergency Room, scheduling surgery, assisting
in surgery, consulting on Hospital cases, and providing professional services within the Hospital for future patients.
Bona fide vacation, leaves for business or illness may constitute an excuse subject to approval by the Medical
Executive Committee. Members whose privileges have been suspended for delinquent records may admit patients
only in life-threatening situations or obstetrical patients. The suspension shall continue until lifted by the Chief of
Staff or his designee.

6.3-6 MEDICAL EXECUTIVE COMMITTEE DELIBERATION

As soon as practical after action is taken or warranted as described in Section 6.3-2(b) or (c), Section 6.3-3, 6.3-4,
the Medical Executive Committee shall convene to review and consider the facts, and may recommend such further
corrective action as deemed appropriate following the procedure generally set forth commencing at
Section 6.1-3.

ARTICLE VII

HEARINGS AND APPELLATE REVIEW

7.1 GENERAL PROVISIONS

7.1-1 EXHAUSTION OF REMEDIES

If adverse action described in Section 7.2 is taken or recommended, the applicant or member must exhaust the
remedies afforded by these Bylaws before resorting to legal action.

7.1-2 APPLICATION OF ARTICLE

a) For purposes of this Article, the term “member” may include “applicant” as it may be applicable under the
circumstances.

b) Under Section 4.5-6 (a) and (b) of these Bylaws, circumstances may arise in which an initial hearing is provided
by the Board of Directors. In such cases, the procedures set forth herein for hearings before the Judicial
Review Committee shall generally apply to hearings before the Board. Circumstances may also arise where an
appeal is to the Quality of Care Committee in which case the procedures applicable to appeals to the Board of Directors shall apply except as reasonably modified by the Quality of Care Committee.

c) Members who are directly under contract with the Hospital in a medical-administrative capacity, are in closed Departments, or are members whose Staff appointment is contingent upon a faculty appointment, shall be subject to the procedural rights specified in Article VII, except as may be modified by contract with the Hospital.

7.2 GROUNDS FOR HEARING

Except as otherwise specified in these Bylaws, any one or more of the following actions or recommended actions shall be deemed actual or potential adverse actions and constitute grounds for a hearing:

a) denial of Medical Staff appointment
b) denial of Medical Staff reappointment
c) involuntary change of Medical Staff category
d) suspension of Medical Staff appointment
e) revocation of Medical Staff appointment
f) denial of requested clinical privileges excluding temporary privileges except as modified by Section 5.4-1(a)
g) involuntary reduction of current clinical privileges
h) suspension of clinical privileges
i) termination of all clinical privileges
j) involuntary imposition of significant consultation or monitoring requirements
k) imposition of involuntary leave of absence

7.3 REQUESTS FOR HEARING

7.3-1 NOTICE OF ACTION OR PROPOSED ACTION

In all cases in which action has been taken or a recommendation made as set forth in Section 7.2, said person or body shall give the member three (3) calendar days notice of the recommendation or action, and notice of the right to request a hearing within thirty (30) days following receipt of the notice pursuant to Section 7.3-2. The notice shall set forth the reasons thereof and a summary of the member’s rights at hearing.

7.3-2 REQUEST FOR HEARING

The member shall have thirty (30) calendar days following receipt of notice of action to request a hearing. The request shall be in writing addressed to the Medical Executive Committee with a copy to the Board of Directors. In the event the member does not request a hearing within the time and in the manner described, the member shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved.

7.3-3 NOTICE OF HEARING

a) Upon receipt of a request for hearing, the Medical Executive Committee shall schedule a hearing and, within fifteen (15) days (but in no less than ten (10) calendar days prior to the hearing) give notice to the member of the time, place and date of the hearing. Unless extended by the Judicial Review Committee, the date of the commencement of the hearing shall not be less than thirty (30) days nor more than forty-five (45) calendar days from the date of the receipt of the request by the Medical Executive Committee for a hearing.

b) The notice shall set forth a list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Executive Committee.

7.3-4 NOTICE OF CHARGES

With the notice of hearing, the Medical Executive Committee shall state clearly and concisely in writing the reasons for the adverse action taken or recommended, including the acts or omissions with which the member is charged and a list of the medical records in question, where applicable.

7.3-5 JUDICIAL REVIEW COMMITTEE

When a hearing is requested, the Medical Executive Committee shall appoint a Judicial Review Committee which shall be composed of not fewer than three (3) members of the Medical Staff who shall not have actively participated in the consideration of the matter leading up to the recommendation or action and who are not in direct economic competition with the physician involved. Knowledge of the matter involved shall not preclude a member of the
Medical Staff from serving as a member of the Judicial Review Committee. In the event that it is not feasible to appoint a Judicial Review Committee from the Active Medical Staff, the Medical Executive Committee may appoint members from other Staff categories or practitioners who are not members of the Medical Staff. Such appointment shall include designation of the chairman. Membership on a Judicial Review Committee shall consist of one member who shall have the same healing arts licensure as the appellant. All other members shall have M.D. or D.O. degrees.

7.3-6 FAILURE TO APPEAR OR PROCEED

Failure without good cause of the member to personally attend and proceed at such a hearing in an efficient and orderly manner shall result in the forfeiture of the right to the hearing and the recommendations or actions shall be final.

7.3-7 POSTPONEMENTS AND EXTENSIONS

Once a request for a hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Judicial Review Committee or its Chairman acting on its behalf, within the discretion of the committee or its Chairman on a showing of good cause.

7.4 HEARING PROCEDURE

7.4-1 PREHEARING PROCEDURE

a) As soon as practical, prior to the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals, so far as is then reasonably known or anticipated, who will give testimony or evidence in support of that party at the hearing. While neither side in a hearing shall have any right to the discovery of documents or other evidence in advance of the hearing, the Hearing Officer may confer with both sides to encourage an advance mutual exchange of documents which are relevant to the issue to be presented at the hearing.

b) It shall be the duty of the member and the Medical Executive Committee or its designee to exercise reasonable diligence in notifying the chairman of the Judicial Review Committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

7.4-2 REPRESENTATION

The hearings provided for in these Bylaws are for the purpose of inter-professional resolution of matters bearing on professional conduct, professional competency, or character. The member and the Medical Executive Committee have the right to be represented in any phase of the hearing by an attorney-at-law. If the member chooses not to be represented by legal counsel, the member shall be entitled to be accompanied by and represented at the hearing only by a practitioner licensed to practice medicine in the State of Indiana who is not also an attorney-at-law, and the Medical Executive Committee may appoint a representative who is not an attorney to present its action or recommendation, the materials in support thereof, to examine witnesses, and to respond to appropriate questions.

7.4-3 THE HEARING OFFICER

The Medical Executive Committee shall appoint a Hearing Officer, not a member of the Judicial Review Committee, to preside at the hearing. The Hearing Officer may be an attorney-at-law qualified to preside over a quasi-judicial hearing, but an attorney regularly utilized by the Hospital for legal advice regarding its affairs and activities shall not be eligible to serve as a Hearing Officer. The Hearing Officer shall not be in direct economic competition with the member involved. The Hearing Officer must not act as a prosecuting officer nor as an advocate. The Hearing Officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances. If requested by the Judicial Review Committee, the Hearing Officer may participate in the deliberations of such Committee and be a legal advisor to it, but the Hearing Officer shall not be entitled to vote.
7.4-4 RECORD OF HEARING

A record of the hearing proceedings shall be recorded both manually and electronically. The cost of the recording shall be borne by the Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

7.4-5 RIGHTS OF THE PARTIES

Within reasonable limitations, both sides at the hearing may call, examine and cross-examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine witnesses who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner. The member may be called by the Medical Executive Committee’s representative and examined as if under cross-examination.

7.4-6 WRITTEN STATEMENTS

The member and the Medical Executive Committee shall have the right to submit a written statement at the close of the hearing.

7.4-7 MISCELLANEOUS RULES

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall 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 such evidence in a court of law. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the Judicial Review Committee may request or permit both sides to file written arguments.

7.4-8 BURDENS OF PRESENTING EVIDENCE AND PROOF

At the hearing, unless otherwise determined for good cause, the Medical Executive Committee shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The member shall be obligated to present evidence in response. Throughout the hearing, the Medical Executive Committee shall bear the burden of persuading the Judicial Review Committee, by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

7.4-9 ADJOURNMENT AND CONCLUSION

After consultation with the Chairman of the Judicial Review Committee, the Hearing Officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if submitted, the hearing shall be closed.

7.4-10 BASIS FOR DECISION

The decision of the Judicial Review Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. The decision of the Judicial Review Committee shall be final, subject to the provisions of Section 7.5 thereof.

7.4-11 DECISION OF THE JUDICIAL REVIEW COMMITTEE

Within fifteen (15) days after final adjournment of the hearing, the Judicial Review Committee shall render a decision that shall be accompanied by a report in writing stating the basis of the decision and shall be delivered to the Medical Executive Committee and the member. A copy of said decision shall also be forwarded to the President and the Board of Directors. The report shall contain a concise statement of the reasons in support of the decision. The decision of the Judicial Review Committee shall be considered final, subject only to such rights of appeal or review as described in these Bylaws.

7.5 APPEAL
7.5-1 TIME FOR APPEAL
Within ten (10) days after receipt of the decision of the Judicial Review Committee, either the member or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the Chief of Staff, the President and the other side in the hearing. If a request for appellate review is not requested within such period, that action or recommendation shall thereupon become final.

7.5-2 GROUNDS FOR APPEAL
A written request for appeal shall include an identification of the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. The grounds for the appeal from the hearing shall be: (a) substantial non-compliance with the procedures required by these Bylaws or applicable law which has created demonstrable prejudice; (b) the decision was not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 7.5-5.

7.5-3 TIME, PLACE AND NOTICE
If an appellate review is to be conducted, the Appeal Board shall, within fifteen (15) days after receipt of notice of appeal, schedule a review date and cause each side to be given written notice of time, place and date of the appellate review. The date of appellate review shall not be less than thirty (30) days and no more than sixty (60) days from the date of such notice; provided, however, that when a request for appellate review concerns a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangement may reasonably be made, not to exceed fifteen (15) days from the date of the notice. The time for appellate review may be extended by the Appeal Board for good cause.

7.5-4 APPEAL BOARD
The Board of Directors may sit as the Appeal Board, or it may appoint an Appeal Board that shall be composed of not fewer than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

7.5-5 APPEAL PROCEDURE
The proceeding by the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundation showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Judicial Review hearing. Each party shall have the right to be represented by legal counsel in connection with the appeal, to present a written statement in support of his position on appeal and, in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. The Appeal Board may thereupon conduct, at a time convenient to itself, deliberations outside the presence of the applicant and respondent and their representatives. The Appeal Board shall present to the Board of Directors and to the parties its written recommendations as to whether the Board of Directors shall render a decision in writing and shall forward copies thereof to each side involved in the hearing.

7.5-6 DECISION
a) Except as otherwise provided herein, within thirty (30) days after the conclusion of the appellate review proceeding, the Board of Directors shall render a decision in writing setting forth the basis for the decision and shall forward copies thereof to each side involved in the hearing.

b) The Board of Directors may affirm, modify, or reverse the decision of the Judicial Review Committee.

c) In the event the decision of the Board of Directors is unfavorable to the applicant, that action shall become final. In the event the decision is favorable, that action shall also become final unless the Medical Executive Committee elects within fifteen (15) days to submit the matter to the Quality of Care Committee (reference in 10.5). The Quality of Care Committee shall have access to the records from the hearing and the appeal. The decision of the Quality of Care Committee shall specify the reasons for the action taken and shall constitute final action, if approved by the Board.
7.5-7 RIGHT TO ONE HEARING

No member shall be entitled to more than one evidentiary hearing and one appellate review on any matter that shall have been the subject of adverse action or recommendation.

7.6 EXCEPTIONS TO HEARING RIGHTS

7.6-1 AUTOMATIC SUSPENSION OR LIMITATION OF PRACTICE PRIVILEGES

No hearing is required when a member’s license or legal credential to practice has been revoked or suspended as set forth in Section 6.3-2(a). In other cases described in Section 6.3-1 and 6.3-3, the issues which may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing authority of the Indiana Controlled Substance Board and/or DEA was unwarranted, but only whether the member may continue in the Hospital with those limitations imposed.

ARTICLE VIII
OFFICERS

8.1 OFFICERS OF THE MEDICAL STAFF

8.1-1 IDENTIFICATION

The Officers of the Medical Staff shall be the Chief of Staff, Vice Chief of Staff, Immediate Past Chief of Staff, and Secretary/Treasurer.

8.1-2 QUALIFICATIONS

Officers must be members of the Active Medical Staff at the time of their nomination and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

8.1-3 ELECTIONS

The Chief of Staff, Vice Chief of Staff and the Secretary/Treasurer shall be elected at the designated meeting of the Medical Staff. Voting may be by confidential written ballot. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. In the event of a tie vote, it shall be resolved according to procedures outlined in Roberts Rules of Order.

8.1-4 TERM OF ELECTED OFFICE

Each Officer may serve up to two (2) consecutive year terms, commencing on the first day of the Medical Staff year following his election. Each Officer shall serve in each office until the end of his tenure, unless he shall sooner resign or be removed from office. At the end of his term, the Chief of Staff shall automatically assume the office of Immediate Past Chief of Staff.

8.1-5 RECALL OF OFFICERS

Except as otherwise provided, recall of a Medical Staff Officer may be initiated by the Medical Executive Committee or shall be initiated by a petition signed by at least one-third of the members of the Medical Staff eligible to vote for officers. Recall shall be considered at the special meeting called for that purpose. Recall shall require two-thirds vote of the Medical Staff members who are present and eligible to vote for Medical Staff Officers.

Permissible basis for removal of a Medical Staff Officer may include but may not be limited to:

a) Failure to perform the duties of the position held in a timely and appropriate manner.

b) Failure to continuously satisfy the qualifications for the position.
8.1-6 VACANCIES IN ELECTED OFFICE

Vacancies in office occur upon death, disability, resignation, or removal of the Officer, or such Officer’s loss of appointment in the Medical Staff. Vacancies, other than that of Chief of Staff, shall be filled by appointment by the Medical Executive Committee until the next regular election. If there is a vacancy in the office of Chief of Staff, then the Vice Chief of Staff shall serve out that remaining term and shall immediately convene the Nominating Committee to decide promptly upon nominees for the office of Vice Chief of Staff. Such nominees shall be reported to the Medical Executive Committee and to the Medical Staff. A special election to fill the position shall occur at the next regular staff meeting. If there is a vacancy in the office of Vice Chief of Staff, that office need not be filled by election, but the Medical Executive Committee shall appoint an interim Officer to fill this office until the next regular election, at which time the election shall also include the office of Chief of Staff.

8.2 DUTIES OF OFFICERS

8.2-1 CHIEF OF STAFF

The Chief of Staff shall serve as the chief officer of the Medical Staff. The duties of the Chief of Staff shall include, but not be limited to:

a) Enforcing the Medical Staff Bylaws and Rules and Regulations, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;

b) Calling, presiding at, and being responsible for the agenda of all meetings of the Medical Staff;

c) Serving as Chairman of the Medical Executive Committee;

d) Serving as an ex-officio member of all other Staff Committees without vote, unless his appointment in a particular Committee is required by these Bylaws;

e) Appointing members for all standing and special Medical Staff committees, except where otherwise provided by these Bylaws and except where otherwise indicated, designating the chairman of these committees;

f) Representing the views and policies of the Medical Staff as an ex-officio member to the Board of Directors and to the President;

g) Being a spokesman for the Medical Staff in external professional and public relations;

h) Performing other functions as may be assigned to him by these bylaws, the Medical Staff, or by the Medical Executive Committee;

i) Serving on liaison committees with the Board of Directors and Administration as well as outside licensing or accreditation agencies.

8.2-2 VICE CHIEF OF STAFF

The Vice Chief of Staff shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Vice Chief of Staff shall be a member of the Medical Executive Committee of the Medical Staff and of the Quality of Care Committee and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these Bylaws or by the Medical Executive Committee. The Vice Chief of Staff shall be the Chairman of the Quality Assurance Committee.

8.2-3 IMMEDIATE PAST CHIEF OF STAFF

The Immediate Past Chief of Staff shall be a member of the Medical Executive Committee, the Chairman of the Constitution and Bylaws Committee, and shall perform such other duties as may be assigned by the Chief of Staff or delegated by these bylaws or by the Medical Executive Committee.

8.2-4 SECRETARY/TREASURER

The Secretary/Treasurer shall be a member of the Medical Executive Committee and the Constitution and Bylaws Committee. The duties shall include, with the assistance of Hospital Administration, but not be limited to:
a) Maintaining a roster of members;
b) Keeping accurate and complete minutes of all Medical Executive Committee and Medical Staff meetings;
c) Calling meetings on the order of the Chief of Staff or Medical Executive Committee;
d) Attending to all appropriate correspondence and notices on behalf of the Medical Staff;
e) Receiving and safeguarding all funds of the Medical Staff;
f) Excusing absences from meetings on behalf of the Medical Executive Committee;
g) Performing such other duties as ordinarily pertain to the office or as may be assigned from time to time by the Chief of Staff or Medical Executive Committee.

ARTICLE IX

CLINICAL DEPARTMENTS AND SECTIONS

9.1 ORGANIZATION OF CLINICAL DEPARTMENTS AND SECTIONS

The Medical Staff shall be divided into Clinical Departments. Each Department shall be organized as a separate component of the Medical Staff and shall have a Chairman selected and entrusted with the authority, duties and responsibilities specified in Section 9.6. A Department may be further divided, as appropriate, into Sections which shall be directly responsible to the Department within which it functions and which shall have a Section Chief selected and entrusted with the authority, duties and responsibilities specified in Section 9.7. When appropriate, the Medical Executive Committee may recommend to the Medical Staff the creation, elimination, modification, or combination of Departments or Sections.

9.2 CURRENT DEPARTMENTS AND SECTIONS

The current Departments and Sections are:
- Anesthesia Department
- Emergency Medicine Department
- Medicine Services Department
  - Cardiology, Family Medicine, Internal Medicine
- Surgery Department
  - Podiatry Section
  - Pathology Section
  - Orthopaedics Section
- OB/Gyn Department
  - Pediatric Section
- Radiology Department

Changes to the current Departments and Sections may be made as deemed necessary or desirable by the Board of Directors in consultation with the Medical Executive Committee.

9.3 ASSIGNMENT TO DEPARTMENTS AND SECTIONS

Each member shall be assigned appointment in at least one Department and to a Section, if any, within such Department but may be granted appointment and/or clinical privileges in other Departments or Sections consistent with practice privileges granted.

9.4 FUNCTIONS OF DEPARTMENTS

The general functions of each Department shall include:

a) Conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the Department. The Department shall routinely collect information about important aspects of patient care provided in the Department, periodically assess this information and develop objective criteria for use in evaluating patient care. Patient care reviews shall include
all clinical work performed under the jurisdiction of the Department regardless of whether the member whose work is subject to such review is a member of that Department.

b) Recommending to the Credentials Committee and to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specified services within the Department;

c) Evaluating and making appropriate recommendations regarding the qualifications of applicants seeking appointment or reappointment and clinical privileges within the Department;

d) Conducting, participating and making recommendations regarding continuing education programs pertinent to Departmental clinical practices;

e) Reviewing and evaluating Department adherence to: (1) Medical Staff policies and procedures; and (2) sound principles of clinical practices;

f) Submitting written reports to the Medical Executive Committee concerning: (1) the Department’s review and evaluation activities, action taken thereon, and the results of such action; and (2) recommendations for maintaining and improving the quality of care provided in the department and the Hospital;

g) Holding regularly scheduled meetings for the purpose of considering patient care review findings and the results of the Department’s other review and evaluation activities, as well as reports on other Department and Staff functions;

h) Establishing such Committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring protocols;

i) Taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;

j) Accounting to the Medical Executive Committee for all professional and Medical Staff administrative activities within the Department;

k) Appointing such Committees as may be necessary or appropriate to conduct Departmental functions;

9.5 FUNCTIONS OF SECTIONS

Subject to the approval of the Medical Executive Committee, each Section shall perform the functions assigned to it by the Department Chairman. Such functions may include, without limitation, retrospective patient reviews, evaluation of patient care practices, credentials review and privileges delineation and continuing education programs. The Section shall transmit regular reports to the Department Chairman of the conduct of its assigned functions.

9.6 DEPARTMENT LEADERSHIP

9.6-1 QUALIFICATIONS

Each Department shall have a Chairman and a Vice-Chairman who shall be members of the Active Medical Staff and shall be certified by an appropriate specialty board or comparably qualified as affirmatively established through the privilege delineation process by training, experience and demonstrated ability in at least one of the clinical areas covered by the Department.

9.6-2 SELECTION

Department Chairmen and Vice-Chairmen shall be elected every year by the members of the Department who are eligible to vote for general officers of the Medical Staff. For the purpose of this election, each Department Chairman shall appoint a Nominating Committee of three members at least sixty (60) days prior to the meeting in which the election is to take place. The recommendations of the Nominating Committee of one or more nominees for Chairman and Vice-Chairman positions shall be circulated to the voting members of each Department in advance of the meeting. Nominations may also be made from the floor when the election meeting is held, as long as the nominee is present and consents to the nomination. Election of the Department’s Chairman and Vice-Chairman shall be subject to ratification by the Medical Executive Committee. Vacancies due to any reason shall be filled for the unexpired term through election by the respective Department with such mechanisms that Department may adopt.
9.6-3 TERM OF OFFICE

Each Department Chairman and Vice-Chairman shall serve a one-year term that coincides with the Medical Staff year or until their successors are chosen, unless they shall sooner resign, be removed from office, or lose their Medical Staff appointment or clinical privileges in that Department. Department Officers shall be eligible to succeed themselves.

9.6-4 REMOVAL

After election and ratification, removal of Department Chairmen or Vice-Chairmen from office may occur for cause by a two thirds vote of the Department members present and eligible to vote.

9.6-5 DUTIES

Each Chairman shall have the following authority, duties and responsibilities and the Vice-Chairman, in the absence of the Chairman, shall assume all of them and shall otherwise perform such duties as may be assigned to him:

a) Act as presiding officer at Department meetings;

b) Be accountable for all professional and administrative activities within the Department;

c) Report to the Medical Executive Committee and to the Chief of Staff regarding all professional and administrative activities of the Department;

d) Generally monitor the quality of patient care and professional performance in all major clinical activities rendered by members with clinical privileges in the Department through a planned and systematic process; oversee the effective conduct of patient care, evaluation and monitoring functions delegated to the Department by the Medical Executive Committee;

e) Develop and implement Department programs for retrospective patient care review, the routine collection of information pertaining to patient care and clinical performance, on-going monitoring of practice, credentials review and privileges delineation, medical education, utilization review and quality assurance;

f) Take action to correct problems in patient care or clinical performance, evaluate the effectiveness of the action taken and issue a monthly report on monitoring and corrective activities;

g) Be a member of the Medical Executive Committee and give guidance on the overall medical policies of the Medical Staff and Hospital and make specific recommendations and suggestions regarding his Department;

h) Transmit to the Medical Executive Committee the Department’s recommendations concerning appointment, classification and reappointment for each member of the Department, criteria for clinical privileges, monitoring of specific services and correction action with respect to persons with clinical privileges in his Department;

i) Endeavor to enforce the Medical Staff Bylaws and Policies & Procedures within his Department;

j) Implement within his Department appropriate actions taken by the Medical Executive Committee;

k) Participate in every phase of administration of his Department including cooperation with the nursing service and the Hospital Administration in matters such as special regulations, standing orders and techniques;

l) Assist in the preparation of such annual reports, including budgetary planning, pertaining to his Department as may be required by the Medical Executive Committee;

m) Recommend delineated clinical privileges for each member of the Department;

n) Perform such other duties commensurate with the office as may from time to time be reasonably requested by the Chief of Staff or the Medical Executive Committee.

o) Access and recommend to the Hospital any off-site sources for needed patient care, treatment, and services not provided by the Hospital;
p) Integrate the Department into the primary functions of the Hospital;
q) Coordinate and integrate the Department among the other Departments and within the Department;
r) Recommend the number of qualified and competent persons to provide care, treatment and services;
s) Determine the qualifications and competence of Department personnel who provide patient care, treatment, and services but are not privileged practitioners;
t) Overseeing the orientation and continuing education of all persons in the Department; and
u) Recommending space and other resources needed by the Department.

9.7 SECTION CHIEFS

9.7-1 QUALIFICATIONS
Each Section shall have a Chief who shall be a member of the Active Medical Staff and a member of the Section that he is to head and shall be qualified by training, experience, and demonstrated current ability in the clinical area covered by the Section.

9.7-2 SELECTION
Each Section Chief shall be selected or elected as the Section may adopt. Vacancies due to any reason shall be filled for the unexpired term by the Department Chairman.

9.7-3 TERM OF OFFICE
Each Section Chief shall serve a one-year term which coincides with the Medical Staff year or until his successor is chosen unless the Section Chief shall sooner resign or be removed from office or lose Medical Staff appointment or clinical privileges in the Section. Section Chiefs shall be eligible to succeed themselves.

9.7-4 REMOVAL
After appointment and ratification, a Section Chief may be removed by recommendation of the Section and approval by a majority vote of the Medical Executive Committee.

9.7-5 DUTIES
Each Section Chief shall:

a) Act as presiding officer at Section meetings;
b) Assist in the development and implementation, in cooperation with the Department Chairman or programs, to carry out the quality review and evaluation and monitoring functions assigned to the Section.
c) Evaluate the clinical work performed in the Section;
d) Conduct investigations and submit reports and recommendations to the Department Chairman regarding the clinical privileges to be exercised within his Section by members of or applicants to the Medical Staff;
e) Perform such other duties commensurate with the office as may from time to time be reasonably requested by the Department Chairman, the Chief of Staff, or the Medical Executive Committee.
ARTICLE X
STANDING COMMITTEES

10.1 DESIGNATION
The Committees described in this Article shall be the standing Committees of the Medical Staff and where appropriate shall be structured to qualify as a Peer Review Committee under Indiana’s Peer Review Immunity Statute. Special or ad hoc committees may be created by the Medical Executive Committee to perform specific tasks. Unless otherwise specified, the Chairman and members of all Committees shall be appointed by the Chief of Staff and may be removed by the Chief of Staff, subject to consultation with, and approval by, the Medical Executive Committee. Medical Staff committees shall be responsible to the Medical Executive Committee.

10.2 GENERAL PROVISIONS

10.2-1 TERMS OF COMMITTEE MEMBERS
Unless otherwise specified, Committee members shall be appointed for a term of one (1) year, and shall serve until the end of this period or until the member’s successor is appointed, unless the member shall sooner resign or be removed from the committee.

10.2-2 REMOVAL
If a member of a Committee ceases to be a member in good standing of the Medical Staff, loses employment or a contract relationship with the Hospital, suffers a loss or significant limitation of practice privileges or, if any good cause exists, that member may be removed by the Medical Executive Committee.

10.2-3 VACANCIES
Unless otherwise specifically provided, vacancies on any Committee shall be filled in the same manner in which an original appointment to such Committee is made. If an individual who obtains appointment by virtue of these Bylaws is removed for cause, a successor may be selected by the Medical Executive Committee.

10.3 MEDICAL EXECUTIVE COMMITTEE & MEDICAL EXECUTIVE QA COMMITTEE

10.3-1 COMPOSITION
The Medical Executive Committee and the Medical Executive QA Committee shall consist of the following persons:

a) The Officers of the Medical Staff;

b) The Department and Section Chiefs and all Chairmen of standing committees

c) The President of the Hospital and Chairman of the Board of Directors may attend ex-officio with no voting privileges.

10.3-2 DUTIES
The duties of the Medical Executive Committee and the Medical Executive QA Committee shall include but not be limited to:

a) Representing and acting on behalf of the Medical Staff in the intervals between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws;

b) Coordinating and implementing the professional and organizational activities and policies of the Medical Staff;

c) Receiving and acting upon reports and recommendations from Medical Staff Departments, Sections, Committees and assigned activity groups;

d) Recommending action to the Board of Directors which pertains to at least the following:

1) The structure of the Medical Staff
2) The mechanism used to review credentials and delineated individual privileges
3) Recommendations of individuals for Medical Staff membership
4) Recommendations for delineated privileges for each eligible individual
5) The organization of the quality assurance activities of the Medical Staff as well as the mechanism used to
cconduct, evaluate and revise such activities
6) The mechanism by which Medical Staff membership may be terminated
7) The mechanism for fair hearing procedures

e) Evaluating the medical care rendered to patients in the Hospital;
f) Participating in the development of all Medical Staff and Hospital policy, practice and planning;
g) Reviewing the qualifications, credentials, performance and professional competence and character of applicants
and staff members and making recommendations to the Board of Directors regarding Medical Staff appointments
and reappointments, assignments to Departments, clinical privileges and corrective action;
h) Taking reasonable steps to promote ethical conduct and competent clinical performance on the part of all
members including the initiation of a participation in Medical Staff corrective action or review measures when
warranted;
i) Taking reasonable steps to develop continuing education activities and programs for the Medical Staff;
j) Designing such committees as may be appropriate or necessary to assist in carrying out the duties and
responsibilities of the Medical Staff and approving or rejecting appointments to those Committees by the Chief of
Staff;
k) Reporting to the Medical Staff at each regular Staff meeting;
l) Assisting in obtaining and maintaining accreditation;
m) Developing and maintaining methods for the protection and care of patients and others in the event of internal
and external disaster;
n) Appointing such special or ad hoc Committees as may seem necessary or appropriate to assist the Medical
Executive Committee in carrying out its functions and those of the Medical Staff.

10.3-3 MEETINGS

The Medical Executive Committee and the Medical Executive QA Committee shall meet as often as necessary, but at
least once a month, and shall maintain a record of the proceedings and actions.

10.4 CREDENTIALS COMMITTEE

10.4-1 COMPOSITION

The Credentials Committee shall consist of not fewer than five (5) members of the Active Medical Staff who shall be
appointed on a basis that will ensure representation of the major clinical specialties (Surgery Department, Anesthesia
Department, Internal Medicine Department, Emergency Medicine Department) and shall include a Hospital-based
physician member and a physician-member who has previously served as Chief of Staff. Members of the Credentials
Committee shall serve a two (2) year term with expiration of the terms to be established on a staggered basis.
Members serving on the Credentials Committee may be exempt from responsibilities of serving on any other Medical
Staff Committee, Department Chairman or Vice-Chairman during an active membership term on the Credentials
Committee.

10.4-2 DUTIES

The Credentials Committee shall:

a) Review and evaluate the qualifications of each practitioner applying for initial appointment, reappointment or
modification of and for clinical privileges and, in connection therewith, obtain and consider the recommendation
of the appropriate Departments;
b) Submit required reports and information on the qualifications of each practitioner applying for appointment or particular clinical privileges including recommendations with respect to appointment, category, Department affiliation, clinical privileges and special conditions;

c) Investigate, review and report on matters referred by the Chief of Staff or the Medical Executive Committee regarding the qualifications, conduct, professional character or competence of any applicant or Medical Staff member;

d) Submit periodic reports to the Medical Executive Committee on its activities and the status of pending applications.

10.4-3 MEETINGS

The Credentials Committee shall meet as often as necessary at the call of its Chairman. The committee shall maintain a record of its proceeding and actions and shall report to the Medical Executive Committee.

10.5 QUALITY OF CARE COMMITTEE

The Quality of Care Committee shall conduct itself as a forum for the discussion of matters of Hospital policy and practice, especially those pertaining to efficient and effective patient care and shall act as the medical–administrative liaison with the Governing Body and the Chief Executive Officer as defined in the Hospital bylaws. Medical staff membership should include at least the Chief of Staff and the Vice Chief of Staff.

10.6 MEDICAL RECORDS COMMITTEE

Please refer to the Medical Staff Policy and Procedure for MEDICAL RECORD CHART REQUIREMENTS for detailed information.

In the event that Medical Staff leadership is unable to secure an adequate number of volunteer physicians to function as the Medical Records Committee, the Medical Executive Committee may function as the Medical Records Committee. The Medical Executive Committee may delegate to various departments and medical directors specific functions; e.g. H&P review.

10.7 PHARMACY AND THERAPEUTICS COMMITTEE

10.7-1 COMPOSITION

The Pharmacy and Therapeutics Committee shall consist of at least five (5) representatives from the Medical Staff, and include non-voting representatives from Pharmacy and Food Service.

10.7-2 DUTIES

The duties of the Pharmacy and Therapeutics Committee shall include:

a) Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage distribution, use, safety procedures and all other matters relating to drugs in the Hospital;

b) Collecting, on a routine bases, information necessary to improve the use of drugs and resolve problems with their use;

c) Advising the Medical Staff and the Pharmaceutical Service on matters pertaining to the choice of available drugs;

d) Making recommendations concerning drugs to be stocked on the nursing unit floors and by other services;

e) Developing and reviewing a formulary or drug list for use in the Hospital on a periodic basis;

f) Evaluating clinical data concerning new drugs or preparations requested for use in the Hospital;

f) Establishing standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;

h) Maintaining a record of all activities relating to Pharmacy and Therapeutics functions and submitting periodic reports and recommendations to the Medical Executive committee concerning those functions;
i) Reviewing high prescription frequency and untoward drug reactions caused by interaction with other drugs or by the patient's age, disability or unique metabolic characteristics;

j) Providing the results of drug usage evaluations to be considered in Medical Staff reappointment and privilege delineation processes and in the conduct of quality assurance activities when appropriate;

k) Providing optimal nutritional support to all patients, at all times, in the best method. The Committee will focus on nutrition-related policies and procedures affecting therapeutic diets, oral supplements, enteral tube feedings and parenteral nutrition. The Committee shall operate in a quality assurance capacity to identify and report significant variations in patterns of patient care with regard to nutritional support.

10.7-3 MEETINGS

The Pharmacy and Therapeutics Committee shall meet as often as necessary at the call of its Chairman, but at least quarterly. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Executive Committee.

10.8 INFECTION PREVENTION COMMITTEE

10.8-1 COMPOSITION

The Infection Prevention Committee shall consist of members represented from the Departments of Internal Medicine, Surgery, OB/Gyn, Pathology and Family Practice; Nursing, Administration and the Infection Prevention Site Leader. It may include non-voting representatives from Microbiology, Dietary, Central Supply, Environmental Service, Pharmacy and Surgery.

10.8-2 DUTIES

The duties of the Infection Prevention committee shall include:

a) Developing a hospital-wide infection control program and maintaining surveillance over the program;

b) Developing a system for reporting, identifying and analyzing the incidence and cause of nosocomial infections, including assignment of responsibility for the ongoing collection and analytic review of such data and follow-up activities;

c) Developing and implementing a preventative and corrective program designed to minimize infection hazards including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques;

d) Developing written policies defining special indications for isolation techniques;

e) Coordinating action on findings from the medical review of the clinical use of antibiotics;

f) Acting upon recommendations related to infection control received from the Chief of Staff, the Medical Executive Committee, Departments and other Committees;

g) Reviewing sensitivities of organisms specific to the facility

10.8-3 MEETINGS

The Infection Prevention Committee shall meet as often as necessary at the call of its Chairman, but at least once every three months. It shall maintain a record of its proceedings and shall submit reports of its activities and recommendations to the Medical Executive Committee.

10.9 CONSTITUTION & BYLAWS COMMITTEE

10.9-1 COMPOSITION

The Constitution & Bylaws Committee shall consist of the Immediate Past Chief of Staff, the Secretary-Treasurer and the Chairman of each Department. The Immediate Past Chief of Staff shall be the Chairman. If the Past Chief of Staff is not available, the Chief of Staff shall appoint a Chairman.
10.9-2 DUTIES
The duties of the Constitution & Bylaws Committee shall include:

a) Conducting an annual review of the Medical Staff Bylaws as well as the Policies and Procedures and forms promulgated by the Medical Staff, its Departments and Sections;

b) Submitting recommendations to the Medical Executive Committee for changes in these documents necessary to reflect current Medical Staff practices;

c) Receiving and evaluating for recommendation to the Medical Executive Committee suggestions for modification of the items specific in subdivision (a).

10.9-3 MEETINGS
The Constitution & Bylaws Committee shall meet as often as necessary at the call of its Chairman. It shall maintain a record of the proceedings and shall report its activities and recommendations to the Medical Executive Committee.

10.10 QUALITY ASSURANCE COMMITTEE

10.10-1 COMPOSITION
The Quality Assurance Committee may consist of such members as may be designated by the Medical Executive Committee including at least one representative from each clinical Department, from Nursing Service, the Hospital President, the Quality Assurance Coordinator and the Vice Chief of Staff. The Vice Chief of Staff shall be the Chairman.

10.10-2 DUTIES
The Quality Assurance Committee shall perform the following duties:

a) Recommend for approval of the Medical Executive Committee plans for maintaining quality patient care within the Hospital. These may include mechanisms to:

   1) Establish systems to identify potential problems in patient care;
   2) Set priorities for action or problem correction;
   3) Refer priority problems for assessment and corrective action to appropriate Departments or Committees;
   4) Monitor the results of quality assurance activities, including the effectiveness of all review functions, throughout the Hospital;
   5) Coordinate quality assurance activities; and
   6) Coordinate risk management activities

b) Submit regular confidential reports to the Medical Executive Committee on the quality of medical care provided and on quality review activities conducted.

10.10-3 MEETINGS
The Quality Assurance Committee shall meet as often as necessary at the call of its Chairman, but at least bi-monthly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee and the Board of Directors, except that routine reports to the Board shall not include peer evaluations related to individual members.

10.11 BIOETHICS COMMITTEE

10.11-1 COMPOSITION
The Bioethics Committee shall consist of such Medical Staff members as appointed by the Chief of Staff. It may include nurses, lay representatives, social workers, clergy, ethicists, attorneys, administrators and representatives from the Board of Directors, although a majority shall be physician members of the Medical Staff.
10.11-2 DUTIES

The Bioethics Committee may participate in development of guidelines for consideration of cases having bioethical implications; development and implementation of procedures for the review of each case; development and/or review of institutional policies regarding care and treatment of such cases; retrospective review of cases for the evaluation of bioethical policies; consultation with concerned parties to facilitate communication and aid conflict resolution; and education of Hospital Staff on bioethical matters.

10.11-3 MEETINGS

The Bioethics Committee shall meet as often as necessary at the call of its Chairman. It shall maintain a record of its activities and report to the Medical Executive Committee.

10.12 NOMINATING COMMITTEE

10.12-1 COMPOSITION

The Nominating Committee shall be composed of the Immediate Past Chief of Staff, a physician representative to the Medical Executive Committee and two (2) members nominated by the Medical Executive Committee and the Chairman who is the present Chief of Staff.

10.12-2 DUTIES

The duties of the Nominating Committee shall be to meet no less than one hundred (100) days prior to the September Medical Staff meeting. The committee's slate of nominations is to be posted in the Medical Staff Lounge and also sent to the Active Medical Staff ninety (90) days before the scheduled election. Active members of the Medical Staff may submit nominations of their own choice in writing to the Medical Staff Office not less than sixty (60) days prior to the election. The Nominating Committee will place on the ballot the two (2) most frequently nominated candidates who have at least three (3) Active members’ endorsement.

The final slate, consisting of candidates nominated by the Nominating Committee and the two (2) most frequently nominated candidates (Active members) will be posted in the Medical Staff Lounge at least thirty (30) days prior to the election.

There will be no nominations from the floor at the election. A ballot listing all nominees will be given to eligible voters at the election meeting.

10.13 CRITICAL CARE COMMITTEE

10.13-1 COMPOSITION

The Critical Care Committee shall be composed of at least five (5) members of the Medical Staff plus the Chairman, all of whom shall be appointed by the Chief of the Medical Staff. The Committee should be composed of those members whose individual practices utilize the Critical Care Unit. The Committee Chairman shall serve as Director of the Critical Care Unit. Other non-physician members of the Committee shall include Nursing representatives as deemed necessary by the Chairman.

10.13-2 DUTIES

The duties of the Critical Care Committee shall include:

a) Formulating, recommending and implementing policies for the operation of the Units;

b) Recommending rules for proper utilization of the services of the Critical Care Units;

c) Assessing and recommending to Administration the upgrading or purchasing of state-of-the-art intensive care equipment;

d) Participating in and cooperating with medical education committees regarding instructions in the safe and effective use of equipment;

e) Reviewing and evaluating patient care provided in the Units
10.13-3 MEETINGS

The Critical Care Committee shall meet as often as necessary at the call of its Chairman but at least quarterly.

10.14 PROFESSIONAL STANDARDS COMMITTEE

10.14-1 COMPOSITION

The Professional Standards Committee shall be composed of five (5) Medical Staff members including the Chairman, all of whom shall be appointed by the Chief of the Medical Staff.

10.14-2 DUTIES

The duties of the Professional Standards Committee shall be to investigate all reports of unethical, unprofessional, or incompetent acts or failure to render service as well as reports regarding disruptive behavior of Medical Staff members. All reports made to or by the President, nurses and other personnel concerning Medical Staff members will be forwarded to the Chief of the Medical Staff who will forward appropriate reports, in the strictest confidence, to the Committee. The President, other agents, and employees of Community Hospital South investigating these matters shall do so as the agents of the Professional Standards Committee which is a Peer Review Committee.

10.14-3 MEETINGS

The Professional Standards Committee shall meet as often as necessary at the call of its Chairman, or the Chief of the Medical Staff. It shall maintain a record of its proceedings and report its activities to the Medical Executive Committee.

10.15 IMPAIRED PHYSICIAN COMMITTEE

10.15-1 COMPOSITION

The Impaired Physician Committee shall be composed of five (5) Medical Staff members and shall include one Psychiatrist. All members will be appointed by the Chief of Staff with no limitation on the number of terms they may serve. Except for initial appointments, each member shall serve a term of two (2) years and the terms shall be staggered to ensure continuity and experience. The Psychiatrist shall act as Chairman.

10.15-2 DUTIES

The Impaired Physician Committee shall have no disciplinary powers and will act as the physician's advocate. All contacts or sources of information, to include physician contacts, shall be held confidential. Actions recommended by the Committee will be reported to the Chief of the Medical Staff.

10.15-3 MEETINGS

The Impaired Physician Committee shall meet as often as necessary to carry out its purpose. Minutes of the activities of the Committee shall be recorded and only available to the Chief of the Medical Staff or the Hospital COO President. Confidentiality will be respected.

10.16 UTILIZATION REVIEW COMMITTEE

10.16-1 COMPOSITION

The Utilization Management Committee will consist of a physician advisor, Case Management Directors, Hospital COO, VPMA/CMO and Hospital Presidents. Other Hospital personnel may attend.

10.16-2 DUTIES

The Utilization Management Committee will provide effective utilization management that provides for the review of services furnished by the Hospital and Members of the Medical Staff to patients entitled to benefits under the Medicare and Medicaid program and other payers as may be appropriate. Provide for compliance with appropriate accreditation standards and report to the MEC.
10.16-3 MEETINGS

The Utilization Management Committee shall meet on a monthly basis. It shall maintain a record of its activities and report to the Medical Executive Committee.

10.17 SPECIAL COMMITTEES

Special Committees may include a Medical Education Committee, a Social Committee and a Library Committee. Ad hoc Committees may be named from time to time.

ARTICLE XI

MEETINGS OF THE GENERAL MEDICAL STAFF, COMMITTEES, DEPARTMENTS/SECTIONS AND SPECIAL

11.1 MEETINGS

11.1-1 ANNUAL MEETING OF THE GENERAL MEDICAL STAFF

There shall be an annual meeting of the Medical Staff. The Chief of Staff or such other Officers, Department or Section Heads, Committee Chairmen, or the Medical Executive Committee designee shall present reports on actions taken during the preceding year and on other matters of interest and importance to the members. Notice of these meetings shall be given to the members at least thirty (30) days prior to the meeting. The date and time of the annual meeting shall be the second Monday in September.

11.1-2 REGULAR MEETING OF THE GENERAL MEDICAL STAFF

Regular meetings of the members shall be held at one (1) time per year in addition to the Annual Meeting. The date, place and time of the regular meetings shall be determined by the Medical Executive Committee and adequate notice shall be given to the members. Attendance of fifty percent (50%) of these meetings is encouraged.

11.1-3 AGENDA

The order of business at a meeting of the Medical Staff shall be determined by the Chief of Staff and the Medical Executive Committee. The agenda shall include, insofar as possible:

a) Acceptance of the minutes of the last regular and all special meetings held since the last regular meeting;

b) Administrative reports from the Chief of Staff, Departments, Committees and the COO President;

c) Election of officers when required by these Bylaws;

d) Reports by responsible Officers, Committees and Departments on the overall results of patient care audits and other quality review, evaluation, and monitoring activities of the Staff and on the fulfillment of other required staff functions;

e) Old business;

f) New business

11.1-4 SPECIAL MEETINGS OF THE GENERAL MEDICAL STAFF

Special meetings of the Medical Staff may be called at any time by the Chief of Staff or the Medical Executive Committee, or shall be called upon the written request of ten percent (10%) of the members of the Active Medical Staff. The person calling or requesting the special meeting shall state the purpose of such meeting in writing. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

11.2 COMMITTEE AND DEPARTMENT/SECTION MEETINGS
11.2-1 REGULAR MEETINGS OF COMMITTEES AND DEPARTMENTS/SECTIONS

Except as otherwise specified in these Bylaws, the Chairmen of Committees, Departments and Sections may establish the time for holding of regular meetings. The Chairman shall make every reasonable effort to ensure the meeting dates are disseminated to the members with adequate notice.

11.2-2 SPECIAL MEETINGS OF COMMITTEES AND DEPARTMENTS/SECTIONS

A special meeting of any Medical Staff Committee, Department/ or Section may be called by the chairman thereof, the Medical Executive Committee or the Chief of Staff and shall be called by written request of one third of the current members eligible to vote.

11.3 QUORUM

11.3-1 GENERAL MEDICAL STAFF AND COMMITTEE & DEPARTMENT/SECTION MEETINGS

A Quorum is satisfied by the number of Active Medical Staff members present.

11.4 MANNER OF ACTION

Except as otherwise specified, the action of the majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these Bylaws. Committee action may be conducted by telephone conference which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting by a Committee if it is acknowledged in writing setting forth the action so taken which is signed by at least two-thirds of the members entitled to vote.

11.5 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken on significant matters. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the Medical Executive Committee. The minutes shall comply with the requirements of recognized accrediting agencies.

11.6 MEETING ATTENDANCE REQUIREMENTS

11.6-1 REGULAR ATTENDANCE

Except as stated below, each member of the Active Staff is encouraged to attend:

a) At least two (2) 50% of all General Medical Staff meetings duly convened pursuant to these bylaws;

b) At least fifty percent (50%) of all meetings of each Department/Section and Committee of which he is a member during the reappointment cycle.

Each member of the Courtesy Staff shall be required to attend such meetings as may be determined by the Medical Executive Committee. Attendance will be recorded on a Medical Staff year basis.

11.6-2 SPECIAL ATTENDANCE

At the discretion of the Chairman or the Presiding Officer, when a member’s practice or conduct is scheduled for discussion at a regular Department/Section, or Committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least seven (7) days prior to the meeting along with a general indication of the issue involved. Failure of a member to appear at any meeting with respect to which he was given such notice, unless excused by the Medical Executive Committee upon a showing of good cause, shall be a basis for corrective action.
11.7 CONDUCT OF MEETINGS

Unless otherwise specified, all meetings shall be conducted according to Robert's Rules of Order; however, technical or non-substantive departures from the rules shall not invalidate action taken at such a meeting.

ARTICLE XII

DUES AND EXPENDITURES

12.1 DUES

The annual dues of the Medical Staff shall be determined, from time to time, by the Medical Executive Committee. The Medical Staff shall be notified of any attempt to increase dues at least thirty (30) days in advance of the date the Medical Executive Council will consider the same. All members with regular and provisional status, except Honorary/Emeritus Medical Staff members, shall be required to pay dues annually.

Dues notices will be sent within the first quarter of the calendar year with payment required within 30 days from date of mailing. Members whose dues are delinquent shall be notified by the Secretary-Treasurer at the end of the 30-day time period and will be given an additional 30 days to submit payment. Members whose dues are delinquent at the end of the 60 days shall be suspended of privileges.

Reinstatement to the Medical Staff shall be contingent upon payment of dues in arrears equal to two (2) times the annual dues assessment if the reinstatement is made within two (2) months following the suspension. Members, whose dues are still delinquent at the conclusion of the two (2) month reinstatement period (i.e. 60 days), will be considered to have voluntarily resigned and must then reapply to the Medical Staff.

12.2 EXPENDITURES

The funds of the Medical Staff shall be the responsibility of the Secretary-Treasurer who shall render an accounting to the Medical Executive Committee. Appropriation from the funds of the Medical Staff may be made on the action of a majority vote of the Medical Executive Committee. The Secretary-Treasurer or Chief of Staff may draw upon the funds for routine expenditures of the Medical Staff.

ARTICLE XIII

CONFIDENTIALITY, IMMUNITY AND RELEASES

13.1 AUTHORIZATION AND CONDITIONS

By applying for or exercising clinical privileges within this Hospital, an applicant:

a) Authorizes representatives of the Hospital and the Medical Staff to conduct a criminal check if the applicant attests to being, or to having been, the subject of a criminal investigation;

b) Authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing upon, or reasonably believed to bear upon, the applicant's professional ability and qualifications;

c) Authorizes persons and organizations to provide information concerning such practitioner to the Medical Staff;

d) Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative of the Medical Staff or the Hospital who acts in accordance with the provisions of this Article;

e) Acknowledges that the provisions of this Article are express conditions to an application for Medical Staff appointment and to the exercise of clinical privileges at this Hospital.

13.2 CONFIDENTIALITY OF INFORMATION
13.2-1 GENERAL

Medical Staff, Department/Section or Committee minutes, files and records; including information regarding any member or applicant to this Medical Staff shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where expressly required by law, pursuant to officially adopted policies of the Medical Staff or, where no officially adopted policy exists, only with the express approval of the Medical Executive Committee.

13.2-2 BREACH OF CONFIDENTIALITY

Please refer to the Medical Staff Policy and Procedure on BREACHES OF CONFIDENTIALITY for detailed information.

Inasmuch as effective peer review and consideration of the qualifications of Medical Staff members and applicants to perform specific procedures must be based upon free and candid discussions, any breach of confidentiality of the discussions or deliberations of Medical Staff Departments, Sections, or Committees, except in conjunction with other hospitals, professional societies, or licensing authorities, is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operations of the Hospital, subject to the fair hearing procedures in Article VII.

If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

13.3 IMMUNITY FROM LIABILITY

13.3-1 FOR ACTION TAKEN

Each representative of the Medical Staff and Hospital shall be exempt and have absolute immunity, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief for any action or statements or recommendations made within the scope of his or her duties as a representative of the Medical Staff or Hospital, their Committees, members, agents, employees, advisors, counselors, consultants, attorneys, or any other person providing services to or through the Medical Staff, Hospital or Committee in conjunction with the evaluation of an applicant or member.

13.3-2 FOR PROVIDING INFORMATION

Each representative of the Medical Staff and Hospital and all third parties shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief by reason of providing information to a representative of the Medical Staff or Hospital concerning such person who is or has been, an applicant to or member of the Medical Staff or who did, or does, exercise clinical privileges or provide services at this Hospital.

13.4 ACTIVITIES AND INFORMATION COVERED

13.4-1 ACTIVITIES

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility’s or organization’s activities concerning, but not limited to:

a) Applications for appointment, reappointment or clinical privileges

b) Corrective action

c) Hearing and appellate reviews

d) Utilization reviews

e) Other Department/Section, Committee or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct

f) Peer review organization and similar reports
13.5 RELEASES

Each applicant or member shall, upon request of the Medical Staff or Hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such release shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XIV

AMENDMENTS TO BYLAWS

14.1 PROCEDURES

These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. A proposed amendment shall be referred to the Bylaws Committee which shall report it at the next regular meeting of the Medical Staff or at a special meeting called for such purpose. Except as provided in Section 14.2, the adoption of an amendment shall require a two-thirds vote of the Active Medical Staff who are present. Amendments so adopted shall be effective subject to the approval of the Board of Directors.

14.2 SUBSTANTIAL REVISIONS

In the event amendments adopted in accordance with this Article XIV substantially change these Bylaws provisions, each member of the Medical Staff shall receive a copy of the revised portions.

ARTICLE XV

GENERAL PROVISIONS

15.1 POLICIES AND PROCEDURES – ADOPTION & AMENDMENTS

The Medical Staff shall adopt such policies and procedures as may be necessary to implement more specifically the general principles found within these bylaws, subject to the approval of the Board of Directors. These policies and procedures shall relate to the proper conduct of Medical Staff organization activities as well as embody the level of practice that is to be required of each practitioner in the Hospital. Such policies and procedures shall be a part of these Bylaws, except that they may be amended or repealed at any Medical Executive Committee meeting at which a quorum is present. Such changes shall become effective subject to the approval of the Board of Directors.

Adopted: 1993