COMMUNITY HOSPITAL SOUTH
MEDICAL STAFF CONSTITUTION & BYLAWS

Approved: Medical Executive Committee — November 13, 2000
Approved: General Medical Staff — January 8, 2001
Approved: Board of Directors — February 5, 2001
Reviewed w/no changes — September 13, 2004
Reviewed w/minor changes — February 7, 2005
Approved: General Medical Staff — May 9, 2005
Approved: Board of Directors — June 6, 2005
Approved: Medical Executive Committee — December 12, 2005
Approved: General Medical Staff — January 9, 2006
Approved: Board of Directors — February 6, 2006
Reviewed w/no changes — April 13, 2009
Approved: General Medical Staff — May 11, 2009
Approved: Board of Directors — June 1, 2009
Reviewed w/minor changes — C & B Committee — August 30, 2012
Approved: Medical Executive Committee — September 10, 2012
Approved: General Medical Staff — September 10, 2012
Approved w/changes: Medical Executive Committee — January 14, 2014
Approved: General Medical Staff — February 11, 2014
Approved: Board of Directors — March 10, 2014
Approved w/changes: Medical Executive Committee — September 8, 2014
Approved: General Medical Staff — September 8, 2014
Approved: Board of Directors — October 13, 2014
Approved: General Medical Staff — September __, 2017
Approved: Board of Directors — October __, 2017
Approved: Medical Executive Committee — August 14, 2018
Approved: General Medical Staff — September 11, 2018
Approved: Board of Directors — November 12, 2018
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COMMUNITY HOSPITAL SOUTH

PREAMBLE

These Bylaws, which originate with the Medical Staff, are adopted in order to provide for the organization of the Medical Staff of Community Hospital South, Inc. and to provide a framework for self-government in order to permit the Medical Staff to discharge its responsibilities in matters involving the clinical work and quality of medical care provided to patients, and to govern the orderly resolution of these purposes. These Bylaws provide the professional and legal structure for the Medical Staff to fulfill its obligations to the Board of Directors. These Bylaws, when adopted by the Medical Staff and approved by the Board of Directors, create a system of mutual rights and responsibilities between Members of the Medical Staff and the Hospital, however, these Bylaws are not intended to be a contract.

DEFINITIONS

These Bylaws and the Medical Staff Policies shall be interpreted using these definitions unless stated otherwise.

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

2) “Board of Directors” means the governing body of Community Hospital South, Inc.

3) “Chief of Staff” means the chief officer of the Medical Staff elected by the Members of the Medical Staff.

4) “President” means the person appointed by the Board of Directors to serve in an administrative capacity to manage the daily operations of the Hospital.

5) “Clinical Privileges” means the permission granted to render specific services to patients within the Hospital.

6) “Medical Staff” means those providers who have been appointed as Members of the Medical Staff by the Board under the terms of these Bylaws.

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

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

9) “Member” means any Physician, Dentist, Oral and Maxillofacial Surgeon or Podiatrist appointed to the Medical Staff by the Board of Directors.

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

11) “Physician Executive” means the Senior Regional Vice President and Physician Executive for the Southern Region.
12) “Dentist” means an individual with a D.D.S. or D.M.D. degree who currently holds a valid license in the State of Indiana.

13) “Podiatrist” means an individual with D.P.M. degree who currently holds a valid license to practice podiatric medicine in the State of Indiana.

14) “Oral and Maxillofacial Surgeon” means an individual with a D.D.S. or D.M.D. degree, who has a valid license in Indiana, and who has successfully completed an Approved Residency Program in Oral and Maxillofacial Surgery.

15) “Qualified Healthcare Provider” means an individual meeting the requirements of the Indiana Medical Malpractice Statute and paying the surcharge 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, locum tenens 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.

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

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

18) “Adverse Action” means any action that adversely affects a Member’s ability to exercise his Clinical Privileges such as reducing, restricting, suspending, revoking, denying, or failing to renew the Clinical Privileges or Medical Staff Membership.

19) “Adverse Recommendation” means a recommendation that, if approved by the Board of Directors becomes a final Adverse Action which shall be reported if it lasts over thirty (30) days and was based on the professional competence, behavior or conduct of the Member.

20) “Allied Health Professional” means professional health care providers not eligible for membership who are granted Clinical Privileges by the Board of Directors after approval by the Medical Executive Committee.

21) “Approved Residency Program” means a post-graduate training program approved by the Accreditation Committee for Graduate Medical Education, the American Osteopathic Association, the Council of Podiatric Medical Education, or the American Dental Association.

22) “Peer Review” means, without limitation, the evaluation of patient care, the review and setting of standards of medical care, professional health care providers, and the Hospital; the evaluation of
qualifications of Members and other professional health care providers, the evaluation of complaints filed against Members and other individuals 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.

23) “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 as employees, representatives, agents, attorneys, investigators, experts, assistants, clerks, staff and any other person or organization who assist the committee in performing Peer Review functions or activities.

ARTICLE I

NAME

The name of this organization is the Medical Staff of Community Hospital South, Inc.

ARTICLE II

APPOINTMENT

Section 2.1. Nature of Appointment. Appointment as a Member of the Medical Staff is a privilege. Membership shall be extended only to competent Physicians, Oral and Maxillofacial Surgeons, Dentists and Podiatrists who continuously meet the qualifications, standards and requirements set forth for membership in these Bylaws and Policies of the Medical Staff. Appointment shall confer only such prerogatives as has been granted to the Member in accordance with these Bylaws. No Physician, Oral and Maxillofacial Surgeon, Dentist, or Podiatrist, including those in a medical-administrative position by virtue of a contract or employment with the Hospital or Community Health Network, shall admit or provide medical or health-related services to patients in the Hospital unless he is a Member of the Medical Staff or has been granted Clinical Privileges pursuant to these Bylaws.

Section 2.2. Qualifications for Appointment.

2.2.1 General Qualifications. Only Physicians, Oral and Maxillofacial Surgeons, Dentists, and Podiatrists are eligible to seek Medical Staff membership upon documentation and verification of:

(a) current Indiana licensure to practice;
(b) adequate experience, education, and training;
(c) current professional competence;
(d) good judgment;
(e) adequate physical and mental health status;
(f) adherence to ethics of their profession;
(g) that patients treated by them can reasonably expect to receive quality medical care; and

(h) medical malpractice insurance by being a “Qualified Health Care Provider” as defined in these Bylaws; and

(i) either current specialty board certification by the American Board Medical Specialties (“ABMS”), the American Osteopathic Association (“AOA”), American Podiatric Medicine Association (“APMA”), American Dental Association (“ADA”) or other boards duly-recognized by the Board of Directors in the specialty set forth in the Clinical Privilege forms in which he seeks Clinical Privileges or current eligibility to take a specialty board examination necessary to achieve certification in the specialty for which the applicant has applied for Clinical Privileges. All Members who had continuous membership since February 1, 1995, shall be exempted from the board certification qualification. To remain in good standing as a Member, the Member shall successfully complete, pass and be awarded initial board certification by a specialty board within five (5) years of being granted initial membership to the Medical Staff.

2.2.2 Additional Qualifications. Only Physicians, Oral and Maxillofacial Surgeons, Dentists and Podiatrists who agree (1) to adhere to the ethics of their profession; (2) to work cooperatively and effectively communicate with others so as not to affect patient care adversely; and (3) to participate in and properly discharge the responsibilities determined by the Medical Staff are eligible for Medical Staff membership.

2.2.3 Continuous Obligation. Failure to satisfy these membership standards continually may result in termination of membership.

2.2.4 Waiver. Only the Board may create exceptions or waive a qualification for Membership or Clinical Privileges or both after consultation with the Medical Executive Committee.

2.2.5 Particular Qualifications.

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

(b) Oral and Maxillofacial Surgeons and Dentists. An Oral and Maxillofacial Surgeon or Dentist applicant seeking appointment in the Medical Staff, except for the Honorary Staff, must hold a D.D.S. or D.M.D. degree issued by a school approved at the time of issuance of such a degree by the Indiana State Board of Dentistry.

An Oral and Maxillofacial Surgeon or Dentist may have the privilege of admitting patients to the Hospital but shall not perform or record medical history and physical examinations, except as to those areas related to their specific Clinical Privileges and state license. Responsibility for each patient’s general medical condition shall remain with a Physician Member of the Medical Staff with appropriate Clinical Privileges.
(c) **Podiatrists.** A Podiatrist applicant seeking appointment in the Medical Staff, except for the honorary staff, must hold a D.P.M. degree issued by a podiatric school approved at the time of issuance of such a degree by the Indiana State Board of Podiatric Medicine. Podiatrists who have had limitations or restrictions placed on their licenses by appropriate legal authorities may continue to hold appointment on the Medical Staff, if recommended by the Medical Executive Committee and if approved by the Board.

A Podiatrist may have the privilege of admitting patients to the Hospital but shall not perform or record medical history and physical examinations, except as to those areas related to his specific Clinical Privileges and state license. Responsibility for each patient’s general medical condition shall remain with a Physician Member of the Medical Staff with appropriate Clinical Privileges.

2.2.6 **License Limitation.** Physicians, Oral and Maxillofacial Surgeons or Dentists or Podiatrists who have had limitations or restrictions placed on their licenses by appropriate legal authorities may continue to hold appointment on the Medical Staff, if recommended by the Medical Executive Committee and if approved by the Board.

**Section 2.3. Effect of Other Affiliations.** No person shall be entitled to appointment in the Medical Staff merely because he holds a certain degree, is licensed to practice in this or in any other State, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff appointment or clinical privileges at another healthcare facility.

**Section 2.4. Nondiscrimination.** No aspect of Medical Staff appointment or particular clinical privileges shall be denied on the basis of sex, race, creed, color, national origin or disability that does not adversely jeopardize patient safety.

**Section 2.5. Basic Responsibilities of Medical Staff Appointment.** The ongoing responsibilities of each Member of the Medical Staff include to:

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

(b) abide by the Medical Staff Bylaws and Medical Staff Policies & Procedures, and any applicable Hospital Bylaws & Policies;

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

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

(e) abide by the guidelines of any Accreditation Body and all local, state and federal laws and regulations including state licensing laws governing the professional license and ethical principles of the profession of the Member;

(f) aid in any Medical Staff-approved educational programs;
(g) work cooperatively with Medical Staff Members, nurses, Hospital administration and others so as not to adversely affect patient care;

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

(i) refuse to engage in improper inducements for patient referral;

(j) participate in continuing education programs that relate to the Clinical Privileges granted by Board of Directors, and maintaining a record of such participation to be included in the Member’s separate record;

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

(l) notify the Medical Executive Committee and the Hospital administration of any Adverse Actions taken against the Member by any health care facility, state licensing board, Drug Enforcement Agency, or by any court of law in a malpractice action, or any action taken by any federally-funded program;

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

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

(o) cooperate with the Hospital in complying with the Health Care Quality Improvement Act, 42 U.S.C. 11101 et seq.; and

(p) notify the Chief of Staff of an arrest for any felony or misdemeanor involving alcohol, controlled substances, illicit substances, fraud, crime of moral turpitude, or conduct arising out of the professional’s practice.

ARTICLE III

CATEGORIES OF APPOINTMENT

Section 3.1. Categories. The categories of the Medical Staff are Active, Courtesy, and Honorary. At each time of appointment, the Member’s staff category shall be determined.

Section 3.2. Active Staff.

3.2.1 Qualifications. The Active Medical Staff shall consist of Members who:

(a) meet the general qualifications set forth in Article II;
(b) have offices and residences which, in the opinion of the Medical Executive Committee, are located closely enough to the Hospital to provide continuity of quality care;

(c) care regularly for patients in the Hospital or are regularly involved in Medical Staff functions, as determined by the Medical Staff.

3.2.2 Prerogatives. Except as otherwise provided, the prerogatives of an Active Medical Staff Member shall be to:

(a) admit patients and/or exercise such Clinical Privileges as are granted pursuant to Article V;

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

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

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

Section 3.3. Courtesy Staff.

3.3.1 Qualifications. The Courtesy Medical Staff shall consist of Members who:

(a) meet the general qualifications set forth in Article II;

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

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

3.3.2 Prerogatives. Except as otherwise provided, Courtesy Medical Staff Members shall be entitled to:

(a) admit patients to the Hospital and/or exercise such Clinical Privileges as are granted pursuant to Article V;

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

(c) Courtesy Staff Members shall not be eligible to hold office in the Medical Staff.
3.3.3 Limitations. A Courtesy Staff Member who admits patients or regularly cares for patients at the Hospital, upon review by the Medical Executive Committee, shall be obligated to seek appointment to the Active Staff category if his activity profile shows he admitted or attended patients and/or performed procedures equivalent to that of Active Staff Members.

Section 3.4. Honorary Staff.

3.4.1 Qualifications. The Honorary Medical Staff shall consist of either:

(a) Physicians, Oral and Maxillofacial Surgeons, Dentists and Podiatrists who retired from active practice and were Members in good standing of the Active Medical Staff for at least ten (10) continuous years, and who continue to adhere to appropriate professional and ethical standards; or

(b) Physicians, Oral and Maxillofacial Surgeons, Dentists and Podiatrists who do not practice at the Hospital but are deemed deserving of appointment by virtue of their outstanding reputation, noteworthy contributions to health and medical sciences, or their previous long-standing service to the Hospital, and who continue to exemplify high standards of professional and ethical conduct.

3.4.2 Prerogatives. Honorary Staff Members are not eligible to admit patients to the Hospital, to vote, or to hold office in this Medical Staff organization, but they may serve on Committees with or without vote at the discretion of the Medical Executive Committee. They may attend Medical Staff and Department meetings, including open committee meetings and educational programs. The Honorary Staff Members will be relieved of dues and reappointment obligations.

Section 3.5. Limitation of Prerogatives. The prerogatives set forth under each appointment category are general in nature and may be subject to limitations by special conditions attached to a particular appointment, by other sections of these Bylaws, and by the Medical Staff Policies and Procedures.

Section 3.6. Modification of Appointment Category. On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a Member under Section 4.6, the Medical Executive Committee may recommend to the Board of Directors a change in the Medical Staff category of a Member consistent with requirements of the Bylaws.

Section 3.7. Leave of Absence.

(a) At the discretion of the Board of Directors upon the recommendation of the Medical Executive Committee, a Member may obtain a voluntary leave of absence. A Member desiring to take a leave of absence shall submit a written request to the Medical Executive Committee, stating the purpose of the leave, the approximate period of leave desired and his coverage plan. Before a Member's request shall be considered, all medical records for which the Member is responsible shall be completed. The Medical Executive Committee shall make a recommendation to the Board of Directors. The Medical Executive Committee may require the Member's complete cooperation with any inquiry or investigation concerning the competence or conduct of the Member before making a recommendation.
(b) During a leave of absence, the Member shall not exercise any Clinical Privileges at the Hospital and his Membership rights and responsibilities shall be inactive.

(c) The obligation to pay dues shall continue.

(d) Leave of absence may not exceed twelve (12) months.

(e) At least thirty (30) days prior to the expiration of the leave of absence, the Member may request activation and reinstatement of his Clinical Privileges by submitting a written request to the Medical Executive Committee. The Medical Executive Committee, with the assistance of the Credentials Chair, shall make a recommendation to the Board, which may include ongoing professional practice evaluation and focused professional practice evaluation.

(f) Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of Membership and Clinical Privileges unless an investigation was pending at the time the leave was requested.

(g) Absence based on military duty shall be deemed an automatic leave of absence and the Member is relieved from complying with Section 3.7 (a) – (e), except that if the Member’s term has expired while on military duty, a reappointment application will have to be submitted and the Medical Executive Committee, with the assistance of the Credentials Committee, may recommend to the Board ongoing professional practice evaluation and focused professional practice evaluation.

ARTICLE IV

APPLICATION

Section 4.1. General. Except as otherwise specified herein, no person (including persons engaged by the Hospital in administratively-responsible positions or employed by the Hospital or Community Health Network) shall exercise Clinical Privileges in the Hospital unless he applies for and receives appointment to the Medical Staff, or is granted temporary privileges as set forth in these Bylaws. By applying to the Medical Staff for appointment or reappointment (or, in the case of Members of the Honorary Staff, by accepting an appointment to that category), the applicant acknowledges responsibility to first review these Bylaws and agrees in writing that throughout any period of appointment he will comply with the responsibilities of Medical Staff appointment and with the Bylaws, Policies, and Procedures of the Medical Staff as they exist and as they may be modified from time to time. Appointment to the Medical Staff shall confer on the Member only such Clinical Privileges as have been granted in accordance with these Bylaws.

Section 4.2. Burden of Producing Information. In connection with all applications for appointment or reappointment, the applicant shall have the burden of producing information for an adequate evaluation of the applicant’s qualifications and suitability for Clinical Privileges and staff category requested, of resolving any reasonable doubts about these matters, of updating and correcting information, and of satisfying requests for information. The applicant’s failure to sustain this burden shall be grounds for denial of the application. This burden may include submission to a medical or
psychiatric examination, at the applicant’s expense, if deemed appropriate by the Medical Executive Committee, which may select the examining physician. The applicant’s failure to complete and deliver the application to the Medical Staff within sixty (60) days of the receipt of application, without good cause, shall result in a lapse of the application, and a new application shall be considered by the Credentials Committee no sooner than one (1) year from the date of the lapsed application. Any false or misleading information on the application also shall be grounds for denial of the application.

Section 4.3. Appointment Authority. Appointment, denials and revocations of appointments to the Medical Staff shall be made as set forth in these Bylaws, but only after there has been a recommendation from the Medical Executive Committee.

Section 4.4. Duration of Initial Appointment and Reappointment. Initial appointments to the Medical Staff shall not be longer than a period of two (2) years. Reappointments shall not be longer than a period of two (2) years.

Section 4.5. Application for Initial Appointment. The basic steps for Medical Staff appointment are set forth below. The associated details are contained in the Medical Staff Policy & Procedure entitled "Processing an Application for Initial Appointment."

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

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

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

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

4.5.4 Effect of Medical Executive Committee Action.

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

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

4.5.5 Action on the Application. The Board of Directors may accept the recommendation of the Medical Executive Committee or may refer the matter back to the Medical Executive Committee for further consideration, stating the purpose for such referral. The following procedures shall apply with respect to action on the application.

(a) If the Medical Executive Committee issues a favorable recommendation and the Board of Directors concurs in the recommendation, the decision of the Board shall be deemed final.

(b) If the MEC issues a favorable recommendation and the Board of Directors does not concur, the applicant will be entitled to the procedural rights set forth in Article VII of these Bylaws, and in accordance with the prescribed sequence of steps mandated by Article VII before the Board takes final action.

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

4.5.6 Notice of Final Action.

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

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

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

Section 4.6. Reappointments and Requests for Modification of Staff Status or Privileges. The basic steps for Medical Staff Reappointment are the similar to those set forth in Section 4.5. The associated details of the reappointment process are contained in the Medical Staff Policy and Procedure entitled "Reappointment".
4.6.1 **CME Requirements for Reappointment.** If the Member fails to meet the fifty (50) hour requirement after the 6-month extension, the Member will be deemed to have voluntarily resigned from the Medical Staff. The two (2) year cycle will commence January 1, 2001 onwards for all Members. The Medical Staff Policy and Procedure entitled "Members' CME Members’ and Members Responsibility" contain additional information.

4.6.2 **Extension of Appointment.** If a member completes and returns the reappointment application sixty (60) days in advance of the expiration of his appointment and provides other documentation and cooperation, and the application for reappointment has not been fully processed by the expiration date of the Member’s appointment, temporary privileges may be granted to the Member if patient care would be jeopardized until such time as the processing is completed and the Board approves the reappointment.

4.6.3 **Failure to File Reappointment Application.** Failure to file a completed application for reappointment in sixty (60) days before expiration of the appointment term may result in the expiration of the Member’s privileges and prerogatives. Processing reappointment on average may take sixty (60) days. If the Member fails to submit a completed application for reappointment within thirty (30) days of the expiration of his term of appointment, the Member shall be deemed to have voluntarily resigned from the Medical Staff. When the appointment terminates for the reasons set forth herein, the procedures set forth in Article VII shall not apply.

**ARTICLE V**

**CLINICAL PRIVILEGES**

**Section 5.1. Exercise of Clinical Privileges.** Each Member permitted to provide patient care services in the Hospital shall have been delineated Clinical Privileges in accordance with these Bylaws and the Medical Staff Policies & Procedures. Except as otherwise provided in these Bylaws, a Member providing clinical services at the Hospital shall be entitled to exercise only those Clinical Privileges specifically granted. Clinical Privileges and services must be Hospital-specific, within the scope of any license, certificate or other legal credential authorizing practice in Indiana and consistent with any restrictions thereon, and shall be subject to these Bylaws, the Policies & Procedures of the clinical Department and the authority of the Department Chairman and the Medical Staff. Nothing in these Bylaws prohibit any Member with Clinical Privileges in an emergency, so long as permitted by his license, 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 danger or acute worsening of the patient’s condition or likelihood of death.

**Section 5.2. Delineation of Clinical Privileges in General.**

5.2.1 **Requests.** Each application for appointment and reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the applicant and the request will be processed with the application for appointment and reappointment pursuant to Article IV. A request by a Member for modification of Clinical Privileges may be made at any time subject to Section 5.6, but such requests must be supported by documentation of training and/or experience supportive of the request.
5.2.2 Basis for Clinical Privileges Determination. Requests for Clinical Privileges shall be evaluated on the basis of the applicant’s education, health status, training, experience, demonstrated professional competence and judgment, current licensure, clinical performance, and the documented results of patient care and other quality review and monitoring which the Medical Staff deems appropriate. Clinical Privilege determinations may also be based on pertinent information concerning performance obtained from other sources, especially other institutions and health care settings where an applicant exercises Clinical Privileges, and any other information necessary to assure the Board of Directors and the Medical Staff that patients will receive quality care.

Section 5.3. Conditions for Privileges of Independent Non-Physician Practitioners.

5.3.1 Admissions. Non-physician Members of the Medical Staff may only admit patients if a Physician Member of the Medical Staff conducts or directly supervises the admitting medical history and physical examination (except the portion related directly to the non-physician practitioner’s specialty) and assumes responsibility for the care of the patient’s medical problems present at the time of admission or which may arise during hospitalization which are outside the non-physician Member’s lawful scope of practice.

5.3.2 Surgery. Surgical procedures performed by non-physician Members shall be under the overall supervision of the chairman of the appropriate Department of Surgery or the Chairman’s designee.

Section 5.4. Temporary Clinical Privileges.

5.4.1 The associated details for seeking Temporary Clinical Privileges are contained in the Medical Staff Policy & Procedure entitled “Temporary Privileges.”

5.4.2 General Conditions.

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

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

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

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

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

(f) All persons requesting or receiving temporary privileges shall be bound by the Bylaws and Policies & Procedures of the Medical Staff. The Medical Staff Policy regarding Temporary Privileges provides additional details concerning temporary privileges.

(g) **Locum Tenens.** Upon receipt of a complete application that has been verified by the Medical Staff Office, and a written request for specific temporary Privileges, an appropriately licensed Physician, Dentist or Practitioner of documented competence who is serving as a Locum Tenens for a Member of the Medical Staff may, without applying for membership on the Staff, be granted temporary Privileges for an initial 120 Days. A Locum Tenens Physician shall be limited to treatment of the patients of the Physician, Dentist or Practitioner for whom he is serving a Locum Tenens. A Locum Tenens Physician shall not be entitled to admit his own patients to the Hospital unless such Privileges are specifically granted. This request must be accompanied by a written statement from the affected Medical Staff Member that he is utilizing the applicant Physician, Dentist or Practitioner as a Locum Tenens.

**Section 5.5. Emergency/Disaster Privileges.** During a declared state of emergency or disaster, the Medical Staff authorizes the President or the Chief of Staff or their designees to grant emergency and disaster privileges to volunteer licensed independent practitioners. Before exercising these privileges, the licensed independent practitioners must present valid government issued photo identification. The evaluation process for applicants seeking emergency and disaster privileges, which is stated more fully in the “Credentialing Licensed Independent Practitioner/Physicians and Allied Health Professionals in the Event of Disaster” includes (upon presentation of appropriate credentials and review by the President or Chief of Staff or their designees), privileges granted, with post verification after the disaster or emergency has stabilized or within 72 hours.

**Section 5.6. Modification of Clinical Privileges or Department Assignment.** Upon recommendation of the Credentials Committee, the Medical Executive Committee may recommend a change in the Clinical Privileges or Department assignment(s) of a Member. The Medical Executive Committee may also recommend that the granting of additional Clinical Privileges to a current Medical Staff Member be made subject to monitoring which may include, but not be limited to, concurrent or retrospective chart review, mandatory consultation and/or direct observation or any other focused professional practice evaluation. Appropriate records shall be maintained of such monitoring.
A Member who seeks a change in Medical Staff status or modification of Clinical Privileges may submit such a request at any time upon a form developed by the Medical Executive Committee, except that such application may not be filed within one hundred eighty (180) days of the time a similar request has been denied.

A Member requesting reduction of Clinical Privileges or change of Department Assignment must notify the Medical Staff Office who will relay the request to the appropriate Department(s), Committee(s), and the Board of Directors who will appropriately revise the Member’s Clinical Privileges and Department Assignment. Such a request requires no action and such modification is for information only.

Section 5.7. Lapse of Application for Modification of Clinical Privileges. If a Medical Staff Member requesting a modification of Clinical Privileges or Department assignment fails, within thirty (30) working days, to timely furnish the information necessary to evaluate the request, the application shall automatically lapse, unless granted an extension by the Medical Executive Committee for good cause, and the applicant shall not be entitled to a hearing as set forth in Article VII.

Section 5.8. Advanced Trainees. Advanced Trainees are students, residents, fellows, and visiting fellows under the Graduate Medical Education (GME) administration (either an approved ACGME/AOA/APM program or a Community Health Network-approved program) and act under the auspices of their respective programs. Advanced Trainees will not be required to request specific Clinical Privileges, unless required by an Accreditation Body. Advanced Trainees must carry out any clinical care in accordance with the written educational protocols developed by the GME office and approved by Graduate Medical Education Committee of Community Health Network (GMEC) and their training programs. These protocols must delineate the roles, responsibilities, and scope of clinical activities applicable to such Advanced Trainees. The GME administration must also describe the requirements for oversight of Advanced Trainees, the types of orders they may write, and when such orders must be countersigned and by whom. The protocols will describe how Advanced Trainees’ level of responsibility and scope of practice may expand over time and how this information will be transmitted to the Medical Staff and personnel working in the Hospital. These protocols must be periodically reviewed and approved by the Medical Executive Committee. In addition, training programs will periodically communicate with the Medical Executive Committee regarding the performance of its trainees and alert the Medical Executive Committee to any performance concerns or matters that may threaten patient safety. GMEC will report annually to the Medical Executive Committee. The training program must work with the Medical Executive Committee to ensure that all supervising Members hold Clinical Privileges commensurate with their oversight activities.

Section 5.9. Allied Health Professionals. Upon recommendation of the Medical Staff to the Board, the Hospital recognizes certain healthcare professionals are eligible to seek Clinical Privileges as Allied Health Professionals at Hospital. The Allied Health Professional Policy provides further detail.

ARTICLE VI

CORRECTIVE ACTION
**Section 6.1. Corrective Action.** The Board of Directors, the Medical Staff, and committees of the Medical Staff, and any individuals within the Hospital authorized to conduct Peer Review activities in order to promote professional Peer Review activities, constitute themselves Peer Review Committees as defined by the Health Care Quality Improvement Act of 1986 and the Indiana Peer Review statute. The Board, the Medical Staff and committees of the Medical Staff claim all privileges and immunities afforded them by law.

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

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

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

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

The Committee recommendation shall be one or more of the following:
(a) Determine that no corrective action be taken and, if the Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the Member’s file;

(b) Defer action for a reasonable time where circumstances warrant;

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

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

(e) Recommend reduction, modification, suspension or revocation of Clinical Privileges;

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

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

(h) Take other action deemed appropriate under the circumstances.

Periods of monitoring, continuing education requirements and other remedies that require additional evaluation after time to determine compliance, competence, or improvement shall be items of continuing recurrence on the Medical Executive Committee agenda until final resolution of the incident. The Practitioner Wellness Committee will be responsible for monitoring and follow-up of impaired practitioners.

6.1.5 Subsequent Action.

(a) The Medical Executive Committee may approve, amend or disapprove the recommendation of the Professional Standards Committee or Credentials Committee. If corrective action as set forth in Section 7.3-1(a)-(l) is recommended by the Medical Executive Committee, that recommendation shall be transmitted to the Board of Directors.

(b) The recommendation of the Medical Executive Committee shall be forwarded to the Board and with Board approval shall become final action unless the Member is entitled to the hearing and appeal procedures in Article VII, in which case the final decision shall be determined as set forth in Article VII.

Section 6.2. Summary Restriction or Suspension.

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

6.2.2 Medical Executive Committee Meeting. Within fifteen (15) calendar days after such summary restriction or suspension has been imposed, a meeting of the Medical Executive Committee shall be convened to review and consider the action. Upon request, the Member may attend and may make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose. In no event shall any meeting of the Medical Executive Committee, with or without the Member, constitute a “hearing” within the meaning of Article VII, nor shall any procedural rules apply. The Member may be accompanied by a lawyer licensed to practice in Indiana, but the lawyer may not render advice nor enter into any discussion. The Member shall notify the Chief of Staff if his lawyer will be in attendance so that the Medical Executive Committee may also have its lawyer present. The Member’s failure, without good cause, to attend any Medical Executive Committee meeting upon request shall constitute a waiver of his rights under Article VII. The Medical Executive Committee may modify, continue or terminate the summary restriction or suspension. It shall furnish the Member with notice of its decision. The decision of the Medical Executive Committee to summarily restrict or suspend Clinical Privileges is administrative in nature and does not constitute nor imply a finding of guilt or culpability on the part of the suspended or restricted Member.

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

Section 6.3. Automatic Suspension or Limitation. Automatic suspensions do not give rise to any hearing or appeal rights. Notice to the Member of the automatic suspension may be given by the Chief of Staff, Physician Executive, or President. Automatic suspensions are terminated upon the Member’s notice to the Medical Executive Committee of compliance with the involved requirement and verification of such compliance by the Chief of Staff, Physician Executive or President unless the Member’s appointment term has expired in the interim and except as provided otherwise herein. Automatic suspensions will be reported as required by state and federal law.

6.3.1 Federally-Funded Programs.

(a) A Member who is excluded or terminated by General Services Administration or the Office of the Inspector General from any federally-funded program; e.g.
Medicare, Medicaid, Champus, Tricare, shall automatically relinquish all Clinical Privileges as of the effective date of the termination or exclusion.

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

(c) It shall be the duty of all Members to promptly inform the Chief of Staff and President of any Adverse Action taken by any federally-funded program.

6.3.2 License.

(a) Revocation and Suspension: Whenever a Member’s license to practice in Indiana is revoked or suspended, Medical Staff appointment and Clinical Privileges shall be automatically terminated as of the date such action becomes effective.

(b) Restriction: Whenever a Member’s license to practice in Indiana is limited or restricted the Member’s Clinical Privileges shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective.

(c) Probation: Whenever a Member’s license is placed on probation, his appointment status and Clinical Privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective.

6.3.3 Controlled Substance Registration.

(a) Whenever a Member’s Indiana controlled substance registration or drug enforcement agency (“DEA”) registration are revoked, suspended, limited or surrendered, the Member shall automatically be divested of the right to prescribe controlled medications covered by the registrations, as of the date such action becomes effective and throughout its term.

(b) Whenever a Member’s Indiana controlled substance registration and/or DEA registration is subject to probation, the Member’s right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

(c) An automatic suspension shall be imposed effective immediately upon any Allied Health Professional whose legal prescribing authority derives from either a supervising agreement or collaborative agreement with a Member whose ability to prescribe controlled substances has been terminated, suspended, or surrendered.

6.3.4 Medical Malpractice Coverage Lapse. The Member who fails to maintain the required medical malpractice coverage required by being Qualified Health Care Provider shall be automatically suspended.
6.3.5 *Failure to Satisfy Special Appearance Requirement.* A Member who fails, without good cause, to appear and satisfy the requirements of Section 11.5-2 shall automatically be suspended from exercising all or such portion of Clinical Privileges.

6.3.6 *Medical Records.* Members are required to complete medical records within such reasonable time prescribed in the Medical Staff Policies & Procedures, the Medical Executive Committee reserves the right in addition to the measures set forth in the Medical Staff Policy to impose a limited suspension in the form of withdrawal of admitting and other related privileges until medical records are completed. This limited medical record suspension shall be automatically imposed after the Member has received notice of failure to complete medical records within such period. For the purpose of this Section, “related privileges” means voluntary on-call service for Emergency Room, scheduling surgery, assisting in surgery, consulting on Hospital cases, and providing professional services within the Hospital for future patients. Bona fide vacation, leaves for business or illness may constitute an excuse subject to approval by the Medical Executive Committee. Members whose privileges have been suspended for delinquent records may admit patients only in life-threatening situations or obstetrical patients. The suspension shall continue until all records are completed.

6.3.7 *Medical Executive Committee Deliberation.* Any suspension based on Member’s license, controlled substance registration, or medical record completion history shall not be lifted until the Medical Executive Committee votes on whether to initiate its own corrective action. The Medical Executive Committee reserves the right to convene to review and consider the facts related to these automatic suspensions and restrictions, and may recommend further corrective action as deemed appropriate following the procedure generally set forth commencing at Section 6.1-3.

**ARTICLE VII**

**HEARINGS AND APPELLATE REVIEW**

**Section 7.1. Purpose.** The purpose of these hearing and appeal provisions is to provide a process for resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Because such proceedings use resources that could be used for providing and/or improving patient care, the Medical Staff and Hospital have decided to make available the hearing and appeal procedures set forth in these Bylaws to only eligible Members of the Medical Staff and Applicants. In order to be eligible, the Member or Applicant must be the subject of a significant proposed Adverse Action based on professional qualifications, competency or conduct, that if approved by the Board, must be reported to the National Practitioner Data Bank and the Indiana Medical Licensing Board. A Member or Applicant who is not eligible for the hearing and appeal procedures may request an opportunity for an audience before the Medical Executive Committee to discuss the action or recommendation and/or submit a written rebuttal to be placed in his/her Credentials File.

These provisions 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 7.2. Exhaustion of Remedies.** If any proposed Adverse Action as defined in these Bylaws is taken or recommended, the Applicant or Member must exhaust the remedies afforded by these Bylaws before resorting to any legal action or judicial review.
Section 7.3. Right to Hearing and Appellate Review.

7.3.1 Actions Giving Rise to Hearing. When an eligible Member or Applicant (hereinafter "Affected Practitioner") receives notice of a proposed Adverse Action as defined in these Bylaws based on the Affected Practitioner's professional qualifications, competency or conduct made by the Medical Executive Committee that, if ratified by decision of the Board of Directors, will adversely affect his appointment to or status as a Member, or his exercise of Clinical Privileges as a Member, he shall be entitled to one (1) evidentiary hearing as provided herein. If the recommendation of the Medical Executive Committee following such hearing is still adverse to the Affected Practitioner, then the Affected Practitioner shall be entitled to one (1) appellate review prior to the Board of Directors making a final decision on the matter.

When the Affected Practitioner receives notice of a Board of Directors' decision based on the Affected Practitioner's professional qualifications, competency or conduct that will adversely affect his appointment to or status as a Member of the Medical Staff or his exercise of Clinical Privileges, and such decision is not based on a prior proposed Adverse Action by the Medical Executive Committee with respect to which he would have been entitled to a hearing, the Affected Practitioner shall be entitled to a hearing as provided in these provisions. If such hearing does not result in a favorable recommendation, the Affected Practitioner shall be entitled to an appellate review by the Board of Directors or a committee thereof before the Board of Directors makes a final decision on the matter.

7.3.2 Actions Not Giving Rise to Hearing Right. A Peer Review Committee shall not be deemed to have made a proposal for an Adverse Recommendation or action or to have made such a recommendation or taken such an action, and a hearing right under this Section shall not have arisen in any of the following:

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

(b) Automatic suspension or limitation as provided in Section 6.3;

(c) The restriction or suspension of Clinical Privileges for a period of less than fourteen (14) days while an investigation is pending;

(d) The denial of a request for a leave of absence or for an extension of a leave of absence;

(e) Determination by the Hospital that an application for appointment or reappointment is untimely or incomplete;

(f) A decision not to process an application under the available procedures for expedited review;

(g) Assignment to a particular Medical Staff Department or membership category;

(h) Imposition of a proctoring or monitoring requirement where such does not include a restriction on Clinical Privileges;

(i) Failure to process a request for Clinical Privileges when the Applicant does not meet the threshold eligibility requirements to seek that privilege;
(j) Conduct of focused Peer Review (including external Peer Review) or a formal investigation;

(k) The requirement to appear for a special meeting under the provisions of the Medical Staff Bylaws;

(l) The termination or limitation of temporary privileges;

(m) The determination that an applicant for membership does not meet the requisite qualifications or criteria for membership;

(n) Ineligibility to request membership or Clinical Privileges or continue the exercise of privileges because the Hospital enters into an exclusive agreement for the provision of certain services;

(o) Termination of any contract with or employment by the Hospital;

(p) Any non-Adverse Recommendation voluntarily accepted by the Member as a result of collegial intervention;

(q) Removal or limitation of emergency service call obligations;

(r) Any requirement to complete an educational assessment;

(s) Any requirement to undergo a mental, behavioral, or physical evaluation to determine fitness for practice;

(t) Appointment or reappointment for a duration of less than 24 months;

(u) Refusal of the Board to reinstate Medical Staff membership or Clinical Privileges following a leave of absence;

(v) Actions taken by the licensing agency or any other governmental agency or regulatory body;

(w) Any recommendation or action not “adversely affecting” (as such term is defined in the Health Care Quality Improvement Act (HCQIA) the Clinical Privileges of and Applicant/Member.

**Section 7.4. Expedited Hearing Rights.** A hearing for an Affected Practitioner who is under suspension shall be held as soon as arrangements therefore may reasonably be made, if the Affected Practitioner requests in writing such an expedited hearing date and waives the usual deadlines as stated below in favor of an expedited process.

**Section 7.5. Notice of Proposed Adverse Action.** Whenever any proposed Adverse Action is made, the Hospital President shall be responsible for giving written notice within ten (10) days to the Affected Practitioner of the proposed Adverse Action and of the Affected Practitioner's rights to a hearing, by certified mail, return receipt requested, or by personal delivery. Such notice shall contain the following:
(a) the Adverse Action proposed;
(b) the reasons for the proposed Adverse Action including representative records and/or incident or committee reports if known at the time;
(c) the statement that a hearing, if desired, must be requested within thirty (30) days; and
(d) a summary of Affected Practitioner's hearing rights.

Section 7.6. Request for Hearing. The Affected Practitioner shall have thirty (30) days from receipt of the notice in which to request a hearing.

The failure to request a hearing within the time and in the manner herein provided shall be deemed a waiver of the Affected Practitioner's right to such hearing and to any appellate review. A waiver of a hearing right as to an Adverse Recommendation also waives a hearing right to the adverse action.

When the waived hearing or appellate review relates to an Adverse Recommendation of the Medical Executive Committee or Hearing Committee appointed by the Hospital President, the recommendation shall thereupon become and remain effective against the Affected Practitioner pending the Board of Directors' decision on the matter. When the waived hearing or appellate review relates to an adverse decision by the Board of Directors, the same shall thereupon become and remain effective against the Affected Practitioner until a final decision of the Board of Directors is made. In either of such events, the Hospital President shall promptly notify the Affected Practitioner of his/her status by certified mail, return receipt requested.

Section 7.7. Hearing Arrangements, Date and Notification.

7.7.1 Hearing Arrangements. Within fifteen (15) days after receipt of a request for hearing, the Hospital President shall select a hearing date.

7.7.2 Hearing Date. The hearing date shall not be fewer than thirty (30) days nor more than sixty (60) days from the date of receipt of the Affected Practitioner's request for hearing unless otherwise agreed.

7.7.3 Notification of Hearing Date. The President shall notify the Affected Practitioner of the time, place, and date so scheduled, by certified mail, return receipt requested. The written notification of the hearing shall also:

(a) list witnesses (if any) expected to testify and a brief summary of their expected testimony;
(b) identify specific or representative charts being questioned;
(c) inform the Affected Practitioner that he has the right to representation by an attorney licensed to practice law in Indiana or a Member in good standing. The notice shall also inform the Affected Practitioner that he must advise the President within seven (7) days after the hearing notice of the name and address of any such representative and whether such representative is an attorney; and,
Section 7.8. Hearing Committee.

7.8.1 Qualifications. When a hearing relates to a proposed Adverse Action of the Medical Executive Committee, the Hearing Committee shall be appointed by the President and shall consist of at least three (3) Members of the Medical Staff. The Hearing Committee shall have no Members (i) who actively participated in initiating or investigating the underlying matter at issue or was responsible for making the proposal giving rise to the hearing unless it is otherwise impossible to select a representative group because of the size of the Medical Staff, or (ii) who are in "direct economic competition" with the Affected Practitioner for whom the hearing has been scheduled. “Direct economic competition” for the purposes of this section of the Bylaws means the "Member practices in the same specialty as the Affected Practitioner." Employment by or a contract with the Hospital, Community Health Network, or any affiliated hospital will not preclude any individual from serving on the Hearing Committee.

When a hearing relates to an adverse decision of the Board of Directors that is contrary to the recommendation of the Medical Executive Committee, the Board of Directors may appoint a Hearing Committee to conduct such hearing, and shall designate one Member as chairperson. At least two (2) representatives from the Medical Staff shall be included on this Hearing Committee. These representatives will meet the standard set forth in Section 7.7-1.

The Affected Practitioner and the Medical Executive Committee shall be notified of Members appointed to serve as the Hearing Committee. Within seven (7) days of such notification, either party may advise the President in writing that an appointed Member does not meet the criteria set forth in Section 1.8. The President shall consider the merits of such contention and if found correct, shall replace that Member. Failure to object in a timely manner to any appointed Hearing Committee Member constitutes a waiver of such objection.

Section 7.9. Hearing Officer. The President shall select a 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, a retired judge or an attorney experienced in healthcare law who is not regularly employed or engaged by any of the parties to the hearing for duties other than acting as Hearing Officer.

(a) If the Hearing Officer is not a Member of the Hearing Committee, then the Affected Practitioner may advise the President in writing within seven (7) days from the notice of the identity of the Hearing Officer that he does not believe the selected Hearing Officer satisfies the criteria; the President shall determine the merits of such contention, and if the contention is found be correct shall select another Hearing Officer.

(b) The Hearing Officer shall set a date, time, and place for the exchange of lists of witnesses (if any) expected to testify at the hearing and copies of exhibits by both parties.
sides. Any witness not then listed and any exhibit not provided may in the discretion of the Hearing Officer be excluded.

(c) There shall be no right to discovery. In advance of the hearing, the Affected Practitioner will be provided a copy of all materials gathered by the [Medical Executive Committee] in support of its proposed Adverse Action in advance of the hearing solely for the purpose of preparing for the hearing. These materials remain confidential and Peer Review privileged. The Affected Practitioner is prohibited from using the materials outside of the hearing and appeal provided in the Bylaws. There shall be no right to the discovery of any information concerning other Member or Peer Review minutes of any Medical Staff committee or activities unless specifically created and limited to portions of minutes addressing Affected Practitioner’s competence or conduct.

(d) The Hearing Officer shall be entitled to determine the order of proceeding during the hearing, to promulgate rules and procedures not inconsistent with the this Policy and the Bylaws, 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.

(e) The Hearing Officer shall set reasonable time limits on the hearing.

(f) The Hearing Officer may participate in the deliberations, act as an advisor, and write the report and recommendation for the Committee, but he may not vote unless he is a Member. In other words, 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.

Section 7.10. Hearing.

7.10.1 Personal Appearance Requirement. The personal presence of the Affected Practitioner for whom the hearing has been scheduled shall be mandatory. An Affected Practitioner who fails, without good cause, to appear and proceed at such hearing shall be deemed to have waived his/her rights and to have accepted the Adverse Recommendation, and the same shall thereupon become and remain in effect until Board action.

7.10.2 Continuance. Postponement of the hearing beyond the time set forth in this Policy shall be made only with the approval of the Hearing Committee or Hearing Officer. Granting of such postponements shall only be for good cause shown and in the sole discretion of the Hearing Committee or Hearing Officer.

7.10.3 Representation. The Affected Practitioner shall be entitled to be accompanied by and represented at the hearing by a Member of the Medical Staff in good standing or by an attorney licensed to practice in Indiana at his/her own expense. When the Medical Executive Committee's action has prompted the hearing, a Member of the Medical Executive Committee shall be appointed to represent the Committee's position at the hearing and to present the facts, documents and any witnesses in support of its proposed Adverse Action. The Board of Directors, when its action has prompted the hearing, shall appoint a director to represent it at the hearing, to present the facts, documents and witnesses in support of its adverse decision.
The representative of the Medical Executive Committee or Board of Directors may be represented by an attorney retained at the Hospital's expense. If the Affected Practitioner chooses to be represented by legal counsel, then the Medical Staff or Board of Directors must also be represented by legal counsel in the proceedings.

7.10.4 A majority of the Members of the Hearing Committee shall be present when the hearing takes place. No Member may vote by proxy.

7.10.5 Record. An accurate record of the hearing must be kept. The mechanism shall be established by the Hearing Officer. An accurate record may be accomplished by use of a court reporter, electronic recording unit, or detailed transcription.

7.10.6 The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in any civil or criminal action.

7.10.7 Written Statements. The parties shall, prior, during, or within a time frame after the hearing established by the Hearing Officer or committee chairman, be entitled to submit memoranda concerning any issue of procedure or of fact, and such memoranda shall become a part of the hearing record.

Section 7.11. Standard Burden of Proof.

(a) In cases challenging the proposed Adverse Action of the Medical Executive Committee, the Medical Executive Committee shall have the burden of initially producing evidence in support of the proposed Adverse Action. The Affected Practitioner bears the ultimate burden of providing, by a preponderance of the evidence that the proposed Adverse Action should be rejected.

(b) In cases challenging denial or limitation of appointment or requested Clinical Privileges, the Affected Practitioner shall bear the burden to initially produce evidence and bear the ultimate burden of persuading the Hearing Committee. In all cases, the Affected Practitioner shall be required to prove, by a preponderance of the evidence presented, that the reasons for the adverse decision were (1) lacking foundation in fact or (2) that the recommended action or decision was arbitrary or unreasonable.

Section 7.12. Hearing Rights. At the hearing, the Affected Practitioner and Medical Executive Committee shall have the right to:

(a) to call and examine witnesses;

(b) to introduce written evidence;

(c) to cross-examine witnesses on any matter relevant to the issue of the hearing; to challenge any witnesses;

(d) to rebut any evidence;
(e) to submit a written statement at the close of evidence;

(f) to have a copy of the record of the proceedings upon payment of any reasonable charge associated with the preparation thereof;

(g) to receive a copy of the written findings and recommendation of the Hearing Committee or Hearing Officer; and

(h) if the Affected Practitioner does not testify on his/her own behalf, he may be called and examined as if under cross-examination.

Section 7.13. Recess/Adjournment. 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 obtaining new or additional evidence. Upon conclusion of all evidence, the hearing shall be closed. The Hearing Committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Affected Practitioner for whom the hearing was convened. The Hearing Committee may recess the hearing at its conclusion until a transcript can be provided. After receipt of all of the written and oral evidence; written statements of the parties, if submitted to the Hearing Committee; the transcript of the hearing, if submitted to the Hearing Committee; and after the completion of the deliberations of the Hearing Committee, the hearing shall be adjourned.


7.14.1 Within thirty (30) days after final adjournment of the hearing, the Hearing Committee shall make a written report and recommendation. This report and recommendation shall be forwarded with the record of proceedings to whichever committee's action triggered the hearing, the Medical Executive Committee or Board of Directors.

7.14.2 A copy of the Hearing Committee's report and recommendation shall also be sent by certified mail, return receipt requested, to the Affected Practitioner.

7.14.3 The report may recommend confirmation, modification, or rejection of the original Adverse Recommendation. The body receiving the report shall, at a special meeting called to consider the matter or at its next regularly scheduled meeting after its receipt, but in any event no longer than forty-five (45) days after receiving it, review it.

7.14.4 A majority vote of the body present is required to modify or reject the original Adverse Recommendation. Written notice of the action taken shall be sent by certified mail, return receipt requested, to the Affected Practitioner. The recommendation will not be forwarded to the Board of Directors for final action until the Affected Practitioner has exercised or been deemed to have waived his/her right to an appeal.

Section 7.15. Appeal to the Board of Directors.

7.15.1 Time Period to Request an Appeal. Within fifteen (15) days after receipt of a notice by an Affected Practitioner of an Adverse Recommendation or decision made or adhered to by the Medical Executive Committee or Board of Directors after a hearing as provided above, he may request an appeal to the Board of Directors by mailing a written request for appellate review to the Board of Directors delivered through the Hospital President by certified mail, return receipt requested.
7.15.2 *Grounds for Appeal.* Such request for appellate review must list briefly all grounds upon which the appeal is based. Any grounds not listed are waived, and only those grounds listed will be considered on appeal. Such notice may request that the appellate review be held only on the record on which the Adverse Recommendation or decision is based, as supported by the Affected Practitioner's written statement provided for below, or may also request that oral argument be permitted as part of the appellate review. Oral arguments may be permitted in the sole discretion of the Board of Directors as part of appellate review.

7.15.3 *Waiver of Appeal.* If appellate review is not requested within fifteen (15) days, the Affected Practitioner shall be deemed to have waived his/her right to the same, and to have accepted such Adverse Recommendation or decision, and the same shall become effective immediately when acted upon by the Board of Directors.

7.15.4 *Notice of Appellate Review Date.* Promptly after receipt of request for appellate review, the Board of Directors shall schedule a date for such review, including a time and place for oral argument, if such has been requested and granted and shall, through the Hospital President, by written notice sent by certified mail, return receipt requested, notify the Affected Practitioner and Medical Staff representative of the same. The date of the appellate review shall not be fewer than thirty (30) days, nor more than sixty (60) days from the date of receipt of request for appellate review, except that when the Affected Practitioner requesting the review is under a suspension which is then in effect, such review shall be scheduled as soon as the arrangements may reasonably be made, but not more than thirty (30) days from the date of receipt of such request.

7.15.5 *Appellate Committee.* The appellate review shall be conducted by the Board of Directors or a duly-appointed appellate review committee of the Board of Directors of not fewer than three (3) Members.

7.15.6 *Appellate Rights.* The Affected Practitioner shall have access to record of proceedings including the hearing transcript, but shall pay the costs of preparing the transcript. He may submit a written statement in his/her own behalf, in which those factual and procedural matters with which he disagrees, and his/her reasons for such disagreement shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. This written statement shall be confined solely to those grounds listed in the Affected Practitioner's request for appellate review. Such written statement shall be submitted to the Board of Directors through the Hospital President by certified mail, return receipt requested, at least five (5) days prior to the scheduled date for the appellate review. Failure to submit the written statement within either of the above-listed time limits waives the Affected Practitioner's right to file such a statement. A similar statement may be submitted on behalf of the Medical Executive Committee, or the Chairperson of the Hearing Committee appointed by the Board of Directors, at least five (5) days prior to the scheduled date for appellate review.

7.15.7 *Conduct of the Appeal.* The Board of Directors or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings, and shall consider the written statements submitted for the purpose of determining whether the Adverse Recommendation or decision against the Affected Practitioner was justified and not arbitrary or capricious. If oral argument is requested and permitted as part of the review procedure, the Affected Practitioner shall be present at such appellate review and shall be permitted to speak...
against the Adverse Recommendation or decision. The Affected Practitioner shall answer questions put to him or her by any Member of the appellate review body. The Medical Staff or the Board of Directors, whichever is appropriate, shall also be represented by an individual who shall be permitted to speak in favor of the Adverse Recommendation or decision, and who shall answer questions put to him/her by any Member of the appellate review body. Both sides may be represented by counsel if they were so represented at the hearing.

7.15.8 Handling New Evidence. New or additional matters not raised during the original hearing or in the Hearing Committee report, nor otherwise reflected in the record, shall be introduced at the appellate review only under unusual circumstances, and the Board of Directors or the committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matters will be accepted.

7.15.9 Decision.

(a) If the appellate review is conducted by the Board of Directors, it may affirm, modify, or reverse the prior decision, or in its discretion, refer the matter back to the Medical Executive Committee for further review and recommendation within fifteen (15) days. Such referral may include a request that the Medical Executive Committee arrange for a further hearing to resolve specified disputed issues.

(b) If the appellate review is conducted by a committee of the Board of Directors, such committee shall, within thirty (30) days after the adjourned date of the appellate review, either make a written report recommending that the Board of Directors affirm, modify, or reverse the prior decision, or refer the matter back to the Medical Executive Committee for further review and recommendation within fifteen (15) days. Such referral may include a request that the Medical Executive Committee arrange for a further hearing to resolve disputed issues. Within thirty (30) days after receipt of such recommendation after referral, the committee shall make its recommendation to the Board of Directors as above provided.

7.15.10 Conclusion. The appellate review shall not be deemed to be concluded until all of the procedural steps provided in the Bylaws have been completed or waived. Upon completion of the procedural steps, the Chairman of the Board of Directors or the presiding chairman of a committee appointed by the Board of Directors may, through written notice to the parties, deem the appellate review to be concluded. If the Board of Directors or committee takes no action to conclude the appellate review, the review shall be determined to be concluded no later than fifteen (15) days after the completion of the procedural steps required by these provisions.

Section 7.16. Final Decision by Board of Directors.

7.16.1 Time Frame. Within thirty (30) days after the conclusion of the appellate review, the Board of Directors shall make its decision in the matter and shall send notice thereof to the Affected Practitioner, by certified mail, return receipt requested. If this decision is contrary to the Medical Executive Committee's last such recommendation, the Board of Directors shall refer the matter to the Joint Conference Committee for further review and recommendation within fifteen (15) days, and shall include in such notice of its decision a statement that a final decision will not be made until the Joint Conference Committee's recommendation has been
received. At its next meeting after receipt of the Joint Conference Committee's recommendation, the Board of Directors shall make its final decision with like effect and notice as first above provided.

7.16.2 One Hearing and One Appeal. Notwithstanding any other provision of these Bylaws, no Affected Practitioner shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the Medical Executive Committee, or by the Board of Directors, or by a duly authorized committee of the Board of Directors, or by both.

7.16.3 Reporting Requirements. The Hospital or its authorized representative shall report to the Indiana Medical Licensing Board and National Practitioner Data Bank all final Adverse Actions taken by the Board of Directors in compliance with the Indiana Hospital Statute and the Health Care Quality Improvement Act of 1986. The Board’s adoption of such Adverse Action as a final action shall only occur after the hearing and appeal process set forth in these Bylaws has been completed or waived.

7.16.4 Fraudulent, False or Omitted Material Information. An Affected Practitioner who has been denied membership on the Medical Staff because of fraudulent information, falsification of information, or material omission presented in the application process must wait two (2) years from the final action before applying again.

7.16.5 Reapplication After Denial. An Affected Practitioner who has been denied membership on the Medical Staff by the Board of Directors may not make further application for membership for a period of one (1) year from the date of the letter of final denial. An application received after that one (1) year period must include evidence of a change in the circumstances which resulted in the denial. If such an application is accepted as complete and privileges are denied or limited, the Affected Practitioner shall have hearing and appeal rights.

7.16.6 Renewal of Clinical Privileges. An Affected Practitioner who has been denied Clinical Privileges by the Board of Directors may request such Clinical Privileges only if that Affected Practitioner can provide adequate documentation of additional education, training, and experience to qualify for privileges previously denied. If such an application is accepted as complete and privileges are denied or limited based on competency, the Affected Practitioner shall have hearing and appeal rights.

ARTICLE VIII

OFFICERS

Section 8.1. Officers of the Medical Staff.

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

8.1.2 Qualifications.Officers must be Members of the Active Medical Staff at the time of their nomination and election, and must remain Members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.
8.1.3  *Elections.* The Chief of Staff, Vice Chief of Staff and the Secretary/Treasurer shall be elected at the designated meeting of the Medical Staff. Voting may be by confidential written ballot. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. In the event of a tie vote, it shall be resolved according to procedures outlined in Roberts Rules of Order.

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

8.1.5  *Recall of Officers.* Except as otherwise provided, recall of a Medical Staff Officer may be initiated by the Medical Executive Committee or shall be initiated by a petition signed by at least one-third of the Members of the Medical Staff eligible to vote for officers. Recall shall be considered at the special meeting called for that purpose. Recall shall require two-thirds vote of the Medical Staff Members who are present and eligible to vote for Medical Staff Officers. Permissible basis for removal of a Medical Staff Officer may include but may not be limited to:

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

(b)  Failure to continuously satisfy the qualifications for the position.

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

Section 8.2.  *Duties of Officers.*

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

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

(b)  Calling, presiding at, and being responsible for the agenda of all meetings of the Medical Staff;
(c) Serving as Chairman of the Medical Executive Committee;

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

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

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

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

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

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

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

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

8.2.4 Secretary/Treasurer. The Secretary/Treasurer shall be a Member of the Medical Executive Committee and the Constitution & Bylaws Committee. The duties shall include, with the assistance of Hospital Administration, but not be limited to:

(a) Maintaining a roster of Members;

(b) Keeping accurate and complete minutes of all Medical Executive Committee and Medical Staff meetings;

(c) Calling meetings on the order of the Chief of Staff or Medical Executive Committee;

(d) Attending to all appropriate correspondence and notices on behalf of the Medical Staff;

(e) Receiving and safeguarding all funds of the Medical Staff;
(f) Excusing absences from meetings on behalf of the Medical Executive Committee; and

(g) Performing such other duties as ordinarily pertain to the office or as may be assigned from time to time by the Chief of Staff or Medical Executive Committee.

ARTICLE IX

CLINICAL DEPARTMENTS AND SECTIONS

Section 9.1. Organization of Clinical Departments and Sections. The Medical Staff shall be divided into Clinical Departments. Each Department shall be organized as a separate component of the Medical Staff and shall have a Chairman selected and entrusted with the authority, duties and responsibilities specified in Section 9.6. Any Department may be further divided, as appropriate, into Sections which shall be directly responsible to the Department within which it functions and which shall have a Section Chief selected and entrusted with the authority, duties and responsibilities specified in Section 9.7. When appropriate, the Medical Executive Committee may recommend to the Medical Staff the creation, elimination, modification, or combination of Departments or Sections.

Section 9.2. Current Departments and Sections. The current Departments and Sections are:

- Anesthesia Department
- Emergency Medicine Department
- Cardiology Department
- Family Medicine Department
- Internal Medicine Department
- Surgery Department
  - Podiatry Section
  - Pathology Section
  - Orthopaedics Section
- OB/Gyn Department
  - Pediatric Section
- Radiology Department

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

Section 9.3. Assignment to Departments and Sections. Each Member shall be assigned appointment in at least one Department and to a Section, if any, within such Department but may be granted appointment and/or Clinical Privileges in other Departments or Sections consistent with Clinical Privileges granted.

Section 9.4. Functions of Departments.

The general functions of each Department shall include:

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

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

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

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

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

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

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

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

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

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

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

Section 9.5. Functions of Sections. Subject to the approval of the Medical Executive Committee, each Section shall perform the functions assigned to it by the Department Chairman. Such functions may include, without limitation, retrospective patient reviews, evaluation of patient care practices, credentials review and Clinical Privileges delineation and continuing education programs. The Section shall transmit regular reports to the Department Chairman of the conduct of its assigned functions.

Section 9.6. Department Leadership.
9.6.1 Qualifications. Each Department shall have a Chairman and a Vice-Chairman who shall be Members of the Active Medical Staff and shall be certified by an appropriate specialty board or comparably qualified as affirmatively established through the Clinical Privilege delineation process by training, experience and demonstrated ability in at least one of the clinical areas covered by the Department.

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

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

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

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

(a) Act as presiding officer at Department meetings;

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

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

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

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

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

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

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

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

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

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

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

(m) Recommend delineated Clinical Privileges for each Member of the Department;

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

(o) Access and recommend to the Hospital any off-site sources for needed patient care, treatment, and services not provided by the Hospital;

(p) Integrate the Department into the primary functions of the Hospital;

(q) Coordinate and integrate the Department among the other Departments and within the Department;

(r) Recommend the number of qualified and competent persons to provide care, treatment and services;

(s) Determine the qualifications and competence of Department personnel who provide patient care, treatment, and services but are not privileged practitioners;
(t) Oversee the orientation and continuing education of all persons in the Department; and

(u) Recommend space and other resources needed by the Department.

Section 9.7. Section Chiefs.

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

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

9.7.3 Term of Office. Each Section Chief shall serve a one-year term which coincides with the Medical Staff Year or until his successor is chosen unless the Section Chief shall sooner resign or be removed from office or lose Medical Staff appointment or Clinical Privileges in the Section. Section Chiefs shall be eligible to succeed themselves.

9.7.4 Removal. After appointment and ratification, a Section Chief may be removed by recommendation of the Section and approval by a majority vote of the Medical Executive Committee.

9.7.5 Duties. Each Section Chief shall:

(a) Act as presiding officer at Section meetings;

(b) Assist in the development and implementation, in cooperation with the Department Chairman or programs, to carry out the quality review and evaluation and monitoring functions assigned to the Section.

(c) Evaluate the clinical work performed in the Section;

(d) Conduct investigations and submit reports and recommendations to the Department Chairman regarding the Clinical Privileges to be exercised within his Section by Members of or applicants to the Medical Staff;

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

ARTICLE X

COMMITTEES

Section 10.1. Committee Designation. The committees described in this Article shall be the standing and ad hoc committees of the Medical Staff and where appropriate shall be structured to qualify as a “Peer Review Committee” as defined in Indiana’s Peer Review Statute and “Professional Review Committee” as defined in the Health Care Quality Improvement Act. Special or ad hoc
committees may be created by the Medical Executive Committee to perform specific tasks. Unless otherwise specified, the chairman and members of all committees shall be appointed by the Chief of Staff and may be removed by the Chief of Staff, subject to consultation with, and approval by, the Medical Executive Committee. Medical Staff committees shall be responsible to the Medical Executive Committee.

Section 10.2. General Provisions.

10.2.1 Terms of Committee Members. Unless otherwise specified, committee Members shall be appointed for a term of one (1) year, and shall serve until the end of this period or until the Member’s successor is appointed, unless the Member shall sooner resign or be removed from the committee.

10.2.2 Removal. If a Member of a committee ceases to be a Member in good standing of the Medical Staff or suffers a loss or significant limitation of Clinical Privileges or, if any good cause exists, that Member may be removed by the Medical Executive Committee.

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

Section 10.3. Medical Executive Committee.

10.3.1 Composition. The Medical Executive Committee shall consist of the following persons:

(a) The Officers of the Medical Staff;
(b) The Department and Section Chiefs and all Chairmen of standing committees;
(c) The President of the Hospital, Physician Executive, Chairman of the Board of Directors, and Chief of Physician Integration may attend ex-officio with no voting privileges.

The Medical Executive Committee, as described under the Peer Review Statute, shall be able to utilize personnel of the Peer Review committee to assist the committee in carrying out its activities. The Medical Executive Committee may invite guests to the meeting from time to time to provide information. Except for the personnel of the Peer Review Committee, no guest will be allowed to attend any portion of the deliberations of the committee when exercising its peer review authority.

10.3.2 Duties. The duties of the Medical Executive Committee shall include but not be limited to:

(a) Represent and act on behalf of the Medical Staff in the intervals between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws;
(b) Coordinate and implement the professional and organizational activities and policies of the Medical Staff;
(c) Receive and act upon reports and recommendations from Medical Staff Departments, Sections, Committees and assigned activity groups;

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

(i) The structure of the Medical Staff;

(ii) The mechanism used to review credentials and delineated individual privileges;

(iii) Recommendations of individuals for Medical Staff Membership;

(iv) Recommendations for delineated Clinical Privileges for each eligible individual;

(v) The organization of the quality assurance activities of the Medical Staff as well as the mechanism used to conduct, evaluate and revise such activities;

(vi) The mechanism by which Medical Staff Membership may be terminated; and

(vii) The mechanism for fair hearing and appeal procedures.

(e) Evaluate the medical care rendered to patients in the Hospital;

(f) Participate in the development of all Medical Staff and Hospital policy, practice and planning;

(g) Review the qualifications, credentials, performance and professional competence and character of applicants and Members and making recommendations to the Board of Directors regarding Medical Staff appointments and reappointments, assignments to Departments, Clinical Privileges and corrective action;

(h) Take reasonable steps to promote ethical conduct and competent clinical performance on the part of all Members including the initiation of a participation in Medical Staff corrective action or review measures when warranted;

(i) Take reasonable steps to develop continuing education activities and programs for the Medical Staff;

(j) Design such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff and approving or rejecting appointments to Medical Staff committees by the Chief of Staff;

(k) Report to the Medical Staff at each regular Staff meeting;

(l) Assist in obtaining and maintaining accreditation;
(m) Develop and maintain methods for the protection and care of patients and others in the event of internal and external disaster; and

(n) Appoint such special or ad hoc committees as may seem necessary or appropriate to assist the Medical Executive Committee in carrying out its functions and those of the Medical Staff.

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

Section 10.4. Credentials Committee.

10.4.1 Composition. The Credentials Committee shall consist of not fewer than five (5) Members of the Active Medical Staff who shall be appointed on a basis that will ensure representation of the major clinical specialties (Surgery Department, Anesthesia Department, Medicine Services Department, Emergency Medicine Department) and shall include a Hospital-based Physician Member and a Physician Member who has previously served as Chief of Staff. Members of the Credentials Committee shall serve a two (2) year term with expiration of the terms to be established on a staggered basis. There are no limits to the number of term appointments a Member may serve. Members serving on the Credentials Committee may be exempt from responsibilities of serving on any other Medical Staff Committee, Department Chairman or Vice-Chairman when on the Credentials Committee.

10.4.2 Duties. The Credentials Committee shall:

(a) Review and evaluate the qualifications of each practitioner applying for initial appointment, reappointment or modification of membership and Clinical Privileges and, in connection therewith, obtain and consider the recommendation of the appropriate Departments;

(b) Submit required reports and information on the qualifications of each practitioner applying for appointment or particular Clinical Privileges including recommendations with respect to appointment, category, Department affiliation, Clinical Privileges and special conditions;

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

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

(e) Review clinical privilege requirements as warranted and make recommendations to Medical Executive Committee concerning the qualifications necessary when new specialty areas or technologies emerge.

10.4.3 Meetings. The Credentials Committee shall meet as often as necessary at the call of its Chairman. The committee shall maintain a record of its proceeding and actions and shall report to the Medical Executive Committee.
Section 10.5. Quality of Care Committee.

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

Section 10.6. Medical Records Committee. In the event that Medical Staff leadership is unable to secure an adequate number of volunteer Members to function as the Medical Records Committee, the Medical Executive Committee may function as the Medical Records Committee. The Medical Executive Committee may delegate to various departments and medical directors specific functions; for example history and physical review. Please refer to the Medical Staff Policy and Procedure entitled “Medical Record Chart Requirements” for detailed information.

Section 10.7. Pharmacy and Therapeutics Committee.

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

10.7.2 Duties. The duties of the Pharmacy and Therapeutics Committee shall include to:

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

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

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

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

(e) Develop and review a formulary or drug list for use in the Hospital on a periodic basis;

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

(g) Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;

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

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

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

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

Section 10.8. Infection Prevention Committee.

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

10.8.2 Duties. The duties of the Infection Prevention committee shall include:

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

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

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

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

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

(f) Acting upon recommendations related to infection control received from the Chief of Staff, the Medical Executive Committee, Departments and other Committees; and
(g) Reviewing sensitivities of organisms specific to the facility.

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

Section 10.9. Constitution & Bylaws Committee.

10.9.1 Composition. The Constitution & Bylaws Committee shall consist of the Immediate Past Chief of Staff, the Secretary-Treasurer and the Chairman of each Department. The Immediate Past Chief of Staff shall be the Chairman. If the Past Chief of Staff is not available, the Chief of Staff shall appoint a Chairman.

10.9.2 Duties. The duties of the Constitution & Bylaws Committee shall include:

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

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

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

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

Section 10.10. Quality Review Committee.

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

10.10.2 Duties. The Quality Review Committee shall perform the following duties to:

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

(i) Establish systems to identify potential problems in patient care;

(ii) Set priorities for action or problem correction;

(iii) Refer priority problems for assessment and corrective action to appropriate Departments or Committees;
(iv) Monitor the results of quality assurance activities, including the effectiveness of all review functions, throughout the Hospital;

(v) Coordinate quality assurance activities; and

(vi) Coordinate risk management activities.

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

10.10.3 Meetings. The Quality Review Committee shall meet as often as necessary at the call of its Chairman, but at least bimonthly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee and the Board of Directors, except that routine reports to the Board shall not include peer evaluations related to individual Members.

Section 10.11. Bioethics Committee.

10.11.1 Composition. The Bioethics Committee shall consist of such Medical Staff Members as appointed by the Chief of Staff. It may include nurses, lay representatives, social workers, clergy, ethicists, attorneys, administrators and representatives from the Board of Directors, although a majority shall be Physician Members of the Medical Staff.

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

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

Section 10.12. Nominating Committee.

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

10.12.2 Duties. The duties of the Nominating Committee shall be to meet no less than one hundred (100) days prior to the September Medical Staff meeting. The committee’s slate of nominations is to be posted in the Medical Staff Lounge and also sent to the Active Medical Staff ninety (90) days before the scheduled election. Active Members of the Medical Staff may submit nominations of their own choice in writing to the Medical Staff Office not less than sixty (60) days prior to the election. The Nominating Committee will place on the ballot the two (2) most frequently nominated candidates who have at least three (3) Active Members’ endorsement.
The final slate, consisting of candidates nominated by the Nominating Committee and the two (2) most frequently nominated candidates (Active Members) will be posted in the Medical Staff Lounge at least thirty (30) days prior to the election.

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

**Section 10.13. Critical Care Committee.**

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

10.13.2 *Duties.* The duties of the Critical Care Committee shall include:

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

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

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

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

(e) Reviewing and evaluating patient care provided in the Units.

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

**Section 10.14. Utilization Committee.**

10.14.1 *Composition.* The Utilization Management Committee will consist of a Physician Member advisor, Case Management Directors, Chief Operating Officer, Physician Executive, and Hospital President. Other Hospital personnel may attend.

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

10.14.3 *Meetings.* The Utilization Management Committee shall meet on a monthly basis. It shall maintain a record of its activities and report to the Medical Executive Committee.
Section 10.15. Ad Hoc Committees. Ad hoc committees may include the Professional Standards Committee, Practitioner Wellness Committee, Medical Education Committee, a Social Committee and a Library Committee. Other ad hoc committees may be named from time to time.

Section 10.16. Professional Standards Committee.

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

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

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

Section 10.17. Practitioner Wellness Committee.

10.17.1 Composition. The Practitioner Wellness Committee shall be composed of five (5) Medical Staff Members of which one (1) Member shall have Clinical Privileges in psychiatry. All Members will be appointed by the Chief of Staff with no limitation on the number of terms they may serve. Except for initial appointments, each Member shall serve a term of two (2) years and the terms shall be staggered to ensure continuity and experience. The Psychiatrist shall act as Chairman.

10.17.2 Duties. The Practitioner Wellness Committee shall have no disciplinary powers and will act as the advocate for Members and any other practitioner granted Clinical Privileges by the Hospital. All contacts or sources of information, to include contacts with the practitioner’s treating providers, shall be held confidential. Actions recommended by the Committee will be reported to the Chief of Staff. To the extent not inconsistent with these Bylaws, the Practitioner Wellness Committee shall comply with the Medical Staff Policy concerning Practitioner Wellness. The committee shall make recommendations to the Medical Executive Committee related to that Policy from time to time.

10.17.3 Meetings. The Practitioner Wellness Committee shall meet as often as necessary to carry out its purpose. Minutes of the activities of the Committee shall be recorded and only available to the Chief of Staff or the Hospital President. Confidentiality will be respected.
MEETINGS OF THE GENERAL MEDICAL STAFF, COMMITTEES, DEPARTMENTS/SECTIONS AND SPECIAL

Section 11.1. Meetings.

11.1.1 Annual Meeting of the General Medical Staff. There shall be an annual meeting of the Medical Staff. The Chief of Staff or such other Officers, Department or Section Heads, Committee Chairmen, or the Medical Executive Committee designee shall present reports on actions taken during the preceding year and on other matters of interest and importance to the Members. Notice of these meetings shall be given to the Members at least thirty (30) days prior to the meeting. There should be at least one meeting of the Medical Staff held each year.

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

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

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

(b) Administrative reports from the Chief of Staff, Departments, Committees and the Chief Operating Officer /President;

(c) Election of officers when required by these Bylaws;

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

(e) Old business; and

(f) New business.

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

Section 11.2. Committee and Department/Section Meetings.

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

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

Section 11.3. Quorum.

11.3.1 General Medical and Committee & Department/Section Meetings. A quorum is satisfied by the number of Active Medical Staff Members present.

Section 11.4. Manner of Action. Except as otherwise specified, the action of the majority of the Active Medical Staff Members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Members if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these Bylaws. Committee action may be conducted by telephone conference which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting by a Committee if it is acknowledged in writing setting forth the action so taken which is signed by at least two-thirds of the Members entitled to vote.

Section 11.5. Minutes. Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of Members and the vote taken on significant matters. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the Medical Executive Committee. The minutes shall comply with the requirements of recognized accrediting agencies.

Section 11.6. Meeting Attendance Requirements.

11.6.1 Regular Attendance. Except as stated below, each Member of the Active Staff is encouraged to attend:

(a) At least fifty percent (50%) of all General Medical Staff meetings duly convened pursuant to these Bylaws in a Medical Staff Year; and

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

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

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

Section 11.7. Conduct of Meetings. Unless otherwise specified, all meetings shall be conducted according to Robert’s Rules of Order; however, technical or non-substantive departures from the rules shall not invalidate action taken at such a meeting.

ARTICLE XII

DUES AND EXPENDITURES

Section 12.1. Dues. The annual dues of the Medical Staff shall be determined, from time to time, by the Medical Executive Committee. The Medical Staff shall be notified of any attempt to increase dues at least thirty (30) days in advance of the date the Medical Executive Committee will consider same. All Members with regular and provisional status, except Honorary Medical Staff Members, shall be required to pay dues annually.

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

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

Section 12.2. Expenditures. The funds of the Medical Staff shall be the responsibility of the Secretary-Treasurer who shall render an accounting to the Medical Executive Committee. Appropriation from the funds of the Medical Staff may be made on the action of a majority vote of the Medical Executive Committee. The Secretary-Treasurer or Chief of Staff may draw upon the funds for routine expenditures of the Medical Staff.

ARTICLE XIII

CONFIDENTIALITY, IMMUNITY AND RELEASES

Section 13.1. Authorization and Conditions. By applying for or exercising Clinical Privileges within this Hospital, an applicant:

(a) Authorizes representatives of the Hospital and the Medical Staff to conduct a criminal check;

(b) Authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing upon, or reasonably believed to bear upon, the applicant’s professional ability and qualifications;
(c) Authorizes persons and organizations to provide information concerning such applicant to the Medical Staff;

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

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

Section 13.2. Confidentiality of Information.

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

13.2.2 Breach of Confidentiality. Inasmuch as effective Peer Review and consideration of the qualifications of Medical Staff Members and applicants to perform specific procedures must be based upon free and candid discussions, any breach of confidentiality of the discussions or deliberations of Medical Staff Departments, Sections, or Committees, except in conjunction with other hospitals’ peer review committees, professional societies, or licensing authorities, is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operations of the Hospital, subject to corrective action in Article VI.

If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate. See the Medical Staff Policy & Procedure entitled “Breaches of Confidentiality” for more detailed information.

Section 13.3. Immunity from Liability.

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

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

Section 13.4. Activities and Information Covered.
13.4.1 Activities. The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility’s or organization’s activities concerning, but not limited to:

(a) Applications for appointment, reappointment or Clinical Privileges;
(b) Corrective action;
(c) Hearing and appellate reviews;
(d) Utilization reviews;
(e) Other Department/Section, Committee or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
(f) Peer Review organization and similar reports.

Section 13.5. Releases. Each applicant or Member shall, upon request of the Medical Staff or Hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such release shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XIV
AMENDMENTS TO BYLAWS

Section 14.1. Formulating and Reviewing Bylaws Amendments. The Medical Staff shall review at least triennially these Bylaws and recommend to the Board any Medical Staff Bylaws amendments as needed which shall be effective when approved by the Board. Neither the Board nor the Medical Staff shall unilaterally amend the Medical Staff Bylaws.

Section 14.2. Method of Amendment. The process to amend the Bylaws may be initiated at any time by a proposal from the Medical Executive Committee or by written petition with an explanation of the position signed by twenty percent (20%) of the Members of the Active Staff Category. All proposed amendments to these Bylaws shall be referred to the Bylaws Committee. The Bylaws Committee shall report its recommendation related to any proposed amendment at the next regular meeting or special meeting of the Medical Executive Committee of the Medical Staff. The recommendation related to any proposed amendment shall be reviewed by the Medical Executive Committee. Thereafter, the proposed amendment shall be disseminated to all Members of the Active Staff. The Bylaws Committee shall present the proposed amendment with the Committee’s recommendation to the Active Members for a vote.

Section 14.3. Voting on Amendment. The adoption of an amendment shall require a two-thirds (2/3) vote of the Active Members of the Medical Staff who are present at the regular meeting of the Medical Staff or at a special meeting. Amendments so adopted shall be effective subject to the approval of the Board of Directors. When time is of the essence and does not allow a special meeting of the Medical Staff to be called in order to make an amendment, each Active Member will be eligible to vote on the proposed amendment to these Bylaws via printed or secure electronic ballot in a manner...
determined by the Medical Executive Committee. All Active Members shall receive at least thirty (30) days advance notice of the proposed amendment prior to a vote via printed or secure electronic ballot. To be adopted, such proposed amendment must receive an affirmative vote of two thirds (2/3) of the votes cast by the Active Members. All ballots must be marked in the affirmative or negative to be considered in any final vote count. Votes will be counted by the Bylaws Committee on the “count date” listed on each ballot. Ballots submitted after that time shall not be counted.

**Section 14.4. Method for Medical Staff Members to Submit Bylaws Amendments.** Any Medical Staff Member may submit amendments or request repeal of any Bylaw provision directly to the Board. The Member must first obtain a petition signed by twenty-five percent (25%) of the Active Medical Staff Members supporting the position and communicate to the Medical Executive Committee his intent to request an amendment or repeal of any Bylaw provision. Proposed amendments submitted by the Medical Staff Member will be forwarded to the Board for consideration with the recommendations of Medical Executive Committee and Bylaws Committee if different from that of the Medical Staff Member.

**Section 14.5. Substantial Revisions.** In the event amendments adopted in accordance with this Article XIV substantially change these Bylaws provisions, each Member of the Medical Staff shall receive a copy of the revised portions. This copy may be sent electronically.

**Section 14.6. Technical Changes to the Bylaws.** The Medical Executive Committee may adopt such amendments to the Medical Staff Bylaws that are, in the committee’s judgment, technical or legal modifications or clarifications, consist of reorganization or renumbering of material, or are needed due to punctuation, spelling, or other errors of grammar of expression. Such amendments must be ratified by the Board.

**Section 14.7. Adoption of the Bylaws.** These Bylaws, upon adoption by the Medical Staff shall replace and supersede existing Bylaws and shall become effective when approved by the Board. They shall, when adopted and approved, be equally binding on the Board and the Medical Staff.

**ARTICLE XV**

**GENERAL PROVISIONS**

**Section 15.1. Policies and Procedures – Adoption & Amendments.** The Medical Staff shall adopt such policies and procedures as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Board of Directors. These policies and procedures shall relate to the proper conduct of the Medical Staff organization activities as well as embody the level of practice that is to be required of each practitioner in the Hospital. Such policies and procedures shall be a part of these Bylaws, except that they may be amended or repealed by a majority of the voting Members of the Medical Executive Committee at any Medical Executive Committee meeting at which a quorum is present. Such changes shall become effective subject to the approval of the Board of Directors.

**Section 15.2. Notice to Medical Staff of Adoption & Amendment of Policies and Procedures.** The Medical Executive Committee shall distribute a copy of the proposed amendments to the Medical Staff within one (1) week of the Medical Executive Committee meeting where the proposed changes were approved by the Medical Executive Committee. This copy may be sent electronically. Active Members of the Medical Staff may submit comments to the Chief of the Medical
Staff prior to the upcoming meeting of the Medical Executive Committee where the comments will be considered and further action taken, if necessary.

**Section 15.3. Method for Medical Staff Members to Submit Bylaws Amendments.** Any Medical Staff Member may submit amendments Medical Staff policies and procedures directly to the Board. The Member must first obtain a petition signed by twenty percent (20%) of the Active Medical Staff Members supporting their position and communicate their intent to the Medical Executive Committee. Proposed amendments submitted by the Medical Staff Member will be forwarded to the Board for consideration with the recommendation of the Medical Executive Committee if different from that of the Medical Staff Member.
BYLAWS OF THE MEDICAL STAFF OF
COMMUNITY HOSPITAL SOUTH, INC.

Reviewed, revised, and adopted by vote of the Active Medical Staff on September ___, 2017. Approved by the Board of Directors on October __, 2017.

By:______________________________________
Chief of the Medical Staff of
Community Hospital South, Inc.

By:______________________________________
Chair, Board of Directors of
Community Hospital South, Inc.

Adopted: 1993