HOWARD REGIONAL
SPECIALTY CARE, L.L.C.
dba
COMMUNITY HOWARD SPECIALTY HOSPITAL
MEDICAL STAFF BYLAWS

Approved by the Board of Managers of Howard Regional Specialty Care, L.L.C. dba
Community Howard Specialty Hospital May 26, 2016
# TABLE OF CONTENTS

**ARTICLE I**  INTERPRETATION, AND DEFINITIONS ................................................. 1

  - Section 1.1  Name .................................................................................. 1
  - Section 1.2  Governing Law .................................................................. 1
  - Section 1.3  Definitions ........................................................................ 1

**ARTICLE II**  PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF ...... 1

  - Section 2.1  Purposes of the Medical Staff ............................................. 1
  - Section 2.2  Responsibilities of the Medical Staff ...................................... 2
  - Section 2.3  Relationship between the Hospital and the Medical Staff ......... 3

**ARTICLE III**  MEDICAL STAFF MEMBERSHIP ....................................................... 3

  - Section 3.1  Nature of Membership .......................................................... 3
  - Section 3.2  Qualifications for Membership ............................................ 3
  - Section 3.3  Ethics .................................................................................... 4
  - Section 3.4  Effect of Other Affiliations ................................................. 4
  - Section 3.5  Nondiscrimination ................................................................. 4
  - Section 3.6  Term ..................................................................................... 4
  - Section 3.7  Leave of Absence ................................................................ 5

**ARTICLE IV**  CATEGORIES OF MEMBERSHIP ..................................................... 5

  - Section 4.1  Categories ........................................................................... 5
  - Section 4.2  Active Staff .......................................................................... 5
  - Section 4.3  Courtesy Staff ..................................................................... 6
  - Section 4.4  Honorary Medical Staff ........................................................ 6
  - Section 4.5  Category Change .................................................................. 6

**ARTICLE V**  APPOINTMENT PROCESS ................................................................. 7

  - Section 5.1  Application .......................................................................... 7
  - Section 5.2  Application Request ............................................................... 7
  - Section 5.3  Verification of Application .................................................... 7
  - Section 5.4  Effect of Application ............................................................. 7
  - Section 5.5  Burden ................................................................................ 8
  - Section 5.6  Complete Application ............................................................ 8
  - Section 5.7  Department Chief ................................................................. 8
  - Section 5.8  Medical Staff Executive Committee Actions .......................... 8
  - Section 5.9  Recommendations ................................................................. 8
  - Section 5.10  Board Action ...................................................................... 9
  - Section 5.11  Joint Conference Committee Involvement ............................ 9
  - Section 5.12  Final Action ...................................................................... 9

**ARTICLE VI**  CLINICAL PRIVILEGES OF THE MEDICAL STAFF .................. 9
ARTICLE VII  ALLIED HEALTH PROFESSIONALS

Section 7.1  Allied Health Professional
Section 7.2  Qualifications
Section 7.3  Ethics
Section 7.4  Basic Responsibilities of Allied Health Professionals

ARTICLE VIII  PHYSICIAN AND AHP EXTENDERS

Section 8.1  Privileges
Section 8.2  Application
Section 8.3  Delineation of Privileges
Section 8.4  Functions
Section 8.5  Orders
Section 8.6  Suspension of Extender Privileges

ARTICLE IX  ACTIONS AFFECTING MEMBERSHIP OR PRIVILEGES

Section 9.1  Inquiry
Section 9.2  Investigations
Section 9.3  Identification, Referral and Management Process for Impaired Physician
Section 9.4  Initiation of Summary Suspension or Termination
Section 9.5  Automatic Termination
Section 9.6  Exclusive Contract
Section 9.7  Employed Physicians

ARTICLE X  FAIR HEARING AND APPELLATE REVIEW PROCEDURES

Section 10.1  Right to Hearing
Section 10.2  Counting of Days
Section 10.3  Actions Not Giving Rise to Hearing Right
Section 10.4  Time When Proposal for Recommendation of Adverse Action or Adverse Action is Deemed to Have Been Made
Section 10.5  Notification of Proposed Adverse Action
Section 10.6  Request for or Waiver of Hearing
Section 10.7  Notice of Hearing
Section 10.8  Membership of Hearing Committee
Section 10.9  Conduct of Hearings
Section 10.10  Recommendation and Report of Hearing Committee
Section 10.11  Appellate Review
Section 10.12  Board of Directors
ARTICLE XI  MISCELLANEOUS .................................................................29

Section 11.1  Right to One Hearing and Appellate Review .........................29
Section 11.2  Confirmation of Immunities, Releases, and Confidentiality ..........30
Section 11.3  Frivolous Requests for Hearing ...........................................30

ARTICLE XII  DEPARTMENTS .................................................................30

Section 12.1  Organization of Departments ..............................................30
Section 12.2  Departments of the Medical Staff .........................................31
Section 12.3  Assignments to Departments ................................................31
Section 12.4  Functions of the Department .................................................31
Section 12.5  Functions of Divisions ........................................................32
Section 12.6  Department Chief ...............................................................32

ARTICLE XIII  OFFICERS AND COMMITTEES ..........................................34

Section 13.1  Officers Of the Medical Staff ...............................................34
Section 13.2  Duties of Officers ..............................................................35
Section 13.3  Committees .................................................................36

ARTICLE XIV  MEETINGS ........................................................................42

Section 14.1  Annual Meeting .................................................................42
Section 14.2  Regular Meetings ..............................................................42
Section 14.3  Committee Meetings ..........................................................42
Section 14.4  Special Meetings ...............................................................42
Section 14.5  Attendance At The Meetings ..............................................43
Section 14.6  Quorum .................................................................43
Section 14.7  Agenda .................................................................43
Section 14.8  Agenda .................................................................44
Section 14.9  Conduct Of Meetings .......................................................44

ARTICLE XV  RULES AND REGULATIONS .................................................44

Section 15.1  Adoption/Amendment .......................................................44

ARTICLE XVI  PERIODIC REVIEW AND AMENDMENTS ..........................44

Section 16.1  Adoption of Medical Staff Bylaws, Rules and Regulations ........44
Section 16.2  Amendment by Active Medical Staff Subject to the Approval by the Board ..........................................................44
Section 16.3  Abbreviated Amendment Procedure .....................................45
Section 16.4  Amendment by the Board of Managers ..................................45

ARTICLE XVII  GENERAL PROVISIONS .................................................45

Section 17.1  Authority to Act ..............................................................45
| Section 17.2 | Division of Fees | 45 |
| Section 17.3 | Disclosure of Interest | 45 |
| Section 17.4 | Medical Staff Credentials Files | 46 |
| Section 17.5 | Confidentiality | 46 |
| Section 17.6 | Organized Health Care Arrangement | 47 |
COMMUNITY HOWARD SPECIALITY HOSPITAL
MEDICAL STAFF BYLAWS

PREAMBLE

These Bylaws, which originate with the Medical Staff, are adopted in order to provide for
the organization of the Medical Staff of Howard Regional Specialty Care, L.L.C. dba
Community Howard Specialty Hospital 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 legal structure for the direction of the Medical Staff and for the relations with the
applicants to and Members of the Medical Staff. These Bylaws, when adopted by the Medical
Staff and approved by the Board of Managers, create a system of mutual rights and
responsibilities between the Members of the Medical Staff and the Hospital.

ARTICLE I

INTERPRETATION, AND DEFINITIONS

Section 1.1 Name. These Bylaws shall be the Bylaws of the Medical Staff of the
Howard Regional Specialty Care, L.L.C. dba Community Howard Specialty Hospital.

Section 1.2 Governing Law. These Bylaws shall be governed by, and construed in
accordance with the Health Care Quality Improvement Act of 1986 and, to the extent not
inconsistent therewith, the Indiana Peer Review Statute, and to the extent not so governed, with
the other laws of the State of Indiana.

Section 1.3 Definitions. These Bylaws shall be interpreted using the definitions set
forth in Exhibit 1.3 attached hereto and made a part of these Bylaws.

ARTICLE II

PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

Section 2.1 Purposes of the Medical Staff. The general purposes of the Medical
Staff shall include to the following:

(a) to provide an organized body through which the benefits and obligations by each
Member may be fulfilled;

(b) to provide a means whereby problems of a medical administrative nature can be
discussed by the Medical Staff with the Board and Administration;

(c) to recommend appointment, reappointment, and assignment of privileges to
members of the Medical Staff consistent with the individual's training, experience, and other
qualifications of the Medical Staff standards of professional performance;
(d) to monitor the conduct of all professionals authorized to practice in the Hospital;

(e) to recommend the appropriate delineation of Clinical Privileges that each Member and AHP may exercise in the Hospital and conduct a thorough on-going review and evaluation of each Member's and Allied Health Professional's performance in the Hospital;

(f) to initiate and maintain Bylaws and Rules and Regulations for the government of the Medical Staff;

(g) to provide an appropriate educational system that shall facilitate the maintenance of scientific standards and lead to continuous advancement and quality improvement in the professional knowledge and skills of the Medical Staff and AHPs;

(h) to set standards and review systems in order to furnish the best possible patient care and to improve patient health in the community which the Hospital serves; and

(i) to enable this Hospital to conform with all applicable regulatory requirements including, but not limited to, Joint Commission on Accreditation of Health Care Organizations and all state and federal laws and regulations.

Section 2.2 Responsibilities of the Medical Staff. The general responsibilities of each member of the Medical Staff shall be to:

(a) provide patients with the quality of care that meets the professional standards of the Medical Staff;

(b) abide by the Medical Staff Bylaws, Rules and Regulations and Policies;

(c) discharge in a responsible and cooperative manner such reasonable responsibilities and assignments as imposed by virtue of Medical Staff membership, including committee assignments;

(d) prepare and complete medical records for all patients to whom the Member provides care in the Hospital;

(e) the admitting Member shall complete an initial history and physical examination ("Initial H&P") on each patient within twenty-four (24) hours of the patient's admission to the Hospital;

(f) procedures shall not be performed on a patient before the Initial H&P has been documented on the patient's medical record unless the admitting Member states in writing on the medical record that such delay would be detrimental to the patient.

(g) work cooperatively with other Members, AHPs, nurses, administration, and others;

(h) provide coverage for other Members in order to ensure adequate patient care;
(i) participate in continuing education programs as determined by the Medical Staff;

(j) participate in such consultation panels as may be determined by the Medical Staff;

(k) discharge such other Staff obligations as may be established from time to time by the Board;

Section 2.3 Relationship between the Hospital and the Medical Staff. The relationship between the Hospital and the Medical Staff is not an employment relationship but is a privilege to the Medical Staff in the nature of a license to use the Hospital. These Bylaws shall not be considered nor represent a contract. Appointment and continued membership shall be based solely upon justification of current qualifications, except as otherwise allowed by these Bylaws.

ARTICLE III

MEDICAL STAFF MEMBERSHIP

Section 3.1 Nature of Membership. Membership to the Medical Staff is a privilege which shall be granted by the Board only after an Applicant demonstrates that he/she meets the qualifications for membership and accepts the responsibilities of membership as set forth in these Bylaws.

Section 3.2 Qualifications for Membership. An Applicant must demonstrate, at the time of appointment and continuously thereafter, each of the following:

(a) Holds a valid license issued by the medical licensing board in the State of Indiana.

(b) Have current certification by American Board of Medical Specialties or American Osteopathic Board; or one of the following requirements:

(i) Become certified in the specialty in which requesting privileges within three years once board eligible.

(ii) Physicians on the Medical Staff prior to 11-19-09 are exempt from this requirement.

(iii) Member must obtain re-certification within three years from the time it expired.

(c) If one of the above criteria is not met within three years once board eligible/re-certified, then the Member will be considered to have resigned from the Medical Staff and/or to have resigned his or her Clinical Privileges as applicable. This automatic termination will not give rise to hearing and appeal rights granted in the Bylaws.

(d) Such current professional competence, physical and mental health so as to demonstrate to the satisfaction of the Medical Staff that he/she is professionally competent.
(e) A willingness and capability to work with and relate to other Members, administration, nurses, other professionals, other employees, visitors, and members of the community in general, in the cooperative and professional manner.

(f) Willingness to follow the generally accepted standards of professional practice and conduct of the Medical Staff.

(g) Acknowledgement of his/her obligation to provide continuous care and supervision of his/her patients, to abide by the Medical Staff Bylaws and Rules and Regulations and to accept committee and consultation assignments.

(h) Current registration to dispense/prescribe controlled substances.

(i) References from at least three (3) Physicians who have had extensive experience observing and working with the Applicant and who can provide adequate information pertaining to the Applicant's professional competence and ethical character.

(j) Any past or pending professional disciplinary actions, licensure limitations or other matters related to the Applicant's membership status and/or Clinical Privileges having ever been revoked, suspended, reduced or not renewed at any other Health Care Entity.

(k) Qualifies as a Qualified Health Care Provider as defined under the Indiana Medical Malpractice Act.

(l) Satisfactory completion of an Approved Residency Program or a practice with unrestricted privileges for at least three (3) years at a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations, an American Osteopathic Association hospital, or a hospital certified to receive Medicare funding (or its equivalent) in a foreign country.

Section 3.3 Ethics. A Member shall, at all times, conduct him/herself in such a manner as to reflect favorably on the Medical Staff. The principles of ethics as adopted by the American Medical Association shall govern the professional conduct of the members of the Medical Staff.

Section 3.4 Effect Of Other Affiliations. No person shall be entitled to membership on the Medical Staff merely because he/she holds a certain degree, a license to practice in this State, is a member of any professional organization, is certified by any clinical board, or because such person presently has staff membership and privileges at another Health Care Entity.

Section 3.5 Nondiscrimination. No aspect of Medical Staff membership shall be denied on the basis of sex, race, age, creed, color, national origin or sexual orientation.

Section 3.6 Term. All initial appointments to the Medical Staff in any category shall be for a period not to exceed two (2) years during which time the Member shall be subject to focused professional practice evaluation (FPPE). Reappointments shall be for a period of not
more than two (2) years unless the Medical Staff Executive Committee determines the Member should be re-evaluated sooner.

Section 3.7 Leave Of Absence. At the discretion of the Medical Staff Executive Committee, a Member may seek a voluntary leave of absence of a maximum of two (2) years upon submitting a written request to the Medical Staff Executive Committee, stating the purpose of the leave and the approximate period of leave desired. The Medical Staff Executive Committee will make a recommendation to the Board to accept or reject the request. During the leave of absence, the Member shall not exercise Clinical Privileges at the Hospital, and membership rights and responsibilities shall be inactive. A leave of absence of greater than two (2) years will require reapplication to the Medical Staff.

ARTICLE IV

CATEGORIES OF MEMBERSHIP

Section 4.1 Categories. Members of the Medical Staff shall be divided into three (3) categories: Active, Courtesy, and Honorary.

Section 4.2 Active Staff.

(a) To be eligible for Active Staff membership, the Applicant must demonstrate that he/she:

(i) Meets the general qualifications for Medical Staff membership detailed in these Bylaws.

(ii) Maintains a clinical practice in the community or within a reasonable distance of the Hospital so as to not interfere with adequate patient care.

(iii) Will see a patient within 72 hours of request for consult or sooner if requesting physician deems necessary.

(b) Except as otherwise provided, the prerogatives of a Member of the Active Staff shall be to:

(i) Admit and/or round/treat patients and/or exercise such Clinical Privileges as are granted pursuant to these Bylaws.

(ii) Vote on matters presented at general and special meetings of the Medical Staff and of the Department and committees of which he/she is a member.

(iii) Hold office and serve as a voting member of committees to which he/she is duly appointed or elected by the Medical Staff or duly authorized representative thereof.
(iv) Exercise admitting privileges, as approved, if they are Physical Medicine & Rehabilitation trained and/or have significant clinical experience in the physical rehabilitation setting only.

(v) Be encouraged to attend General Medical Staff meetings.

Section 4.3 Courtesy Staff.

(a) To be eligible for Courtesy Staff membership, the Applicant must demonstrate at the time of application and continuously thereafter that he/she meets the general qualifications for Medical Staff membership provided in these Bylaws.

(b) Courtesy Staff shall:

(i) Be appointed in the same manner as other Members of the Medical Staff and have all the privileges and duties of such Members, except that Courtesy Staff shall not be able to vote at Medical Staff meetings or hold any Medical Staff or Medical Staff committee office.

(ii) Hold active staff membership with privileges at another Indiana hospital, and authorize access by the Medical Staff Executive Committee to such Peer Review information at other hospital.

(iii) Maintain a clinical practice in the community or within a reasonable distance of the Hospital so as to not interfere with adequate patient care.

(iv) Not be required to have “on-call” coverage as stipulated in Section C. MEMBER COVERAGE in the Rules and Regulations of the Medical Staff.

(v) See a patient within 72 hours of request for consult or sooner if requesting physician deems necessary.

(vi) Be encouraged to attend General Medical Staff meetings.

Section 4.4 Honorary Medical Staff. Honorary Members of the Medical Staff shall consist of Members who are no longer active in the Hospital, who have retired from Hospital service, and/or are physicians of outstanding reputation who are not necessarily a resident of the community. Such members shall have no Clinical Privileges and therefore may not admit or attend to patients, cannot vote in any general or special meeting of the Medical Staff or any Medical Staff committee, nor hold any Medical Staff or Medical Staff committee office.

Section 4.5 Category Change. Requests may be made for a change in Medical Staff membership status only once per year. Such requests shall be in writing and made to the Medical Staff Executive Committee and Board of Managers for approval.
ARTICLE V

APPOINTMENT PROCESS

Section 5.1 Application. The application form shall be developed by the Medical Staff Executive Committee who will also approve applicable credentialing fees. The Applicant shall provide detailed information which shall include, but not be limited to, information concerning the Applicant's qualifications as listed in these Bylaws.

Section 5.2 Application Request. Any Applicant requesting an Application, shall be given a copy of these Bylaws and Rules and Regulations.

Section 5.3 Verification of Application. Each Applicant shall answer all Application questions completely or provide an explanation of why answers were incomplete. Applicant shall sign and verify that all answers contained in the Application are true and accurate.

Section 5.4 Effect Of Application.

(a) By applying for appointment to the Medical Staff, each Applicant:

(i) Signifies a willingness to appear for interviews in regard to the Application.

(ii) Authorizes communication with others who may have been associated with Applicant or who may have information pertaining to his/her competency, qualifications, or performance, and authorizes such individuals and organizations to candidly provide all such information.

(iii) Consents to the inspection of records and documents that may be material to an evaluation of his/her qualifications and ability to carry out the Clinical Privileges requested and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying.

(iv) Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the Applicant.

(v) Releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the Applicant, including otherwise confidential information.

(vi) Consents to the disclosure to other hospitals, medical associations, licensing boards, and other similar organizations, as required by law, any information pertaining to his/her professional or ethical standing that the Hospital or Medical Staff may have and releases the Medical Staff and Hospital from liability for such disclosures, to the fullest extent permitted by law.
Consents to limited criminal background check. The hospital shall not routinely perform criminal checks unless circumstances otherwise dictate.

**Section 5.5 Burden.** The Applicant shall have the responsibility for producing sufficient documentation and adequate information to the satisfaction of the Medical Staff Executive Committee to properly evaluate the Applicant's qualifications, including: (a) competence, (b) character, and (c) ethics. The Applicant shall be responsible for resolving any doubts about such qualifications.

**Section 5.6 Complete Application.** The Application shall be submitted to the Medical Staff Office. The Medical Staff Office shall collect all materials deemed pertinent to the Application. The Application shall not be forwarded for further consideration until references and all other materials are collected and all answers in the Application are verified.

**Section 5.7 Department Chief.** The Department Chief shall review the Application and shall determine whether the Applicant has established and met all the necessary qualifications for the category of membership and Clinical Privileges requested. The Department Chair shall examine the character, professional competence, qualifications, and ethical standing of the Applicant and shall be authorized to make further inquiries at his/her discretion. The Department Chief shall then make a written report of his/her review of the Application for presentation to the Medical Staff Executive Committee. The Department Chief shall make specific written recommendations concerning the delineation of Clinical Privileges to the Medical Staff Executive Committee.

**Section 5.8 Medical Staff Executive Committee Actions.**

(a) At the next regular meeting of the Medical Staff Executive Committee following receipt of the Application and the report and recommendations of the Department Chief, the Medical Staff Executive Committee shall review the Application and the written report and recommendations by the Department Chief and shall determine whether additional information is needed to make an informed recommendation regarding the Applicant to the Board. If the Medical Staff Executive Committee determines further information is necessary, the Application is deemed incomplete until Applicant provides such information to the satisfaction of the Medical Staff Executive Committee. Applicant shall have ninety (90) days to provide such information. Failure to provide requested information in this time period shall result in the withdrawal of the Application and shall not trigger the hearing and appellate rights provided in these Bylaws.

(b) Once the Medical Staff Executive Committee deems the Application complete, the Medical Staff Executive Committee shall review the Application make a recommendation to the Board.

(c) All recommendations by the Medical Staff Executive Committee to grant Medical Staff membership shall also delineate the scope of Clinical Privileges to be granted, including any qualifying probationary conditions relating to Clinical Privileges.

**Section 5.9 Recommendations.**
(a) When a favorable recommendation is made by the Medical Staff Executive Committee, the President shall promptly forward the Application with all supporting documentation to the Board.

(b) When the recommendation of the Medical Staff Executive Committee is adverse to the Applicant either in respect to membership or Clinical Privileges, the President shall notify the Applicant within seven (7) days, by certified mail, return receipt requested. No such adverse recommendation shall be forwarded to the Board for action until after the Applicant has waived, or has been deemed to have waived, his/her right to a hearing and appeal as provided in these Bylaws.

**Section 5.10** Board Action. At its next regular meeting after receipt of a favorable recommendation of an Applicant, the Board shall act on the matter. If the Board's decision is adverse to the Applicant in respect to either membership or Clinical Privileges, the President shall notify the Applicant within seven (7) days of such adverse decision by certified mail, return receipt requested; and such decision shall be held in abeyance until the Applicant has waived, or has been deemed to have waived, his/her rights under these Bylaws.

**Section 5.11** Joint Conference Committee Involvement. When the Board's decision is contrary to the recommendations of the Medical Staff Executive Committee, the Board shall submit the matter to the Joint Conference Committee, which shall meet with Members as appointed by the Medical Staff Executive Committee, for further review of the Application. The Board shall consider such recommendations of the Joint Conference Committee before making its final decision.

**Section 5.12** Final Action. At its next regular meeting after all of the Applicant's rights under Article X of these Bylaws have been exhausted or waived, the Board shall act on the matter. The Board's decision with respect to membership and Clinical Privileges shall be the Final Action of the Board. The Board shall send a notice of such Final Action through the President to the Chairman of the Medical Staff Executive Committee and to the Applicant. The Board's decision constitutes a Final Action.

**ARTICLE VI**

**CLINICAL PRIVILEGES OF THE MEDICAL STAFF**

**Section 6.1** Exercise Of Privileges. Except as otherwise provided in these Bylaws, a Member shall be entitled to exercise only those Clinical Privileges specifically granted by the Board. The said Clinical Privileges must be hospital specific, within the scope of the Member's license and consistent with any restrictions thereon, and shall be subject to the Rules and Regulations of the Medical Staff, Medical Staff Executive Committee and the Board.

**Section 6.2** Delineation Of Privileges.

(a) Requests. The application for appointment and reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the Applicant. A request by a Member for modification of Clinical Privileges may be made at any time, but documentation of training and/or experience must support the request.
(b) Basis For Privileges Determination. Requests for Clinical Privileges shall be evaluated on demonstration of the Applicant's or Member's: (i) education, (ii) training, (iii) experience, (iv) demonstrated professional competence and judgment, (v) clinical performance, (vi) medical/clinical knowledge, (vii) technical and clinical skills, (viii) clinical judgment, (ix) interpersonal skills, (x) communication skills (xi) professionalism (xii) and the documented results of patient care and other quality review and monitoring which the Medical Staff deems appropriate. Clinical Privilege recommendations may also be based on pertinent information concerning clinical performance obtained from other Health Care Entities. The request for Clinical Privileges shall also be evaluated on the Applicant's or Member's maintenance of office(s) and a residence that, in the opinion of the Medical Staff Executive Committee, are located close enough to the Hospital to provide continuity of quality care based on the type of Clinical Privileges requested.

(c) Core Privileges. Clinical Privileges are available in various medical and surgical areas and specialties. The Medical Staff continues to move toward core privileging wherein the eligible practitioners seek authority to provide services in a particular practice area. Members of the Medical Staff and other eligible Independent Practitioners may seek Clinical Privileges. A physician seeking Clinical Privileges must demonstrate that he meets the criteria of the core area. High risk or technically complex conditions and procedures in a particular specialty may need evidence of additional training, experience and current competence. In addition, the Member or Eligible Independent Practitioner must demonstrate current certification by American Board of Medical Specialties or American Osteopathic Board or become certified within three years once board eligible. Any privileged practitioner is authorized in an emergency to do everything necessary to save the life of any patient who is in immediate danger when any delay in administering treatment would increase the damage of acute worsening of the patient’s condition, or likelihood of his/her death.

Section 6.3 Temporary Privileges.

(a) Temporary privileges will be granted in these situations only, such a situation is one in which patient care need exists and no other physician of similar specialty is available to provide the services being requested by the applicant physician or when a new applicant with a complete application that raises no concerns is awaiting review and approval of the medical staff executive committee and the Board of Managers.

(b) Temporary privileges may be granted following a process of review and consultation with the Chief of the applicable Department, Chief of Staff of the general Medical Staff and approval of the Chief Executive Officer or his designee, approval requires a unanimous satisfactory review. These privileges must be confirmed by the Medical Executive Committee at their next regularly scheduled meeting.

Temporary privileges are granted for a period not to exceed 120 days purely as a matter of grace and confer upon the recipient no membership on the Medical Staff or appointment as an Allied Health Care Professional and give rise to no rights whatsoever under these bylaws. Temporary privileges may be suspended, modified or revoked at any time by the Chief Executive Officer and Chief of Medical Staff of the hospital with the
concurrence of the Medical Executive Committee without giving rise to the right of a hearing and appeal under these bylaws.

Upon suspension or termination of temporary privileges either by the Chief Executive Officer or by Chief of Staff, the Chief of Staff shall assign a member of the Medical Staff to assess the condition of any patients then in the hospital under the care of the practitioner whose privileges have been suspended or terminated, and the Chief of Staff shall be empowered to provide alternate medical care to such patients and/or to discharge such patients from the hospital.

(c) Consideration for request of temporary privileges requires receipt and verification of the following documentation:

(i) Current licensure
(ii) Current government issued identification
(iii) Relevant training or experience
(iv) Current competence
(v) Ability to perform the privileges requested
(vi) Other criteria required by the organized medical staff bylaws
(vii) A query and evaluation of the NPDB information
(viii) A complete application
(ix) No current or previously successful challenge to licensure or registration
(x) No subjection to involuntary termination of medical staff membership at another organization
(xi) No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges

(d) If the physician granted temporary privileges does not intend to apply for Medical Staff membership, the Physician and the Chief Executive Officer shall agree as to the appropriate term of the temporary privileges not to exceed 120 days, at the time the recommendation for the temporary privileges is made and the Medical Staff shall be informed of the terms of such agreement at the next regularly scheduled Medical Staff meeting.

Section 6.4 Expedited Process for Granting Privileges

(a) The organized medical staff develops criteria for an expedited process for granting privileges.

(b) The criteria provide that an applicant for privileges is ineligible for the expedited process if any of the following has occurred:
   (i) The applicant submits an incomplete application.
   (ii) The Medical Staff Executive Committee makes a final recommendation that is adverse or has limitations.

(c) The following situations are evaluated on a case-by-case basis and usually result in ineligibility for the expedited process.
(i) There is a current challenge or a previously successful challenge to licensure or registration.

(ii) The applicant has received an involuntary termination of medical staff membership at another hospital.

(iii) The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges.

(iv) The hospital determines that there has been either an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

(d) The organized medical staff uses the criteria developed for the expedited process when recommending privileges.

ARTICLE VII

ALLIED HEALTH PROFESSIONALS

Section 7.1 Allied Health Professional. The designation of Allied Health Professional is a privilege extended to competent licensed independent practitioners, including dentists, and psychologists. Allied Health Professionals are not Members of the Medical Staff and are not entitled to the hearing and appeal rights granted under these Bylaws.

Section 7.2 Qualifications. Each AHP candidate ("Candidate") who seeks designation as an Allied Health Professional must at the time of appointment and continuously thereafter demonstrates that he/she holds a valid license issued by the appropriate licensing board in the State of Indiana.

Section 7.3 Ethics. The AHP shall be governed by the Code of Ethics as adopted by his/her respective profession.

Section 7.4 Basic Responsibilities Of Allied Health Professionals. The basic responsibilities of all AHPs shall include:

(a) providing patients with quality care;

(b) meeting the professional standards established by the Medical Staff;

(c) abiding by the Bylaws and Rules and Regulations of the Medical Staff;

(d) discharging in a responsible and cooperative manner such reasonable responsibilities and assignments as imposed upon the Allied Health Professional by the Medical Staff Executive Committee;

(e) preparing and completing, in a timely fashion, medical records for all patients to whom the Allied Health Professional provides care in the Hospital;

(f) working cooperatively with Members, other Allied Health Professionals, nurses, Administration, and others so as not to adversely affect patient care; and
(g) discharging such other obligations as may be established from time to time by the Board.

ARTICLE VIII

PHYSICIAN EXTENDERS AND AHP EXTENDERS

Section 8.1 Privileges. Privileges for Physician Extenders and Allied Health Extenders ("Extender Privileges") shall be granted by the President in consultation with the Chief of Staff.

Section 8.2 Application. Physician Extenders and Allied Health Professional Extenders shall apply for Extender Privileges on an application form provided by the Hospital. Such application form shall require submission of information concerning the applicant's education, training, experience, character, physical and mental health, and ethics, and shall require the applicant to delineate the specific Extender Privileges being requested.

The application form shall also require submission of information regarding supervision of the Physician Extender and Allied Health Extender by the supervising Physician or Allied Health Professional. The application shall contain a statement to be signed by the supervising Physician or Allied Health Professional certifying that he or she shall at all times be responsible for the acts and/or omissions of the Physician and Allied Health Extender while the Physician Extender and Allied Health Extender is within the Hospital, and that the supervision Physician or Allied Health Professional shall at all times undertake supervision of the Physician Extender and Allied Health Extender while the Physician Extender and Allied Health Extender is providing services in the Hospital. The supervision Physician or Allied Health Professional shall also be required to submit proof that the Physician Extender and Allied Health Extender is covered by the professional liability insurance of the supervising Physician or Allied Health Professional.

Section 8.3 Delineation of Privileges. The Medical Staff shall establish a delineation of Extender Privileges for licensed independent practitioners (by license) and advanced licensed providers and such other Physician Extender and Allied Health Extenders as it sees fit. The Medical Staff Executive Committee shall review each application for Extender Privileges and shall make a recommendation to the Chief of Staff and the President.

Prior to the provision of care, treatment or services, the qualifications and competence of a non-employed individual, brought into the hospital by a licensed independent practitioner to provide care, treatment or services within the scope of the hospital’s services are assessed by the hospital and determined to be commensurate with the qualifications and competence required if the individual were to be employed by the hospital to perform the same and similar services. Staff supervises students when they provide patient care, treatment, and services as part of their training.

Section 8.4 Functions. All specific functions and tasks delegated to a Physician Extender and Allied Health Extender shall be based upon the individual's training, experience, and competence. All procedures and tasks performed by a Physician Extender and Allied Health Extender shall be done under the direction of the supervising Physician or Allied Health Professional who shall be responsible for the care of the patient. The scope and extent of the
procedures and tasks performed by a Physician and Allied Health Extender shall be limited to delegate by the supervising Physician or Allied Health Professional within the scope of his or her Clinical Privileges. The supervising Physician or Allied Health Professional shall assume responsibility for validity of observations and for the proper performance of the procedures or tasks.

Section 8.5 Orders. Mid-Level Professionals shall be permitted to write patient orders only with the permission and under the direction of the Sponsor.

Section 8.6 Suspension of Extender Privileges. Physician Extenders and Allied Health Extenders privileges may be summarily suspended upon the agreement of two of the following persons: the Chief of Staff, the Department Chief, and the President. Physician Extenders and Allied Health Extender's are not entitled to hearing or appeal rights under these Bylaws if his or her Extender Privileges are suspended or denied. The Physician Extender and Allied Health Extender and his or her supervising Physician or Allied Health Professional may request an informal review of such suspension or denial before the Medical Staff Executive Committee. The suspension or denial of Extender Privileges shall be considered final unless an informal review is requested. Thereafter, the action taken by the Medical Staff Executive Committee shall be considered to be final.

ARTICLE IX

ACTIONS AFFECTING MEMBERSHIP OR PRIVILEGES

Section 9.1 Inquiry. Whenever the competence, behavior or conduct of a Member is questioned, the Chief of Staff may initiate an Inquiry in order to determine whether further action or an Investigation may be warranted.

(a) Any concerns raised by anyone may lead to either an Inquiry or Investigation.

(b) The discretion to undertake an Inquiry or Investigation shall be left to the President in consultation with the Chief of Staff.

Section 9.2 Investigations.

(a) If the President initiates an Investigation, he/she must define the concerns in writing to the Ad Hoc Investigation Committee, which is appointed by the Chief of Staff.

(b) The Ad Hoc Investigation Committee shall consist of three (3) members of the Medical Staff.

(c) The Ad Hoc Investigation Committee shall investigate the competence, behavior or conduct and make a recommendation to the Medical Staff Executive Committee for further handling.

(d) The Medical Staff Executive Committee at its next meeting shall recommend the action to be taken and if the recommendation is adverse to the Member, the Member shall be entitled to hearing and appeal rights under Article X of these Bylaws.
(e) The initiation of an Investigation shall not prevent any authorized committee or individual from imposing a summary suspension under Section 9.3.

**Section 9.3 Identification, Referral and Management Process for Impaired Physician, Podiatrist or Allied Health Professional:**

(a) Definition: Any member of the Medical Staff or Allied Health Professional Staff who is unable to practice medicine or podiatry with reasonable skill and safety to patients because of physical or mental illness or alcoholism or drug dependency is considered to be impaired. Any member of the Medical Staff or Allied Health Professional Staff is hereafter collectively referred to as a “medical professional”.

(b) Purpose: To provide a process for assistance and rehabilitation to aid any medical professional in retaining or regaining optimal professional functioning, consistent with protection of patients.

(c) Education for identification of Impaired Physician, Podiatrist or Allied Health Professional will be provided to hospital and medical staff on an annual basis.

(d) Report and Investigation: If any individual working in the hospital, any member of the Medical Staff or Allied Health Professional Staff has a reasonable suspicion that a medical professional is impaired, the following steps should be taken:

   (i) The individual who suspects the medical professional of being impaired must give an oral, or preferably, written report to the Administrator or the Chief of the Medical Staff. The report must be factual and shall include a description of the incident(s) that led to the belief that the individual might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions. The referral source will be kept confidential. Any report to the Administrator will be referred to the Chief of the Medical Staff and/or the Medical Executive Committee.

   (ii) If, after discussing the incident(s) with the individual who filed the report, the Administrator or the Chief of the Medical Staff believes there is enough information to warrant an investigation, an investigation will be conducted by the Medical Staff Aid Committee and a report of its findings presented to the Chief of the Medical Staff, to the Medical Executive Committee and the Administrator. Said investigation shall include an opportunity given to the medical professional to meet informally with the Medical Staff Aid Committee or their designated representatives.

   (iii) If the investigation produces sufficient evidence that the medical professional may be impaired, a representative of the Medical Staff Aid Committee, the Chief of the Medical Staff or both shall meet personally with that medical professional. The medical professional shall be told that the results of an investigation give reasonable cause to believe that the medical professional suffers from an impairment that affects his practice. The medical professional should not be told who filed the report, and does not need to be told the specific incidents contained in the report.
(iv) Depending upon the severity of the problem and the nature of the impairment, the Chief of the Medical Staff or the Medical Staff Aid Committee may recommend any of the following actions:

a. Determine that no action is necessary or issue a reprimand where no action or follow-up is required;
b. Require the medical professional to undertake a rehabilitation program as a condition of continued appointment and clinical privileges;
c. Impose appropriate restrictions on the medical professional’s practice, or;
d. Immediately suspend the medical professional’s privileges in the hospital until rehabilitation has been accomplished, if the medical professional does not agree to discontinue practice voluntarily.

(v) The Medical Executive Committee shall promptly act upon the recommendation of the Medical Staff Aid Committee and recommend any action it deems appropriate and consistent within these rules and regulations. Such recommendation shall be pursuant to Article IX – Actions Affecting Membership or Privileges of the Medical Staff Bylaws and shall give any member of the Medical Staff or Allied Health Professional due process rights under Fair Hearing and Appellate Review Procedures of the bylaws if the recommendation is for reduction or revocation of clinical privileges or staff privileges.

(vi) The medical staff shall seek the advice of hospital counsel if it is felt that the conduct must be reported to law enforcement authorities or other government agencies, and what further steps must be taken.

(vii) The original report and a description of the actions taken by the Medical Staff Aid Committee or Chief of the Medical Staff shall be retained in a locked file in Administration and a copy shall be provided to the Administrator. If the investigation reveals that there is no merit to the report, the report shall be destroyed. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be retained in a locked file in Administration. The medical professional’s activities and practice shall be monitored until it can be established whether there is an impairment problem.

(viii) The Administrator or Chief of the Medical Staff shall inform the individual who filed the report that the issue was addressed and appropriate follow-up taken.

(ix) This process shall be kept confidential and all persons involved in the report, investigation, or any action taken with respect thereto shall avoid speculation,
conclusions, gossip, and any discussions of this matter with anyone outside those described in these rules and regulations.

(e) Self Referral

Any medical professional may seek assistance by referring oneself to the Administrator, Chief of the Medical Staff or department chairman. A meeting of the Medical Staff Aid Committee will be held. Based on the findings, a structure for monitoring will be established or the individual referred to an appropriate program.

(f) Rehabilitation

The medical professional will be referred to the Indiana State Medical Association. Any similar program may be used for an Allied Health Professional.

(g) Reinstatement

Upon sufficient proof that a medical professional who has been found to be suffering impairment has successfully completed a rehabilitation program, the Medical Staff Aid Committee will consider reinstatement, whether any suspension of privileges should be vacated or whether to impose or continue any probation or supervision. Any medical professional who has voluntarily self-referred should be given favorable consideration provided there is no continued threat of harm to any patients or to the hospital.

Section 9.4 Initiation of Summary Suspension or Termination. Whenever there are reasonable grounds to believe that the competence, behavior or conduct of a Member poses a threat to the life, health or safety of any patient, employee, or other person present at the Hospital and that the failure to take prompt action may result in imminent danger to the life, health or safety of any such person, the President, the Chief of Staff, the Medical Staff Executive Committee and the Board shall each have the authority to summarily terminate the appointment of such Member to the Medical Staff and/or to summarily suspend or restrict all or any portion of his/her Clinical Privileges.

Section 9.5 Automatic Termination. An appointment to the Medical Staff, as well as all Clinical Privileges, shall be automatically terminated upon the occurrence of any of the following events:

(a) If a Member loses his/her license to practice medicine, or a restriction or condition of any sort shall be placed upon such license; provided, however, that the placement of a Member on probation by the medical licensing board and the imposition of only those standard conditions uniformly applied by the medical licensing board when placing a practitioner on probation shall not be the basis for automatic termination, unless the applied conditions or restrictions in some way restrict the Member's ability to treat patients. However, the imposition
by the medical licensing board of any restriction or condition shall give rise to an Investigation pursuant to Section 9.2.

(b) If a Member fails to report to the President of the Hospital any probation or other restriction imposed on his/her license by any licensing board within ten (10) days of the imposition of such restriction.

(c) If a Member has his/her right to prescribe or administer any controlled substance revoked, suspended or limited in any manner.

(d) If a Member has been requested to appear at a meeting of any committee of the Medical Staff or Hospital to discuss concerns related to competence, behavior or conduct and fails to appear.

(e) If a Member, after warning, fails to complete medical records in the period set forth in the Rules and Regulations.

(f) A Member fails to maintain status as a Qualified Health Care Provider under the Indiana Medical Malpractice Act.

(g) If a Member subject to geographic proximity requirements set forth by the Medical Staff Executive Committee, no longer meets such requirements.

(h) If a Member is subject to board certification requirements, the revocation of Board certification of such Member for a reason other than meeting examination requirements.

Section 9.6  Exclusive Contract. Members with an exclusive contract with the Hospital shall not be entitled to the hearing and appeal rights provided for in these Bylaws.

Section 9.7  Employed Physicians. Any Physician employed by the Hospital to provide patient care services shall not be entitled to the hearing and appeal rights provided for in these Bylaws.

ARTICLE X

FAIR HEARING AND APPELLATE REVIEW PROCEDURES

Section 10.1  Right to Hearing. Unless waived, or an exception is provided for in these Bylaws, an Applicant or Member of the Medical Staff (collectively the "Affected Practitioner") shall be entitled to a hearing if any Professional Review Body proposes or recommends any of the following Adverse Actions be taken with respect to him/her or takes any of the following Adverse Actions, without a prior Adverse Recommendation of any Professional Review Body:

(a) Denial of a Completed Application for initial appointment or reappointment to the Medical Staff;
(b) Denial of a requested advancement or a reduction in Medical Staff category;

(c) Denial of requested Clinical Privileges or a requested change in Clinical Privileges;

(d) Reduction in, restriction of, or failure to renew Clinical Privileges; and

(e) Revocation or suspension (summary or otherwise) of Clinical Privileges.

Section 10.2 Counting of Days. In any instance in which the counting of days is required in these Bylaws, the date of the event shall not count, but the day upon which the notice is given shall count. In any case where the date on which some action is to be taken, if the notice given or period expired occurs on a holiday, a Saturday or a Sunday, such action shall be taken, or such notice given or such period extend to the next succeeding Monday, Tuesday, Wednesday, Thursday or Friday which is not a holiday. For the purposes of this Article X, the term "holiday" shall mean such days as are commonly recognized as holidays by the City of Kokomo, Indiana.

Section 10.3 Actions Not Giving Rise to Hearing Right. A Professional Review Body shall not be deemed to have made an Adverse Recommendation or to have taken an Adverse Action, and the hearing and appeal rights under this Article X shall not be triggered in any of the following circumstances:

(a) An Inquiry is conducted;

(b) The conduct of an ad hoc Investigation into any matter;

(c) The restriction or suspension of a Affected Practitioner's Clinical Privileges for a period of not longer than fourteen (14) days while an Investigation is pending;

(d) The formulation and presentation of any preliminary report of any Ad Hoc Investigation Committee to the President or to the Medical Staff Executive Committee.

(e) The making of a request or issuance of a directive to an Affected Practitioner appear at an interview or conference before an Ad Hoc Investigation Committee, the President of the Hospital, the Board or any other Professional Review Body in connection with any Investigation prior to a proposed Adverse Recommendation or Adverse Action.

(f) The denial of or refusal to accept an Application for initial appointment or reappointment to the Medical Staff where the Application is incomplete or where the Application is not acceptable under the requirements set forth in these Bylaws or the Affected Practitioner is requesting Clinical Privileges in a Department or subspecialty in which the number of Medical Staff Members has been limited.

(g) The denial or revocation of temporary privileges.

(h) Applicant fails to meet the following eligibility requirements:

(i) Current State licensure;
(ii) Board certification or Board Eligibility.

(i) Revocation or termination of appointment to the Medical Staff when such appointment was contingent upon the continuance of a contractual relationship with the Hospital;

(j) Automatic termination under Article IX of these Bylaws;

(k) The imposition of supervision or observation on an Affected Practitioner in which such supervision or observation does not restrict the Clinical Privileges of the Affected Practitioner or the delivery of professional services to patients;

(l) The issuance of a letter of warning, admonition or reprimand;

(m) Corrective counseling;

(n) A recommendation that the Affected Practitioner be directed to obtain retraining, additional training, or continuing education;

(o) The following changes in Medical Staff category: (i) Active Staff to Consulting Staff for failure to meet the patient care requirements set forth in these Bylaws; (ii) a change from Active Staff to Consulting Staff for failure to meet the meeting attendance requirements set forth in these Bylaws; or (iii) any other change in membership category resulting from the failure of an Affected Practitioner to meet the minimum objective criteria for a specific category;

(p) Any recommendation or action not "adversely affecting" (as such term is defined in the Health Care Quality Improvement Act) any Affected Practitioner and any other action or recommendation not listed in these Bylaws.

Section 10.4 Time When Proposal for Recommendation of Adverse Action or Adverse Action is Deemed to Have Been Made. An Adverse Recommendation or an Action Adverse against an Affected Practitioner is deemed to have been made at the time that the President is notified that the Adverse Recommendation or the Adverse Action has been approved for issuance to the Board of Managers by the Credentials Committee, any Ad Hoc Investigation Committee, or any other Professional Review Body.

Section 10.5 Notification of Proposed Adverse Action. If any Adverse Recommendation or Adverse Action described in these Bylaws is proposed, the President shall be responsible for giving prompt written notice by certified mail, return receipt requested, of the proposed adverse recommendation or action to the Affected Practitioner. Such notice shall:

(a) state the Adverse Recommendation or Adverse Action which has been proposed against the Affected Practitioner;

(b) include a statement of the reasons for the proposal of Adverse recommendation or Adverse Action, except that in the case of a proposal for denial of an initial application for Staff appointment such notice shall be sufficient if it contains a statement of the areas in which the Applicant's qualifications were found deficient;
inform the Affected Practitioner of his or her right to request a hearing;

(d) inform the Affected Practitioner that if a hearing is desired it must be requested within thirty (30) days from receipt of such notice; and

(e) include a brief summary of the Affected Practitioner's rights under these Bylaws.

Section 10.6 Request for or Waiver of Hearing. Any Affected Practitioner, who is affected by a proposed Adverse Recommendation or Adverse Action described in herein may request a hearing before a Hearing Committee of the Medical Staff. The request for a hearing must be given in writing and either delivered personally or sent by certified mail, return receipt requested, to the President within thirty (30) days after the Affected Practitioner's written notice of the proposed Adverse recommendation or Adverse Action was given. The failure of any Affected Practitioner to request a hearing to which he/she is entitled shall be deemed a waiver of the right to such hearing and to any appellate review. A waiver of hearing rights as to an Adverse Recommendation also waives the hearing right for the Adverse Action recommended. In the case of waiver of hearing as to a proposed Adverse Recommendation by the Medical Staff Executive Committee, any Ad hoc Investigation Committee or any other Professional Review Body, the Board shall be notified that the proposed recommendation is a final recommendation, and the Board shall take Final Action. If the Board acts in accordance with the Adverse Recommendation, its decision shall be final. However, if the Board determines to act otherwise than in accordance with the Adverse Recommendation, the matter shall be submitted to the Joint Conference Committee for further study and recommendation prior to any final decision. The Joint Conference Committee shall deliver its report to the Board within thirty (30) days after the matter is referred, and the Board shall then render its final written decision. A copy of the final written decision of the Board shall be sent by the President to the Affected Practitioner.

Section 10.7 Notice of Hearing. If a Affected Practitioner requests a hearing within the thirty (30) day time period, the President shall appoint a Hearing Committee, shall select a hearing date, and shall give the Affected Practitioner written notice, by certified mail, return receipt requested, of the place, time, and date of the hearing, which date shall be not less than thirty (30) days after the date of such notice. The notice shall also:

(a) list the members of the Hearing Committee;

(b) list the witnesses (if any) expected to testify, a brief summary of their expected testimony and the exhibits (if any) expected to be introduced at the hearing in support of the Adverse Recommendation or Adverse Action;

(c) inform the Affected Practitioner that he/she has the right in the hearing to representation by an attorney or other person of his/her choice, and has the duty to advise the President within fourteen (14) days after the notice of hearing is given of the name and address of any such representative and whether such representative is an attorney;

(d) inform the Affected Practitioner that he/she will be required to provide a list of witnesses expected to testify, a brief summary of their expected testimony and exhibits expected to be introduced, and shall have the right to present a written response to the proposed Adverse
Recommendation or Adverse Action, briefly outlining the position of the Affected Practitioner, within fourteen (14) days after the notice of hearing is given; and

(e) inform the Affected Practitioner that he/she has the duty to advise the President within fourteen (14) days after the notice of hearing is given if he/she believes that any member of the Hearing Committee does not meet the criteria for appointment set forth in these Bylaws.

**Section 10.8 Membership of Hearing Committee.** The Hearing Committee shall be appointed by the President and shall consist of at least three (3) Active Staff Members who meet the criteria set forth in this Section 10.8. The Hearing Committee shall have no voting members (i) who actively participated in initiating or investigating the underlying matter at issue, (ii) who had responsibility for making the proposal giving rise to a hearing right under these Bylaws, or (iii) who are in direct economic competition with the Affected Practitioner for whom the hearing has been scheduled. If the Affected Practitioner for whom the hearing has been scheduled advises the President within the fourteen (14) day period that he/she believes a member of the Hearing Committee does not meet the criteria set forth above, the President shall determine the merit of such contention and if the contention is found to be correct shall appoint a substitute to serve on the Hearing Committee. Failure of an Affected Practitioner to so advise the President shall be deemed a waiver of any objection to the membership of the Hearing Committee. At least a majority of the members of the Hearing Committee shall be present at each meeting or hearing of the Hearing Committee. Each member of the Hearing Committee will affirm, either verbally or in writing, upon the commencement of the hearing, that he/she has read the Bylaws, that he/she has no reason to doubt his/her qualifications to serve on the Hearing Committee, that he/she will perform his/her responsibilities with impartiality, honesty, and diligence, and that he/she will make every effort to reach a result based upon the evidence which gives due regard to both fairness to the Affected Practitioner and to the welfare and safety of patients of the Hospital.

**Section 10.9 Conduct of Hearings.**

(a) Rights of Participants. The hearing before the Hearing Committee shall be held on the date set in the notice of hearing given pursuant to Section 10.7, unless continued to another date in the Hearing Committee's discretion for good cause and upon written notice to the participants stating both the new hearing date scheduled and the reason for rescheduling the hearing. Further continuances or recesses shall be governed by Section 10.9(n).

(b) Presence of Affected Practitioner. The personal presence of the Affected Practitioner for whom the hearing has been scheduled shall be required. If the Affected Practitioner who requested the hearing does not testify in his or her own behalf, he/she may be called and examined as if under cross examination. Any Affected Practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his/her right to a hearing, with the same effect as that set forth in Section 10.6.

(c) Representation. The Affected Practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by another Member in good standing, by an attorney, or by any other person of his/her choice. The Affected Practitioner shall advise the President at least fourteen (14) days prior to the hearing as to the name and address of his/her representative, and whether such representative is an attorney. The President may
appoint a Member to represent the position of the Professional Review Body that proposed the Adverse Recommendation or Adverse Action, to present the evidence and arguments in support of the proposed Adverse Recommendation or Adverse Action. If the Affected Practitioner who requested the hearing will be represented by an attorney at the hearing, the Professional Review Body that proposed the Adverse Recommendation or Adverse Action shall also be represented by an attorney at the hearing; otherwise the Professional Review Body shall not be represented by an attorney at the hearing. Provided, however, that irrespective of whether the parties are represented by an attorney at the hearing, any participant in the Hearing Procedure, including without limitation the Affected Practitioner requesting the hearing, the Professional Review Body, or the Hearing Committee, may consult with an attorney at any time when the hearing is not convened and in session. Provided further, that any party to the Hearing Procedure who is not a participant in the hearing, including without limitation the Appellate Review Committee (except when conducting a de novo hearing), the Medical Staff Executive Committee, or the Board, may consult with an attorney at any time in the course of proceedings of the Hearing Procedure.

(d) Response to Proposal for Adverse Recommendation or Adverse Action. Not less than fourteen (14) days after the notice of hearing, the Affected Practitioner shall give to the President, for distribution to the members of the Hearing Committee and the Hearing Representative of the Professional Review Body that proposed the Adverse Recommendation or Adverse Action, a written response to the proposed Adverse Recommendation or Adverse Action, briefly outlining the position of the Affected Practitioner and listing the witnesses (if any) expected to testify, a brief summary of their expected testimony and the exhibits (if any) expected to be introduced at the hearing in support of that position. Within ten (10) days after such witness and/or exhibit list is given, the Professional Review Body proposing an adverse recommendation or action shall have the right to amend its witness and/or exhibit list to add witnesses and/or exhibits necessary to respond to or rebut witnesses and/or exhibits listed by the Affected Practitioner.

(e) Hearing Officer. The President of the Hospital shall select a person with qualifications set forth below to act as Hearing Officer. The Hearing Officer shall act as presiding officer to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and written evidence. The Hearing Officer may be either a member of the Hearing Committee or another individual such as a Member, a physician of recognized standing who is not a Member, a member of the Board, an arbitrator, a retired judge, or an attorney, who (i) did not actively participate in initiating or investigating the underlying matter at issue, (ii) had no responsibility for proposing the Adverse Recommendation or Adverse Action giving rise to the right to a hearing, (iii) is not in direct economic competition with the Affected Practitioner for whom the hearing has been scheduled, and (iv) is not regularly employed or engaged by any of the parties to the hearing for duties other than acting as Hearing Officer. The Hearing Officer shall be entitled to determine the order of proceeding during the hearing, to promulgate rules and procedures not inconsistent with the Hearing Procedure, to exclude or remove any person who is disruptive to an orderly and professional hearing, and perform the other responsibilities assigned to the Hearing Officer under these Bylaws. The Hearing Officer may require that oral testimony be given upon an oath or affirmation administered by a notary public or other public official. Service by a member of the Hearing Committee as Hearing Officer shall not in any way prevent such
member from full participation in the deliberations and actions of the Hearing Committee. If the Hearing Officer is not a member of the Hearing Committee, then the Affected Practitioner may advise the President in writing within fourteen (14) days prior to the hearing that he/she does not believe the selected Hearing Officer satisfies the criteria under this Section 10.9(e); the Hearing Committee shall determine the merits of such contention, and if the contention is found to be correct shall direct the President to select another Hearing Officer.

(f) **Standard of Proof.** Whenever a hearing relates to a proposed denial of (i) appointment to the Medical Staff, (ii) requested clinical privileges or (iii) requested advancement in Medical Staff category, the Affected Practitioner shall have the burden of proving, by clear and convincing evidence; (i) that he/she meets the standards for appointment to the Medical Staff or for the granting of the Clinical Privileges or Medical Staff category requested; and (ii) that the Adverse Recommendation or Adverse Action proposed is arbitrary or capricious. In all other cases, the Professional Review Body that proposed the Adverse Recommendation or Adverse Action shall present supporting evidence, but the Affected Practitioner shall have the burden of proving, by a preponderance of the evidence, that the proposed Adverse Recommendation or Adverse Action either (i) lacks any substantial factual basis or (ii) is arbitrary or capricious.

(g) **Discovery.** The Hearing Procedure under this Article X is an internal process of the Medical Staff and no rights of discovery of evidence, information or materials are granted under these Bylaws. Any and all exchange of information required or allowed under this Article X, including, but not limited to, witness and exhibit lists, shall not be deemed to be acts of discovery and shall not be subject to the rules of discovery under the Indiana Rules of Trial Procedure.

(h) **Sequence of Presentation.** Whenever a hearing relates to a proposed denial of (i) appointment to the Medical Staff, (ii) requested clinical privileges or (iii) requested advancement in Medical Staff category, the Affected Practitioner shall present his/her evidence first. In all other cases the representative of the position of the Professional Review Body shall present his/her evidence first. After the first party to present evidence has completed, the other party shall present his/her evidence. The initial party shall then have the opportunity to rebut the evidence presented by the opposing party. The Hearing Committee may in its discretion request or allow opening statements, which if made will be presented by the parties in the same sequence as provided for presentation of evidence.

(i) **Evidence.** Subject to other provisions contained herein, at the hearing each of the participants shall have the right:

(i) To testify on his/her own behalf;

(ii) To call, examine, and cross-examine witnesses. If any Member of the Medical Staff who is called as a witness does not voluntarily agree to appear at such hearing, the Hearing Officer shall determine whether the anticipated testimony of the Member would be relevant to the issues in the proceeding, whether it would be privileged, and whether it would be unnecessarily cumulative so as not to be of assistance in determination of the issues before the Hearing Committee. If the Hearing Officer determines, under these standards, that the Member should be requested to appear, the Hearing Officer shall issue a Directive to Appear to the
proposed witness, directing the witness to appear, the time and place for which the witness's appearance is directed, and that the Directive to Appear is made pursuant to this Section 10.9(i) of the Bylaws. The Directive to Appear shall be signed and dated by the Hearing Officer. The Hearing Officer may excuse the proposed witness from attending at the time requested on application for good cause shown. The Member to whom the Directive to Appear is issued may urge that the Hearing Officer should determine that the evidence would not be relevant, would be privileged, or would be unnecessarily cumulative, or may urge that the time requested is unnecessarily burdensome to the witness and that a new time for the appearance of the witness should be set by the Hearing Officer; and

(iii) To introduce exhibits.

(j) Admissibility of Evidence. The Affected Practitioner shall be permitted to present evidence determined to be relevant by the Hearing Officer, regardless of its admissibility in a court of law. The Hearing Officer shall permit admission of any evidence, which possesses probative value commonly accepted by reasonably prudent persons in the conduct of their affairs. The Hearing Officer shall have broad discretion in determining whether evidence proposed to be introduced is merely cumulative in nature and does not possess probative value in addition to evidence already admitted, and shall exclude any such cumulative evidence. The Hearing Officer shall also recognize as privileged, to the same extent recognized in judicial proceedings, communications made or documents prepared in anticipation of the hearing provided for in this Hearing Procedure. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

(k) Documentary Evidence. Documentary evidence may be received in the form of originals or copies. Excerpts of documents may also be received, in the discretion of the Hearing Officer. Upon request, parties shall be given an opportunity to compare a copy with the original. Each party shall be responsible for properly identifying any exhibits sought to be introduced into evidence. If authenticity is challenged by the opposing party, such party shall also be responsible for proving authenticity of the exhibit. The identification or authenticity of any exhibit shall be a matter for determination by the Hearing Officer.

(l) Official Notice. The Hearing Committee may, in the course of the proceedings, indicate that the Hearing Committee will take official notice of any matters as to which the Hearing Committee believes there can be no reasonable dispute. Official notice may also be taken of generally recognized technical or scientific facts within the Hearing Committee members' specialized knowledge. Upon challenge of the propriety of taking such official notice, the Hearing Committee shall set forth in writing and provide the participants to the hearing a brief statement of the basis for such official notice of technical or scientific facts. Any party to the hearing is entitled upon a request made within a reasonable time thereafter to be heard as to the propriety of taking official notice.

(m) Written Argument. The participants shall, at or prior to the close of the hearing, be entitled to submit a written statement concerning any issue, procedure, or alleged fact and such written statements shall become a part of the hearing record. The Hearing Committee may
request written argument on any of the issues placed before the Hearing Committee by the participants to the Hearing Procedure under this Article X. The Hearing Officer shall issue the request for such written argument at the direction of a majority of the members of the Hearing Committee. The Hearing Officer may place restrictions on the form and length of the written argument presented, after consultation with the Hearing Committee.

(n) **Recess and Reconvention of Hearing; Deliberations.** The Hearing Committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of allowing the participants to obtain new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be concluded and the record shall be closed. The Hearing Committee shall then conduct its deliberations outside the presence of the Affected Practitioner for whom the hearing was held. New or additional matters or evidence not raised or presented during the hearing shall be introduced during the appellate review process only under unusual and compelling circumstances, and upon a satisfactory showing of the reason such evidence was not previously presented.

(o) **Agreed Disposition of Proceedings.** At any time in the course of the proceedings, the parties may agree that the Affected Practitioner shall irrevocably withdraw the request for hearing and that the Professional Review Body shall make an Adverse Recommendation or take an Adverse Action, or withdraw the proposal for Adverse Recommendation or Adverse Action, as agreed by the parties. The parties may agree pursuant to this Section 10.9(o) to any Adverse Recommendation or Adverse Action, and are not restricted to the Adverse Recommendation or Adverse Action originally proposed by the Professional Review Body. Any agreement for Adverse Recommendation or Adverse Action shall be signed by the members of the Professional Review Body and the written consent of the Affected Practitioner shall be subscribed thereon.

(p) **Record of Hearing.** A record of the hearing shall be kept with sufficient accuracy to permit the making of an informed and valid judgment by anybody that may be later called upon to review the record and render a recommendation or decision in the matter. The method of preserving the record may be by detailed transcription, minutes of the proceedings, electronic recording unit, or court reporter. The record of the hearing, including the notice, response, all exhibits, tape recordings, findings, and other documents and recordings required to be made a part of the record, shall be kept in a place designated by the President and shall be made accessible to the participants to the hearing and the Hearing Committee upon request; provided, however, that the record shall not be permitted to be removed from the designated place without the written permission of the President, and provided further that the President may designate that an employee of the Hospital shall be present at all times where any participant to the proceeding is given access to the record. Any participant to the Hearing Procedure shall be entitled to a copy of the record upon request and payment of the reasonable expenses incurred in the preparation thereof.

**Section 10.10** **Recommendation and Report of Hearing Committee.** Within twenty (20) days following the conclusion of the hearing, the Hearing Committee shall submit a written report to the Board and shall send a copy of such report to each party to the hearing and to the Medical Staff Executive Committee. Such report shall contain a statement detailing the
findings, conclusions, and recommendations, including the basis for such recommendations, of the Hearing Committee. The Hearing Committee shall recommend in accordance with the proposed recommendation of the Professional Review Body unless the Affected Practitioner who requested the hearing has satisfied the applicable burden of proof. The Hearing Committee's report shall become a part of the hearing record. Such findings, conclusions and recommendations shall be based exclusively on the evidence and the matters officially noticed by the Hearing Committee. Within seven (7) days after receipt of the written report of the Hearing Committee, any party to the hearing may submit a written statement outlining the findings, conclusions and recommendations of the Hearing Committee with which he or she disagrees and any procedural matters to which he or she objects. Written statements in reply may be submitted by the other parties to the hearing within three (3) days thereafter. All written statements shall be submitted to the President with copies to each other party to the hearing. The written statements shall become part of the hearing record and the President shall distribute copies of the written statements to the Board, the Medical Staff Executive Committee, and the Hearing Committee.

**Section 10.11 Appellate Review.**

(a) **Request for Appellate Review.** Any party to an original hearing may request an appellate review of the recommendations of the Hearing Committee by an Appellate Review Committee of the Board. Requests for an appellate review must be made in writing and either delivered personally or sent by certified mail, return receipt requested, to the President within ten (10) days after such party's receipt of the written report of the Hearing Committee. The failure of any party to request an appellate review, in a timely manner, shall constitute a waiver of the right to appellate review.

(b) **Composition of Appellate Review Committee.** The Appellate Review Committee shall be appointed by the Chairman of the Board within fifteen (15) days following receipt of the request for appellate review and shall consist of not less than seven (7) members of the Board, none of whom shall have been participants in the hearing before the Hearing Committee or members of the Hearing Committee. The Appellate Review Committee shall have no members (i) who actively participated in initiating or investigating the underlying matter at issue, (ii) who had responsibility for making the proposal giving rise to a hearing right, or (iii) who are in direct competition with the Affected Practitioner for whom the hearing was conducted. A majority of the members of the Appellate Review Committee shall be present in person at each meeting or hearing of the Appellate Review Committee. Each member of the Appellate Review Committee will affirm, either verbally or in writing, upon the commencement of the appellate review proceeding, that he/she has read this Hearing Procedure, that he/she has no reason to doubt his/her qualifications to serve on the Appellate Review Committee, that he/she will perform his/her responsibilities under these Bylaws and will make every effort to reach a result based upon the evidence which gives due regard to both fairness to the Affected Practitioner and to the welfare and safety of patients of the Hospital. A majority of the members of the Appellate Review Committee who are present at any meeting shall have the power to take any action or make any decision, except as otherwise provided in these Bylaws, for findings, conclusions, recommendations, and the report of the Appellate Review Committee. The Appellate Review Committee shall review the hearing record, the findings, conclusions and recommendations of the Hearing Committee, the written statements submitted pursuant to
Section 10.9(m), and any written comments submitted by the Medical Staff Executive Committee on the report of the Hearing Committee, but shall not conduct a hearing de novo unless instructed to do so by the Board. The Appellate Review Committee may consult with members of the Hearing Committee or the Medical Staff Executive Committee on any matter or issue raised before the Hearing Committee. The Board, on the recommendation of the Appellate Review Committee, and for reasons stated by the Board, may direct the Appellate Review Committee to conduct a hearing de novo in accordance with the provisions of Section 10.9 this Hearing Procedure. Such a direction for a de novo hearing may be made if the Board in good faith believes that a de novo hearing is warranted to promote the ends of a fair truth-finding process under all the circumstances of the case, and the Board shall have broad discretion in making this determination.

(c) Review of Hearing Officer's Determinations In Admitting or Excluding Evidence. The Appellate Review Committee shall consider all objections to the Hearing Officer's decisions admitting or excluding evidence. However, the Hearing Officer's decisions on the admission or exclusion of any evidence shall be presumed correct and shall be reviewed only for a clear abuse of discretion. If the Appellate Review Committee finds such a clear abuse of discretion, it shall state in its report under Section 10.11(e) its reasons for such finding.

(d) Report of Appellate Review Committee. The Appellate Review Committee may at any time in the course of its deliberations recommend in a report to the Board that the Board direct the Appellate Review Committee to conduct a hearing de novo, for reasons specified in such report. Within thirty (30) days following receipt of the request for appellate review, the Appellate Review Committee shall complete its deliberations and unless a de novo hearing has been ordered or a recommendation for de novo hearing has not yet been acted upon by the Board, submit a written report recommending that the Board accept, reject, or accept with modifications the recommendations of the Hearing Committee, and the basis of the recommendation. Agreement by a majority of all the members of the Appellate Review Committee shall be required for the issuance by the Appellate Review Committee of any finding, conclusion, recommendation, or report under this Section 10.11(d) or Section 10.11(e), including without limitation a recommendation for a de novo hearing. In the event of a de novo hearing, the Appellate Review Committee shall be governed by the applicable procedural provisions of this Hearing Procedure that would govern the Hearing Committee.

(e) Times Altered Upon Hearing De Novo. If the Appellate Review Committee has been instructed by the Board to conduct a hearing de novo, the hearing shall be commenced within thirty (30) days following the Board's instruction to conduct such hearing, and the written report of the Appellate Review Committee shall be delivered to the Board within twenty (20) days following the conclusion of the hearing. Upon a de novo hearing the Appellate Review Committee may in its report accept, reject, or accept with modifications the findings, conclusions, and recommendations of the Hearing Committee. As to any portions of the findings, conclusions, or recommendations of the Hearing Committee rejected by the Appellate Review Committee, the Appellate Review Committee shall in its report make its own findings, conclusions and/or recommendations.

(f) Delivery of Report of Appellate Review Committee To Parties and Executive Committee. A copy of any report or recommendation of the Appellate Review Committee shall
be provided to each party to the original hearing, to the members of the Hearing Committee, and to the Medical Staff Executive Committee.

**Section 10.12 Board of Directors.**

(a) **Action by Board of Directors - No Appellate Review.** If no party to the original hearing requests an appellate review of the recommendations of the Hearing Committee, the Board shall vote to accept, reject, or accept with modifications the recommendations of the Hearing Committee within sixty (60) days following receipt of the written report of the Hearing Committee. Prior to rendering its final decision, the Board shall consider any written comments submitted by the Medical Staff Executive Committee on the report of the Hearing Committee. If the Board determines to act otherwise than in accordance with the recommendations of the Hearing Committee, the matter shall be submitted to the Joint Conference Committee for further study and recommendation prior to any final decision. The Joint Conference Committee shall deliver its report to the Board within thirty (30) days after the matter is referred, and the Board shall then render its final decision.

(b) **Action by Board of Directors Following Appellate Review.** If any party to the original hearing requests an appellate review, the Board shall vote to accept, reject, or accept with modifications the recommendations of the Hearing Committee within sixty (60) days following receipt of the written report of the Appellate Review Committee. In the event that either: (a) the recommendations of the Appellate Review Committee are contrary to the recommendations of the Hearing Committee, or (b) the Board determines to act otherwise than in accordance with the recommendations of the Appellate Review Committee, then the Board shall refer the matter to the Joint Conference Committee for further study and recommendation prior to rendering any final decision. The Joint Conference Committee shall deliver its report to the Board within thirty (30) days after the matter is referred, and the Board shall then render its final decision.

(c) **Report of Board of Directors.** The written decision of the Board of Directors, including the basis for its decision, shall be sent by the President of the Hospital to all parties to the original hearing, to the members of the Hearing Committee, and if there has been appellate review, then to the members of the Appellate Review Committee. The decision of the Board of Directors shall be final and unreviewable.

**ARTICLE XI**

**MISCELLANEOUS**

**Section 11.1 Right to One Hearing and Appellate Review.** Notwithstanding any other provision of this Hearing Procedure to the contrary, no Affected Practitioner shall be entitled as a matter of right to more than one (1) hearing and one (1) appellate review with respect to the subject matter of any Adverse Recommendation or Adverse Action for which there is a hearing right. Further, no Affected Practitioner shall have a right to a de novo hearing by the Appellate Review Committee. Such a hearing shall be limited to cases where the Appellate Review Committee recommends, and the Board directs such a hearing, in the good faith belief that a de novo hearing is warranted to promote the ends of a fair truth-finding process under all the circumstances of the case. Adverse Recommendations or Adverse Actions on more than one
matter may be consolidated and considered together or separately as the Board shall designate in its sole discretion.

Section 11.2  Confirmation of Immunities, Releases, and Confidentiality. By requesting a hearing or appellate review, a Affected Practitioner confirms and agrees to be bound by the provisions of the Indiana Peer Review Act and the Health Care Quality Improvement Act regarding immunities, releases from liability, and confidentiality.

Section 11.3  Frivolous Requests for Hearing. The President may deliver a written directive to a Affected Practitioner who has requested a hearing under this Hearing Procedure to pay all reasonable expenses incurred by the Hospital in conducting the hearing, including attorney's fees, and the reasonable value of the time of the individuals who served as Hearing Committee members or Appellate Review Committee members, in the event: (a) the Affected Practitioner failed to obtain a recommendation at any stage of the proceedings to reject the proposed Adverse Recommendation or Adverse Action of the Professional Review Body; (b) the Board determined to act in accordance with the proposal for Adverse Recommendation or Adverse Action of the Professional Review Body; and (c) the Hearing Committee included in its report a finding that the request for hearing was made when the Affected Practitioner knew or should have known that the position he/she was taking in resisting the proposed Adverse Recommendation or Adverse Action was frivolous, unreasonable, without foundation, or in bad faith, and such finding is not disagreed with by the Appellate Review Committee if there is appellate review. Any Affected Practitioner who requests a hearing agrees to pay the expenses described above upon the direction to do so pursuant to the provisions of this Section12.3.

ARTICLE XII

DEPARTMENTS

Section 12.1  Organization of Departments. The Medical Staff shall be divided into clinical Departments. Each Department shall be organized as a division of the Staff and shall have a Department Chief who will be responsible to the Chief of Staff for the functioning of his/her Department. The Department may be further subdivided as appropriate into divisions, which shall be directly responsible to the Department in which they function.

(a) Departmental rules and regulations shall not conflict with, alter, or supersede the Bylaws or the Rules and Regulations of the Medical Staff. If conflict is judged to be present by the Medical Staff Executive Committee, such Departmental rule or regulation shall be rescinded.

(b) Immediately after the annual meeting of the Medical Staff, Active Staff Members of each Department shall meet to elect a Department Chief. The Department Chief shall be responsible for directing the activities of the Department for the ensuing year and shall have general supervision over the clinical work falling within the auspices of the Department.

(c) Each Department Chief shall organize and be responsible for an emergency call list for the Department.

(d) Clinical Privileges shall be granted in each Department of the Medical Staff for all membership categories. Further responsibilities will be defined by each Department.
**Section 12.2** Departments of the Medical Staff. The Medical Staff Departments shall consist of the Departments of Medical Services and the Department of Rehabilitative Services.

**Section 12.3** Assignments to Departments. The Departments of the Medical Staff shall make the departmental assignments subject to, and in concurrence with, the Medical Staff Executive Committee. Each Member shall be assigned membership in one Department and to a division, if any, within such Department but may also be granted Clinical Privileges in other Departments or divisions consistent with the Clinical Privileges granted.

**Section 12.4** Functions of the Department. 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 the patients within the Department. The number of such reviews to be conducted during the year shall be as determined by the Medical Staff Executive Committee in consultation with other appropriate committees. The Department shall routinely collect information about important aspects of patient care provided in the Department, periodically access this information and develop objective criteria for use in evaluating patient care. The patient care review shall include all clinical work performed under the jurisdiction of the Department regardless of whether the member whose work is subject to such a review is a member of that department.

(b) Recommending the Medical Staff Executive Committee guidelines for granting Clinical Privileges in the performance of specified services within a Department.

(c) Evaluating the making appropriate recommendations regarding the qualifications of applicants seeking appointment or reappointment and Clinical Privileges within that Department.

(d) Making recommendations to the Education/Library Committee regarding continuing educational needs pertinent to the Department's clinical practice and participating in educational programs.

(e) Reviewing and evaluating departmental adherence to: 1) the Medical Staff Bylaws and Rules and Regulations, and (2) sound principals of clinical practice.

(f) Coordinating patient care provided by the Department's members with nursing and ancillary care services.

(g) Submitted written reports to the Medical Staff Executive Committee concerning: (1) the Department's review and evaluation activities, actions 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.

(h) Meeting at least monthly 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.
(i) Establishing such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring protocols.

(j) Taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified.

(k) Accounting to the Medical Staff Executive Committee for all professional Medical Staff administrative activities with the Department.

(l) Appointing such committees as may be necessary or appropriate to conduct Department functions.

(m) Formulating recommendations for Department rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to the approval by the Medical Staff Executive Committee and the Medical Staff.

Section 12.5 Functions of Divisions. Subject to approval by the Medical Staff Executive Committee, each division shall perform the functions assigned to it by the Department Chief.

Section 12.6 Department Chief.

(a) Qualifications

(i) Each Department shall have a Chief who shall be Members of the Active Medical Staff and shall be qualified by training, experience and demonstrated ability in at least one of the clinical areas covered by the Department.

(ii) Each Department Chief must be certified by an appropriate specialty board or affirmatively established comparable competence through the credentialing process.

(b) Term of Office

(i) Each Department Chief shall serve a two-year term which coincides with the Medical Staff year unless they shall sooner resign, be removed from office, or lose their Medical Staff membership or Clinical Privileges in that Department.

(ii) The Department officers shall be eligible to succeed themselves.

(c) Removal

(i) After election, removal of the Department Chief from office may occur for cause, by a two-thirds vote of the Medical Staff Executive Committee and a two-thirds vote of the Department members eligible to vote on Departmental matters.

(d) Duties

(i) Each Department Chief shall have the following authority, duties and responsibilities:
a. Act as presiding officer at Departmental meetings and oversee the clinically related activities of the department;

b. Report to the Medical Staff Executive Committee and to the Chief of Staff regarding all professional and administrative activities with the Department;

c. Generally monitor the quality of patient care and continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges through a planned and systematic process for the continuous assessment and improvement of the quality of care, treatment and services; oversee the effective conduct of the patient care, evaluation and monitoring functions delegated to the Department by the Medical Staff Executive Committee;

d. Develop and implement Departmental programs for retrospective patient care review, ongoing monitoring of practice, credentials review and Clinical Privileges delineation, medical education, utilization review and quality assurance.

e. Be a member of the Medical Staff Executive Committee and give guidance on the development and implementation of policies and procedures that guide and support the provision of patient care, treatment and services of the Medical Staff and Hospital and make specific recommendations and suggestions regarding his/her Department.

f. Transmit to the Medical Staff Executive Committee the Department's recommendations concerning Applicant appointment and classification, reappointment, criteria for Clinical Privileges, monitoring of specified services, and corrective action with respect to persons with Clinical Privileges in his/her department.

g. Endeavor to enforce the Medical Staff Bylaws, Rules and Regulations within his/her Department.

h. Implement within his/her Department appropriate actions taken by the Medical Staff Executive Committee.

i. Participate in every phases of administration of his/her Department, including cooperation with the nursing service and the Hospital administration in matters such as personnel, supplies, special regulations, standing orders, techniques and maintain quality control programs as appropriate.

j. Recommend delineated Clinical Privileges for each Member of the Department, recommend space and other resources needed by the
department or service, recommend sufficient number of qualified and competent persons to provide care, treatment and services;

k. Assess and recommend to the and Medical Executive Committee and Board of Managers off-site resources needed for patient care, treatment and services not provided by the department or organization;

l. Integrate the department into the primary functions of the organization;

m. Orientation and continuing education of all persons in the department;

n. Coordination and integration of interdepartmental and intradepartmental services;

o. Determine qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment and services;

p. 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 Staff Executive Committee.

ARTICLE XIII

OFFICERS AND COMMITTEES

Section 13.1 Officers Of the Medical Staff.

(a) Identification:

(i) The officers of the Medical Staff shall be the:

• Chief of Staff,
• Vice-chief (Chief of Staff Elect);
• Immediate Past Chief of Staff.

(ii) Officers shall be elected at the annual November meeting of the Medical Staff. The term of office shall be for twenty-four (24) months, starting January 1 of the succeeding year following election at the annual Medical Staff meeting.

(b) Qualifications. Officers must be Members of the Active Medical Staff for at the time of their nomination and election, and remain Members in good standing during the term of office. Failure to maintain such status shall create a vacancy in the office involved.
(c) **Vacancies in Elected Office.** Vacancies in office occur upon the death, disability, resignation, or removal of the officer, or said officer's loss of membership on the Medical Staff. Vacancies other than that of the Chief of Staff shall be filled by appointment by the Medical Staff Executive Committee, until the next regular election. If there is a vacancy in the office of the Chief of Staff, the Vice Chief of Staff shall serve that portion of the remaining term and shall immediately appoint an ad hoc nominating committee to decide promptly upon nominees for the office of Vice Chief of Staff. Said nominees shall be reported to the Medical Staff Executive Committee and to the Medical Staff. A special election to fill the Vice Chief of Staff position shall occur at the next regular Staff meeting.

(d) **Removal from Elected Office.** After election, removal from office of the Chief of Staff or Vice Chief of Staff may occur for cause by the two-thirds vote of the Medical Staff Executive Committee and a two-thirds vote of the Medical Staff members eligible to vote. Reasons for removal from office include, but are not limited to:

(i) failure to meet the minimum requirements of Medical Staff membership as provided in these;

(ii) failure to fulfill the responsibilities of the elected position;

(iii) failure to remain a Medical Staff Member in good standing;

(iv) loss of credibility, trust, and/or leadership ability over peers;

(v) failure to abide by the ethics adopted by the AMA or ADA; or

(vi) failure to conduct himself/herself in such a manner as to reflect favorably on the Medical Staff.

**Section 13.2 Duties of Officers.**

(a) **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:

(i) 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.

(ii) Calling, presiding at, and being responsible for the agenda of all meetings of the Medical Staff.

(iii) Serving as chairman of the Medical Staff Executive Committee.

(iv) Serving as an ex officio member of all other staff committees, without vote unless his/her membership on a particular committee is required by these Bylaws.

(v) Interacting with the President and Board in all matters of mutual concern within the Hospital.
(vi) Appointing, in consultation with the Medical Staff Executive Committee, committee members for all standing and special Medical Staff, liaison or multi-disciplinary committees, except where otherwise provided by these Bylaws and, except where otherwise indicated, designating the chairman of these committees.

(vii) Representing the views and policies of the Medical Staff to the Board and to the President.

(viii) Being a spokesperson for the Medical Staff in external, professional, and public relations.

(ix) Performing such other functions as may be assigned to him/her by these Bylaws, the Medical Staff, or by the Medical Staff Executive Committee.

(x) Serving on liaison committees with the Board and Administration as well as outside licensing or accreditation agencies.

(b) Vice Chief of Staff (or Chief of Staff-Elect). 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 Staff Executive Committee and of the Joint Conference 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 Staff Executive Committee.

(c) Chief of Staff and Vice Chief of Staff are expected to attend all Medical Executive Committee and General Medical Staff meetings. If unable to attend, prior notification to Administration is required.

(d) Immediate Past Chief of Staff. The Immediate Past Chief of Staff shall serve as a non-voting advisory member of the Medical Staff Executive 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 Staff Executive Committee.

Section 13.3 Committees.

(a) There shall be standing and special committees. All committees, other than herein set forth being of elected membership, shall be appointed by the Chief of Staff. No more than half of the appointed members of the committee shall be changed in one (1) year. When possible, the chair of the committee shall have served the previous year on the committee. The chair of a Medical Staff Committee shall be a Member of the Medical Staff. Only Medical Staff Members may vote on Medical Staff Peer Review issues, and on other issues on order of the chair. Membership on a committee shall be from January 1 through December 31. Each committee member shall be expected to attend at least fifty percent (50%) of all meetings in each year. Standing committees shall be:

(b) Medical Staff Executive Committee.

(i) The Medical Staff Executive Committee shall consist of all officers of the Medical Staff elected at the annual meeting of the Active Medical Staff; namely, the Chief of Staff and Vice Chief of Staff, and the Department Chief of each Department
duly elected by the respective Department Members as well as Internal Medicine Medical Director, Physical Medicine & Rehabilitation Medical Director, Associate Medical Director, Program Medical Directors, and other member(s) of the medical staff as appointed (or) requested by the Medical Executive Committee. The President and Nurse Manager are non-voting members of the Committee.

(ii) The duties of the Medical Staff Executive Committee shall be to coordinate the activities and general policies of the Departments and the Medical Staff and to act for the Medical Staff as a whole under such limitations as may be imposed by the Medical Staff. This shall include the authority to interpret these Bylaws and Rules and Regulations of the Medical Staff in forming Medical Staff policy. Such policy statements or interpretations shall be communicated to the general Medical Staff. The Medical Staff Executive Committee shall receive and act upon the reports of the various medical committees and Departments as listed elsewhere in these Bylaws. The Medical Staff Executive Committee shall meet at least six times per year and maintain a permanent written record of its proceedings and actions. It shall report at each Medical Staff meeting.

(iii) The Medical Staff Executive Committee shall have the authority to review any written request to excuse general staff meeting absences retroactively and to modify the list if changes are warranted.

(iv) The duties of the Medical Staff Executive Committee shall be to: (a) investigate the credentials of all Applicants and re-applicants for membership as Medical Staff Members or Allied Health Professionals and to make recommendations in conformity with these Bylaws; (b) investigate any breach of ethics that may be reported; (c) review any medical record that may be referred by a Department or the medical records department; and (d) arrive at a decision regarding the privileges of the Medical Staff Member and as a result of such reviews to make recommendations for granting Clinical Privileges, reappointments, and the assignments of Members as provided in these Bylaws.

(v) The Medical Staff Executive Committee shall function as the Accreditation Committee.

(vi) The Medical Staff Executive Committee shall be the Peer Review Committee of the Medical Staff. All Peer Review activities and functions of the Medical Staff Executive Committee and all of the records and communications to the Medical Staff Executive Committee concerning Peer Review shall be maintained in confidentiality as privileged information. All other committees of the Medical Staff, when considering Peer Review information, shall be deemed subcommittees of the Medical Staff Executive Committee. The release of any Peer Review information will be consistent with the Indiana Peer Review Act and the Health Care Quality Improvement Act.

(vii) The Medical Staff Executive Committee shall also perform the following functions:
• Medical Records

a. Assure that all medical records meet appropriate medical standards of patient care, are of historical validity, and reflect realistic documentation of medical events.

b. Conduct a review of currently maintained medical records to assure that they properly describe the condition and progress of the patient, the therapy provided, and the results thereof, and the identification of responsibility for all actions; and are sufficiently complete and medically comprehensive of the case in the event of transfer of Physician responsibility for patient care.

c. Conduct retrospective review of completed records of discharged patients and other pertinent sources of medical information relating to patient care in order to contribute to the continuing education of each Medical Staff Member and Allied Health Professional for the improvement of patient care.

• Infection Control

a. The Medical Staff Executive Committee shall serve as the initial reviewing body for reports and information from the Infection Control Subcommittee. This subcommittee shall meet at least quarterly and shall report at least four times annually to the Medical Staff Executive Committee.

b. The Infection Control Subcommittee shall consist of a pathologist, the Hospital Infection Control Practitioner, the Vice President of Nursing (or designate), and the President (or designate). This subcommittee shall report on surveillance of hospital infection potentials, the review and analysis of actual infections, the promotion of a preventative and corrective program designed to minimize infection hazards, and the supervision of infection control in all phases of the hospital's activities.

• Blood Utilization

a. Develop criteria for blood product usage and blood product transfusion practices within the Hospital.

b. Review the administration of blood product transfusions within the hospital, possible transfusion associated infections, and wasted blood products.

• Utilization Review
The Medical Staff Executive Committee shall be responsible for overseeing the development and implementation of the Hospital utilization review plan and for reviewing and evaluating the quality of the medical care on the basis of documented evidence to support diagnoses, admissions, treatments, and justified utilization of the Hospital facilities.

- Approve plans for maintaining quality patient care within the Hospital. These may include mechanisms to:

  a. Establish systems to identify potential problems in patient care;
  b. Set priorities for action on correction of problems;
  c. Refer priority problems for assessment and corrective action to appropriate committees or Departments;
  d. Monitor the results of quality assurance activities throughout the Hospital; and
  e. Coordinate quality assurance activities.

(c) Joint Conference Committee.

  (i) The Joint Conference Committee shall consist of the following members:

    a. Two (2) members of the Board, one of which shall preside;
    b. Chief of Staff or Vice Chief of Staff; and
    c. The President.

  (ii) The Medical Staff representative will be the spokesman for the Medical Staff on the Joint Conference Committee. The Joint Conference Committee shall be the medical-administrative liaison committee and the official point of contact among the Medical Staff, the Board, and the President. The President shall function as secretary of the Joint Conference Committee.

  (iii) The Joint Conference Committee shall meet on an as needed basis.

(d) Pharmacy and Therapeutics Committee.

  (i) The Pharmacy and Therapeutics Committee shall consist of physician members from the medical staffs of the various Affiliated Hospitals of the Community Health Network, pharmacists and other professionals. At a minimum, two Members of the Medical Staff must be on the P&T Committee.

  (ii) The functions of the Pharmacy and Therapeutics Committee shall be as follows:
a. the development of policies and procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing materials in the Hospital;

b. the development and maintenance of all drug formularies or drug lists;

c. definition and review of all significant drug reactions;

d. drug usage evaluation to help assure that drugs are provided appropriately, safely and effectively.

(iii) The Pharmacy and Therapeutic Committee shall meet at least quarterly, shall maintain minutes of the meeting, and shall report to the Medical Staff Executive Committee quarterly and make recommendations as deemed appropriate.

(e) Accreditation Committee.

(i) The Accreditation Committee shall consist of the members of the Medical Staff Executive Committee.

(ii) The Accreditation Committee shall be responsible for making recommendations to the Medical Staff relative to policies, programs and guidelines for the continued accreditation of the Hospital.

(iii) The Accreditation Committee shall meet at the same time and in conjunction with the regular meeting of the Medical Staff Executive Committee.

(f) Bylaws Committee.

(i) The Bylaws Committee shall be composed of at least three (3) members of the Active Medical Staff.

(ii) The Bylaws Committee shall be responsible for the development of the Bylaws and Rules and Regulations pertaining to the government of the Medical Staff.

(iii) It is the responsibility of the Bylaws Committee to see that all changes to the Bylaws and/or the Rules and Regulations are made a permanent part of the master copy of Bylaws and Rules and Regulations.

(iv) The Bylaws Committee shall review the Bylaws and Rules and Regulations at least every three (3) years and recommend appropriate changes.

(g) Education Committee.

(i) The Education Committee shall be composed of at least three (3) members of the Medical Staff and other Hospital staff as deemed appropriate.
(ii) The committee is responsible for the acquisition and updating of the reference materials in the Medical Staff library.

(iii) The committee shall be responsible for the preparation and presentation of continuing medical education programs for the Medical Staff.

(iv) The committee shall meet on an as needed basis.

(h) Nominating Committee.

(i) The Nominating Committee shall consist of the elected Medical Staff officers, Department Chiefs and the Immediate Past Chief of Staff. The Hospital President and Vice President responsible for Medical Staff shall be non-voting advisory members, and shall not be present when final nomination selections are made.

(ii) The Chief of Staff shall serve as Chairman of the Nominating Committee.

(iii) The Nominating Committee shall nominate one or more members of the Active Staff for each elected office of the Medical Staff, prior to the annual meeting of the Medical Staff in November.

(i) Special Committees.

(i) Special committees shall be appointed from time to time as may be required to carry out properly the duties of the Medical Staff. Such committees shall confine their work to the purposes for which they were appointed and shall report to the Medical Staff.

(ii) A special committee shall not have power of action unless it is specifically granted by the motion, which created the committee.

(j) Medical Staff Aid Committee.

(i) In order to improve the quality of care and promote the competence of the Medical Staff, the Executive Committee shall establish a Medical Staff aid committee comprised of no less than three members of the active Medical Staff. Except for initial appointments each member shall serve a term of three years and the term shall be staggered as deemed appropriate by the Executive Committee to achieve continuity. Insofar as possible members of the committee shall not serve as active participants on other peer review or quality assurance committees while serving on this committee.

(ii) The Medical Staff Aid Committee may receive reports related to the health, well being, or impairment of Medical Staff members and as it deems appropriate may investigate such reports. With respect to matters involving individual Medical Staff members, the Committee may on a voluntary basis, provide such advice, counseling or referrals as may seem appropriate. Such activities may be confidential; however, in the event information received by the committee clearly demonstrates that the health or known impairment of a Medical Staff member poses an unreasonable risk of harm to
hospital patients, that information may be referred for corrective action. The Committee shall also consider general matters related to the health and well-being of the Medical Staff and with the approval of the Executive Committee, develop educational programs or related activities.

(iii) The Committee shall meet as often as necessary. It shall maintain only such record of its proceedings, as it deems advisable but shall report on its activities on a routing basis to the Executive Committee.

ARTICLE XIV

MEETINGS

Section 14.1 Annual Meeting. The annual meeting of the Medical Staff shall be held during the month of November. At this meeting the retiring officers and committee members shall make such reports as may be required or as desirable, officers for the ensuing year shall be elected, recommendations shall be made for the appointments to the various categories of the Medical Staff, and assignment of Clinical Privileges and Departments shall be made.

Section 14.2 Regular Meetings. Meetings of the Medical Staff shall be held at 7:00am on the 2nd Thursday during the months of May and November at Howard Regional Specialty Care, L.L.C. dba Community Howard Specialty Hospital.

(a) Objectives. The sole objectives of these meetings are to improve the care and treatment of patients in the Hospital and to conduct the business of the Medical Staff.

(b) Attendance. Attendance of a minimum of three (3) voting Members of the Medical Staff and the Chief of Staff, or his/her designee, is required to conduct business.

Section 14.3 Committee Meetings. Unless otherwise specified in these Bylaws, all committees shall meet as needed or as often as needed to carry out their purposes and functions. Following each meeting of a committee, a written report shall be made to the Medical Staff Executive Committee.

Section 14.4 Special Meetings.

(a) Special meetings of the Medical Staff may be called at any time by the Chief of Staff and shall be called at the request of the Board of Managers, the Medical Staff Executive Committee, or any five (5) members of the Active Medical Staff.

(b) At any special meeting, no business shall be transacted except that stated in the notice calling the meeting. Sufficient notice of the meeting shall be a notice posted on the bulletin board in the Staff library at least forty-eight (48) hours before the time set for the special meeting.
Section 14.5 Attendance At The Meetings.

(a) All members of the probationary Medical Staff shall be expected to attend meetings with the same regularity as the members of the Active Medical Staff.

(b) Members of the Active, Honorary, and Consulting categories of the Medical Staff shall be encouraged to attend meetings.

(c) A Member of any category of the Staff who has attended a case that is to be presented for discussion at any meeting shall be notified two (2) weeks prior to said meeting and shall be required to be present. Failure to attend on receipt of such notice shall involve a penalty. In the case of a Member of the Active Staff the penalty shall be reversion to Consulting Staff, and in the case of a Member of the Consulting Staff the penalty shall be the forfeiture of his/her Staff membership. Should any Member of the Staff be absent from any meeting in which a case that he/she has attended is to be discussed, it shall be presented nevertheless, unless the Member is unavoidably absent or has requested the discussion be postponed. Should a postponement occur, the case would be discussed at the next regular meeting.

(d) Notice of regular and special meetings shall be posted in the Hospital and sent to Members of the Staff at least two (2) days prior to the meetings by the Medical Staff assistant. The minutes from the previous general Staff meetings and any special meetings shall be posted at least two (2) days prior to the meeting by the Medical Staff assistant.

Section 14.6 Quorum. Any members of the Active Medical Staff present at a regular or appropriately called special meeting shall constitute a quorum.

Section 14.7 Agenda.

(a) The agenda at any regular meeting shall be:

(i) Call to order;

(ii) Approval of the Minutes of the last regular meetings and all special meetings;

(iii) Unfinished business;

(iv) Communications;

(v) Departmental reports;

(vi) New business;

(vii) Review and analysis of the clinical work of the Hospital;

(viii) Reports of standing or special medical committees;

(ix) Discussion and recommendations for improvement of the professional work of the Hospital;
(x) Hospital President's report; and

(xi) Adjournment.

(b) The agenda at any special meeting shall be:

(i) Reading of the notice calling the meeting;

(ii) Transaction of the business for which the meeting was called; and

(iii) Adjournment.

Section 14.8 Conduct Of Meetings. Unless otherwise specified, meetings shall be conducted according to Roberts Rules of Order. However, technical or nonsubstantive departures from such rules shall not invalidate action taken at such a meeting.

Section 14.9 Action In Lieu Of Meeting. Any action required or permitted to be taken by the Medical Staff may be taken without a meeting if the majority of the Active Medical Staff shall individually or collectively agree by written ballot to such action. Such action by written ballot shall have the same force and effect as a vote taken at a meeting of the Medical Staff.

ARTICLE XV
RULES AND REGULATIONS

Section 15.1 Adoption/Amendment. The Medical Staff shall adopt such rules and regulations as may be necessary for the proper conduct of its work. Such Rules and Regulations shall be a part of any of these Bylaws except they may be amended at any regular meeting without previous notice by a two thirds (2/3) vote of a quorum of the Active Medical Staff as defined by these Bylaws.

ARTICLE XVI
PERIODIC REVIEW AND AMENDMENTS

Section 16.1 Adoption of Medical Staff Bylaws, Rules and Regulations. Subject to approval by the Board, the Medical Staff shall adopt Bylaws governing the organization, operation and self-discipline of the Medical Staff and such Rules and Regulations as may be necessary to implement the general principles found within such Bylaws, to promote the delivery of quality health care within the Hospital and to provide for the efficient operation of the Hospital. Each Member to the Medical Staff shall exercise his/her Clinical Privileges within the Hospital subject to the provisions contained within such Bylaws and Rules and Regulations and further subject to the policies, procedures and directives of the Board and any restrictions or limitations attached to his/her appointment and/or Clinical Privileges.

Section 16.2 Amendment by Active Medical Staff Subject to the Approval by the Board. These Bylaws may be amended by the Active Medical Staff at any regular annual meeting or any special meeting provided that a copy of the proposed amendments as approved by the Medical Staff Executive Committee has been distributed to each Active Medical Staff
Members at least thirty (30) days in advance of such meeting. Amendments to be adopted must be approved by the affirmative vote of a majority of the active Staff Members present after the existence of a quorum has been established. Any amendments to these Bylaws adopted by the Active Medical Staff shall become effective when approved by the Board.

Section 16.3 Abbreviated Amendment Procedure. These Bylaws may also be amended by the Active Medical Staff in the following manner: Upon the adoption of a proposed amendment by the affirmative vote of two-thirds of a quorum of the Medical Staff Executive Committee, the chairman of the Medical Staff Executive Committee shall cause the proposed amendment to be posted in the Medical Staff lounge for not less than twenty (20) days and mailed or delivered by hospital courier to the Members of the Active Medical Staff. The notice of the proposed amendment shall provide each Member of the Active Medical Staff with an opportunity to accept or reject the proposed amendment. An amendment shall be approved upon the receipt of the affirmative vote of two-thirds (⅔) of the ballots returned within twenty (20) days of the date on which the notice of the proposed amendment was mailed to the Members of the Active Medical Staff. Any amendment so approved shall be considered to be adopted by the Medical Staff and shall be submitted to the Board of Managers and shall become effective when approved by the Board.

Section 16.4 Amendment by the Board of Managers. These Bylaws may be amended by the Board of Managers at any regular or special meeting of the Board. A copy of any proposed amendments to these Bylaws shall be distributed to each member of the Medical Staff Executive Committee at least thirty (30) days in advance of the meeting at which the Board proposes to take final action thereon. If a majority of the members of the Medical Staff Executive Committee are in disagreement with the proposed amendments, the matter shall be referred to the Joint Conference Committee for further study and recommendation before final action is taken by the Board. Notwithstanding the foregoing, the Board may amend these Bylaws without prior notification to the Medical Staff Executive Committee if immediate action is necessary in order to comply with any Federal, State or local law or regulation or to enable the Hospital or Medical Staff to avoid potential liability. Any amendments to these Bylaws adopted by the Board shall become effective when notice is given to the Medical Staff.

ARTICLE XVII

GENERAL PROVISIONS

Section 17.1 Authority to Act. Any Member, or Members, who act in the name of this Medical Staff but without proper authority shall be subject to such disciplinary action as the Medical Staff Executive Committee may deem appropriate.

Section 17.2 Division of Fees. Any division of fees by the Members of the Medical Staff is forbidden and any such division of fees shall be cause for exclusion or expulsion from the Medical Staff.

Section 17.3 Disclosure of Interest. All nominees for election or appointment to Medical Staff offices, as Department Chief or to the Medical Staff Executive Committee shall, at
least twenty (20) days prior to the date of election or appointment, disclose in writing to the Medical Staff Executive Committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware that could foreseeably result in a conflict of interest in carrying out their activities or duties on behalf of the Medical Staff.

**Section 17.4 Medical Staff Credentials Files.** The following applies to actions relating to requests for insertion of adverse information into the Medical Staff Members' credentials files.

(a) Any person may provide information to the Medical Staff about the conduct, performance, or competence of its Members.

(b) When a request is made for insertion of adverse information into the Medical Staff member's credentials file, the appropriate Department Chief and the Chief of Staff shall review such request.

(c) After such a review a decision will be made by the respective Department Chief and the Chief of Staff to:

(i) not insert the information;

(ii) insert the information along with the notation that no further review is warranted; or

(iii) insert the information along with the notation that a request has been made to the Medical Staff Executive Committee of an Investigation as outlined by these bylaws.

(d) The decision shall be reported to the Medical Staff Executive Committee. When the Medical Staff Executive Committee has been so informed it may either ratify or initiate contrary actions to this decision by a majority vote.

**Section 17.5 Confidentiality.**

(a) The records of the Medical Staff and its committees are responsible for the evaluation and improvement of the quality of patient care rendered in the Hospital and shall be maintained as confidential.

(b) Access to such records shall be limited to duly appointed officers and committees of the Medical Staff for the sole purpose of discharging Medical Staff responsibilities and such officers and committees are subject to the requirement that confidentiality be maintained.

(c) Information which is disclosed to the Board or its appointed representatives in order that the Board may discharge its lawful obligations and responsibilities shall be maintained by that Board or its appointed representatives as confidential.

(d) Information contained in the credentials files of any member may be disclosed with the Member's consent to any Medical Staff, hospital, professional licensing board, medical
school or underwriting committee. However, any disclosure outside of the Medical Staff except with the Member's consent shall require the authorization of the Chief of Staff and the appropriate Department Chief.

**Section 17.6 Organized Health Care Arrangement.** An Organized Health Care Arrangement ("OHCA") (as defined at 45 CFR § 160.103 of the Privacy Regulations [45 CFR Parts 160 and 164] of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") shall exist between the Hospital and Medical staff for the purpose of complying with HIPAA's Privacy Regulations. All Members of Medical Staff shall become members of the OHCA upon acceptance of membership. Members of the OHCA may use or disclose to other OHCA members protected health information created or received within the clinical setting of the OHCA for treatment, payment, and health care operations of the OHCA, including but not limited to, peer review, morbidity and mortality reviews, and tumor boards. In all cases, protected health information may only be used in compliance with applicable state and federal law, including but not limited to HIPAA.

A joint notice of privacy practices on behalf of the Hospital and the Medical Staff will be utilized to communicate to Hospital patients the permitted uses and disclosures of their protected health information, as well as their individual rights. The Hospital and Medical Staff shall abide by the terms of the joint notice of privacy practices with respect to protected health information created and/or received by either the Hospital and/or the Medical Staff that is related to an individual's treatment as an inpatient or outpatient of the Hospital. Distribution of the joint notice of privacy practices to a patient by the Hospital will satisfy the requirement of providing a notice of privacy practices with respect to all others covered by the joint notice. As part of this arrangement, the Hospital will make a good faith attempt to obtain and retain possession of each patient's acknowledgement of receipt of the joint notice of privacy practices. To the extent that a Member of the Medical Staff provides services and activities outside of the clinical setting of the OHCA, he or she must distribute his or her own notice of privacy practices to such patients in accordance with the Privacy Regulations and shall remain separately responsible to observe his/her obligations under the Privacy Regulations with respect to protected health information related to such patient encounters. Except as provided by HIPAA, no member of the Medical Staff shall be liable for any actions, inactions, or liabilities of any other member of the OHCA, nor is the creation of the OHCA intended to create any actual, apparent, or ostensible agency relationship between any members of the OHCA.
Exhibit 1.3

DEFINITIONS FOR THESE MEDICAL STAFF BYLAWS

Active Staff means those individuals meeting the requirements for and who have been granted unrestricted membership on the Medical Staff pursuant to these Bylaws.

Ad Hoc Investigation Committee means a committee of Medical Staff Members formed to conduct an Investigation as defined under these Bylaws.

Administration means those individuals acting on behalf of the Board of Managers in the overall management of the Hospital.

Adverse Action means any action reducing, restricting, suspending, revoking, denying, or failing to renew the Clinical Privileges or Medical Staff membership of an Applicant or Member.

Adverse Recommendation means a recommendation that, if approved, leads to an Adverse Action.

Affected Practitioner means those Members or Applicants against whom an Adverse Recommendation or an Adverse Action has been proposed.

Allied Health Professional or AHP means a dentist, a podiatrist or a psychologist duly licensed in the State of Indiana to practice such profession and who may qualify to exercise specific privileges within the Hospital. Allied Health Professionals are governed by these Bylaws.

Appellate Review Committee means a committee appointed to conduct appellate review pursuant to the procedures provided for in these Bylaws.

Applicant means a Physician seeking initial appointment or reappointment to the Medical Staff.

Application means the form and any and all supporting documentation required to apply for Medical Staff membership and/or Clinical Privileges.

Approved Residency Program means a residency program approved by the Accreditation Committee for postgraduate medical education.

Board Eligible or Board Eligibility means that the Applicant or Member has completed an Approved Residency Program.

Board of Managers or Board means the Board of Managers of Howard Community Hospital d/b/a/ Community Howard Specialty Hospital. The governing body of the Hospital.

Bylaws mean these Medical Staff Bylaws.
Chief of Staff means the chief officer of the Medical Staff elected by the Members of the Medical Staff.

Clinical Privilege means the permission granted to a Medical Staff member or Allied Health Professional to render specific designated services within the Hospital.

Completed Application means an Application that provides adequate information regarding the Applicant to the satisfaction of each reviewing body.

Courtesy Staff means those individuals who meet the requirements for and have been granted limited membership on the Medical Staff pursuant to these Bylaws.

Department means an organizational group composed of Staff Members whose primary interests and training qualify them for delivery of health care in a specified medical field or practice.

Department Chief means the Medical Staff Member duly elected or appointed in accordance with these Bylaws to serve as the head of a Department.

Directive to Appear means on order issued by a Hearing Officer directing a proposed witness in a hearing to appear and specifying the time and place for the witnesses appearance.

Encounter(s) means those patient contacts requiring a history and physical exam.

Final Action means an adverse action taken by the Board after all professional review actions within the Bylaws have been exhausted or waived.

Health Care Entity means a hospital or other entity that provides health care services and that follows a formal peer review process for the purpose of furthering quality health care.

Hearing Committee means a body appointed by the President to conduct a hearing under the Hearing Procedures provided for in these Bylaws.

Hearing Officer means an individual appointed to oversee the conduct of a hearing conduct pursuant to the Hearing Procedure provided for in these Bylaws.

Hearing Procedure means the process provided for in these Bylaws detailing how a hearing for a Member shall be conducted.

Honorary Staff means those individuals granted Honorary Staff membership on the Medical Staff pursuant to these Bylaws.

Hospital means Community Howard Specialty Hospital.

Immediate Past Chief of Staff means that officer of the Medical Staff Executive Committee whose term as Chief of Staff immediately proceeded the term of the current Chief of Staff.
**Indiana Medical Malpractice Act** means Indiana Code § 34-18-3 et seq. or any successor legislation to Title 34, Article 18.

**Indiana Peer Review Statute** means Indiana Code § 34-30-15 et seq.

**Inquiry** means a gathering of information prior to the initiation of an Investigation by a representative of a Peer Review Committee. The purpose of which is in part to determine whether an Investigation is warranted.

**Investigation** means a formal examination of allegations including a gathering of information by an Ad Hoc Investigation committee or the committee's representative. An investigation continues until the Board of Managers takes a Final Action or formally closes the investigation.

**Medical Staff Executive Committee** means the committee of the Medical Staff, which shall constitute the governing body of the Medical Staff as described in these Bylaws.

**Medical Staff or Staff** means the formal organization of all Physicians who are granted medical staff membership under these Bylaws.

**Medical Staff Year** means the period from January 1st to December 31st.

**Member** means a Physician who has been granted membership on the Medical Staff pursuant to the terms of these Bylaws.

**Mid-Level Professionals (MLP)** means an individual, other than a Member with privileges or Allied Health Professional, who provides direct patient care services in the hospital under a defined degree of supervision by a Licensed Independent Practitioner who has been granted clinical privileges. MLPs exercise judgment within the areas of documented professional competence and in areas consistent with the MLPs Indiana state practice act.

**Peer Review** means, without limitation, the evaluation of patient care, the review and setting of standards of medical care, the evaluation of qualification of physicians and other professional health care providers, the evaluation of complaints filed against physicians and others who are granted clinical privileges, the receipt, review, analysis and acting upon incident reports, quality and utilization review functions, and other functions and activities related thereto.

**Peer Review Committee** means the Board, a committee of the Medical Staff, or any committee of the Board that conducts Peer Review functions or activities. It includes those individuals serving as members of the Peer Review Committee and those assisting the Peer Review Committee. Such individuals assisting the Peer Review Committee may include employees, representatives, agents, attorneys, investigators, experts, assistants, clerks, staff and any other person or organization that assist the such committee in performing Peer Review functions.

**Physician** means an individual with an M.D. or D.O. degree who currently holds a valid license to practice medicine in the State of Indiana.
Policies mean the Medical Staff Policies.

President means the person appointed by the Board of Managers who to supervises the overall day-to-day operation of the Hospital.

Professional Review Body means a committee or other body of the Medical Staff Executive Committee or of the Board that conducts reviews of actions by or against a Member, Applicant or AHP.

Qualified Health Care Provider means an individual meeting the requirements of Indiana. Medical Malpractice Statute or an individual covered under the Federal Tort Claim Act (FTCA). In that situation, the liability coverage requirement is satisfied by providing documentation of the Notice of Deeming Action (NDA) for the Health Center along with the documentation of confirming employment or contractor status with the deemed entity. The Board may approve an initial applicant, or privileged practitioner seeking to return from a leave of absence contingent on becoming a Qualified Healthcare Provider if the applicant presents sufficient evidence from his professional malpractice carrier that the surcharge will be paid and policy effective prior to the commencement of any services by the individual at the Hospital.


Rules and Regulations means the rules and regulations of the Medical Staff.

Vice Chief of Staff means the officer elected by the Members of the Medical Staff to assist the Chief of Staff.