

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
INDIANA UNIVERSITY HEALTH
TIPTON HOSPITAL**



MEDICAL STAFF BYLAWS

Approved -

**MEDICAL STAFF
BYLAWS**

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ARTICLE 1
GENERAL

1.A. DEFINITIONS

- a. HOSPITAL means Indiana University Health Tipton Hospital.
- b. BOARD OF DIRECTORS means the Board of Directors of Indiana University Health Tipton Hospital. The Board of Directors is the governing body of the Hospital.
- c. PRESIDENT means the President of Indiana University Health Tipton Hospital, appointed by the Board of Directors to serve as the Chief Executive Officer of the Hospital.
- d. MEDICAL STAFF or STAFF means those physicians both medical and osteopathic and dentists who have been granted recognition as members of the Medical Staff pursuant to the terms of these Bylaws.
- e. EXECUTIVE COMMITTEE (MEC) means the governing body of the Medical Staff.
- f. MEMBER means, unless otherwise expressly limited, any physician or dentist holding a current, valid and unsuspended unlimited Indiana license to practice medicine or dentistry within the scope of the license who is a member of the Medical Staff.
- g. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a Medical Staff member to render specific services to patients.
- h. MEDICAL STAFF YEAR means the calendar year.
- i. MEDICAL STAFF PRESIDENT means the President of the Medical Staff elected by the Medical Staff.
- j. In referring to the men and women members of the Medical Staff, the masculine gender is used and implies the feminine gender as well.

1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff Committee, the individual, or the committee through its chairman, may delegate performance of the function to one or more qualified designees.

1.D. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues shall be as recommended by the MEC and may vary by category.
- (2) Dues shall be payable annually upon request in accordance with Hospital Policy.

ARTICLE 2 **CATEGORIES OF THE MEDICAL STAFF**

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of members who are involved in the minimum number of patient contacts (24) per appointment term.

2.A.2. Prerogatives:

Active Staff members:

- (a) may vote in all general and special meetings of the Medical Staff, and committee meetings;
- (b) may hold office, serve as Credentials Advisors, and serve on committees.

2.A.3. Responsibilities:

Active Staff members must:

- (a) assume all the responsibilities of membership on the Active Medical Staff, including committee service, emergency call, care for unassigned patients and

- evaluation of members during the provisional period.
- (b) actively participate in the peer review and performance improvement process;
 - (c) accept consultations when requested;
 - (d) attend applicable meetings;
 - (e) pay application fees, dues and assessments; and
 - (f) perform assigned duties.

2.B. AFFILIATE STAFF

2.B.1. Qualifications:

- (a) The Affiliate Staff shall consist of those members who desire to be associated with, but who do not intend to establish a practice at, this Hospital. The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care.
- (b) Individuals requesting appointment to the Affiliate Staff must submit an application as prescribed in the Credentials Policy.

2.B.2. Prerogatives and Responsibilities:

Affiliate Staff members:

- (a) may visit their hospitalized patients and review their Hospital medical records but may not admit patients, attend patients, or exercise any clinical privileges. They may write orders or progress notes, and make notations in the medical record, in conjunction with the attending or consulting physician who has primary management of care of the patient in the Hospital;
- (b) may attend educational activities of the Medical Staff and the Hospital;
- (c) may not vote, serve as Credentials Advisor, hold office, or serve on Medical Staff committees;
- (d) may use the Hospital's diagnostic facilities; and
- (e) must pay application fees, dues and assessments.

2.C. ASSOCIATE STAFF

2.C.1. Qualifications:

The Associate Staff shall consist of practitioners of demonstrated competence qualified for staff appointment, who have an Active Staff appointment at another hospital, who:

- (a) may be members of a group, which provides periodic coverage for a practitioner who is an Active Staff member in good standing at the Hospital; or
- (b) are office/ambulatory-based practitioners who may have fewer than 24 patient contacts in a reappointment term.

Associate Staff members must provide evidence of clinical performance at their primary hospital, in such form as may be requested, at each reappointment time.

2.C.2. Prerogatives and Responsibilities:

- (a) may attend educational activities of the Medical Staff and the Hospital; (b) may not vote, hold office, serve as a Credentials Advisor or serve on Medical Staff committees;
- (c) may use the Hospital's diagnostic facilities; and
- (d) must pay application fees, dues and assessments.

2.D. HONORARY STAFF

2.D.1. Qualifications:

The Honorary Staff shall consist of practitioners who are recognized for outstanding or noteworthy contributions to the medical sciences, or have a record of previous long-standing service to the Hospital, and have retired from the active practice of medicine.

2.D.2. Prerogatives and

Responsibilities: Honorary Staff

members may:

- (a) not consult, admit or attend to patients;
- (b) attend staff meetings when invited to do so (without vote); (c) be appointed to committees (with vote);

- (d) not vote, hold office, be appointed to committees, serve as Credentials Advisor; and
- (e) not pay application fees, dues or assessments.

2.E. ALLIED HEALTH STAFF

2.E.1. Qualifications:

The Allied Health Staff consists of allied health practitioners who satisfy the qualifications and conditions for appointment to the Allied Health Staff contained in the Credentials Policy. The Allied Health Staff also includes those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital (e.g., moonlighting residents). The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference. For ease of use, any reference in these Bylaws or associated policies to “members” shall include allied health practitioners unless specifically limited to members of the Medical Staff.

2.E.2. Prerogatives and

Responsibilities: Allied Health

Staff members:

- (a) may attend applicable meetings (without vote);
- (b) may not hold office or serve as a Credentials Advisor or as committee Chairmen;
- (c) may serve on a committee, if requested (with vote);
- (d) must cooperate in the peer review and performance improvement process; and
- (e) must pay applicable fees, dues, and assessments.

2.F RESIDENT/FELLOW MOONLIGHTERS

A Resident/Fellow Moonlighter undertakes professional activities outside the scope of graduate medical education programs, either within the institution or at other health care institutions. Appointment as a Moonlighter is contingent upon the resident/fellow being a house staff member in an approved graduate medical education program and being a duly licensed physician in the State of Indiana. Moonlighters may be appointed to the Medical Staff if they meet the

requirements for Medical Staff membership, but may not be privileged in areas which are in the scope of their Residency or Fellowship.

ARTICLE
3
OFFICER
S

3.A. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff. They must:

- (1) be appointed in good standing to the Active Staff;
- (2) have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
- (3) not be presently be serving as Medical Staff officers, Board members or department chairmen at any other hospital and shall not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position, or other involvement in performance improvement functions;
- (7) have demonstrated an ability to work well with others;
- and
- (8) not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the Hospital or any affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

3.B. DUTIES

3.B.1. President of the Medical Staff:

The President of Staff shall:

- a) act in coordination and cooperation with Hospital management in matters of mutual concern involving the care of patients in the Hospital;
- b) represent and communicate the views, policies and needs, and report on the activities of the Medical Staff to the CEO, Chief Medical Officer and the Board;
- c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- d) appoint all Medical Staff committee chairmen and committee members, in consultation with the MEC, and, except where otherwise indicated, designating the chairman of these committees;
- e) chair the MEC (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- f) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the Policies and Procedures of the Hospital;
- g) recommend Medical Staff representatives to Hospital committees; and
- h) perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Policy;
- i) serve as spokesman for the Medical Staff in external professional and public relations;
- j) perform such other functions as may be assigned by these Bylaws, the Medical Staff, or the Executive Committee;
- k) serve on liaison committees with the Board of Directors and Hospital administration, as well as outside licensing or accreditation agencies; and
- l) provide for the review of the clinical work performed in the Hospital and the functioning of the Medical Staff .

3.B.2. Vice President:

The Vice President shall:

- (a) assume all duties of the President of the Medical Staff and act with full authority as President of the Medical Staff in his or her absence;
- (b) serve on the MEC;
- (c) assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC.

3.B.3. Immediate Past President of the Medical Staff:

The Immediate Past President of the Medical Staff shall:

- (a) serve on the MEC;
- (b) serve as an advisor to other Medical Staff leaders; and
- (c) assume all duties assigned by the President of the Medical Staff or the MEC.

3.C. NOMINATIONS

The Medical Executive Committee shall appoint a Nominating Committee consisting of members of the Active Staff for all general and special elections. The Committee shall convene at least 45 days prior to the election and shall submit to the President of the Medical Staff the names of one or more qualified nominees for each office. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in Section 3A, in the judgment of the Nominating Committee, and be willing to serve.

The Executive Committee shall select its nominees from the list presented by the Nominating Committee and from any additional nominations that may be made from the floor. The names of the nominees selected by the Executive Committee shall be announced to the Medical Staff at least ten (10) days before the annual meeting.

At the Medical Staff annual meeting, additional nominations may be made from the floor for any office by any voting member of the Medical Staff, provided that the candidate has consented, in writing, in advance.

3.D. ELECTION

The President, and Vice President shall be elected at the annual meeting of the Medical Staff. Voting shall be by 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. Only Active members in good standing and who are in attendance may vote.

3.E. TERM OF OFFICE

Each officer shall serve a two (2) year term, 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 term, or until a successor is elected and assumes office, unless he shall sooner resign, vacate the office or be removed. Medical Staff officers shall be eligible to succeed themselves.

3.F. REMOVAL

- (1) Removal of an elected officer or a member of the MEC may be effectuated by a two-thirds vote of the MEC, or by the Board, or by a petition signed by at least one-third of the Active members of the Medical Staff for:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least ten days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC or the Board prior to a vote on removal.

3.G. VACANCIES

A vacancy in the office of President of the Medical Staff shall be filled by the Vice President, who shall serve until the end of the President's unexpired term. In the event there is a vacancy in another office, the MEC shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, in the discretion of the MEC.

ARTICLE 4
PHYSICIAN ADVISORS, PHYSICIAN DIRECTORS, AND CREDENTIALS
ADVISORS

4A: Characteristics of Physician Advisors:

- A. Physician advisors shall be Active Medical Staff members and shall be appointed annually by the chief of staff.
- B. They shall be knowledgeable and skilled by training and/or experience in the provision of services in the respective Hospital services to which they have been appointed.

4B: Functions

The physician advisors shall each:

- A. Be responsible for assuring that a planned and systematic process for monitoring and evaluating the quality, safety, and appropriateness of Hospital services provided is implemented and shall participate in the problem-solving activities related to such evaluations;
- B. Act as technical consultant and adviser to the Hospital administrative director of the Hospital services provided;
- C. Be available for patient consultations; and
- D. Serve as chairmen of the committees related to the Hospital services (if applicable).

4C: Characteristics of Physician Directors of Hospital Services

- A. Physician directors shall be Active Staff members and shall have contractual arrangements with Hospital administration.
- B. They shall be knowledgeable and skilled by training and experience in the provision of services in the respective Hospital services to which they have contracted.

4D: Functions

The physician directors shall each:

- A. Be responsible for assuring that a planned and systematic process for monitoring and evaluating the quality, safety, and appropriateness of Hospital services provided is implemented and shall participate in the problem-solving activities related to such evaluations;
- B. Act as a technical consultant and adviser to the Hospital administrative director of the Hospital services provided;
- C. Be available for patient consultations;
- D. Serve as chairmen of the committees related to the Hospital services (if applicable);
- E. Establish, together with the Medical Staff and administration, the type and scope of services required to meet the need of patients and the Hospital;
- F. Develop and implement policies and procedures that guide and support the provision of services in the department;
- G. Recommend to the Medical Staff the criteria for clinical privileges in the department; and
- H. Provide continuous surveillance of the professional performance of all individuals with clinical privileges in the department.

4E : CHARACTERISTICS: The characteristics of the Credentialing Advisors shall be:

- A. Active members of the Medical Staff and be appointed by the Chief of Staff.

4F: FUNCTIONS: The functions of the Credentialing Advisors shall be:

- A. To act as advisors to the Credentials Committee;
- B. Responsible to review all initial applications and reappointments and clinical privileges; and
- C. To make recommendations regarding appointments and reappointments and granting of clinical privileges to the Credentials Committee.

ARTICLE 5
MEDICAL STAFF COMMITTEES AND PERFORMANCE
IMPROVEMENT FUNCTIONS

5.A. STANDING COMMITTEES

The Standing Committees of the Medical Staff shall consist of the following:

- (a) The Executive Committee (MEC);
- (b) The Patient Care Review Committee; (c) The Credentials Committee;
- (d) The Pharmacy and Therapeutics Committee;
- (e) Infection Control Committee.
- (f) Cancer Committee
- (g) The Radiation Safety Committee

5.B. MEC

5.B.1. Composition:

The MEC shall consist of the following:

- (a) the President of the Medical Staff;
- (b) the Vice President of the Medical Staff;
- (c) the Chair of the Credentials Committee;
- (d) the Chair of the Patient Care Review Committee;
- (e) the immediate past President of the Medical Staff;
- (f) the President of the Hospital, and CMO ex officio without vote;

5.B.2. Duties:

- (a) The MEC is delegated the primary authority over activities related to the functions of the Medical Staff. The MEC is responsible for reviewing and making any necessary recommendations to the Board with regard to the following:
- (1) the structure of the Medical Staff;
 - (2) the process used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for Medical Staff appointment;
 - (4) a delineation of clinical privileges for each eligible individual;
 - (5) the participation of the Medical Staff in Hospital performance improvement activities;
 - (6) the process by which Medical Staff appointment may be terminated;
 - (7) hearing procedures;
 - (8) the sources of clinical patient care services to be provided through contracts;
 - (9) reports and recommendations from Medical Staff committees, and other groups as appropriate;
 - (10) quality indicators to promote uniformity regarding patient care services;
 - (11) activities related to patient safety;
 - (12) the process of analyzing and improving patient satisfaction;
 - (13) continuing medical education activities;
 - (14) performing any other functions as are assigned to it by these Bylaws, the Credentials Policy or other applicable policies.
- (b) The MEC is empowered to act on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between MEC meetings).

5.B.3. Meetings

The MEC shall meet as often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions. The presence of fifty percent (50%) of the members in good standing of the Executive Committee shall constitute a quorum at any regular or special meeting.

5.B.4. Performance Improvement Functions

- (1) The MEC is actively involved in the measurement, assessment and improvement of the following:
 - (a) medical assessment and treatment of patients;
 - (b) use of information about adverse privileging decisions for any practitioner privileged through the Medical Staff process;
 - (c) medication usage;
 - (d) the use of blood and blood components;
 - (e) operative and other procedures;
 - (f) appropriateness of clinical practice patterns;
 - (g) significant departures from established patterns of clinical practice; (h) the use of developed criteria for autopsies;
 - (i) sentinel event data; (j) patient safety data;
 - (k) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures; and
 - (l) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in the Medical Staff Rules and Regulations.
- (2) The Medical Staff participates in the following activities:
 - (a) education of patients and families;
 - (b) coordination of care, treatment, and services with other practitioners and Hospital personnel;
 - (c) accurate, timely, and legible completion of patient's medical records;
 - (d) review of findings of the assessment process that are relevant to an individual's performance. The Medical Staff is responsible for determining the use of this information in the ongoing evaluations of a practitioner's competence; and

- (e) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.

5.B.5. Responsibilities as a Professional Standards Committee.

Acting as a Professional Standards Committee, the MEC shall:

- (a) Receive and investigate complaints and allegations referred to it regarding unethical, unprofessional or incompetent medical practice involving Medical Staff Members; and
- (b) Act as a liaison between impaired physicians and the Indiana State Medical Association-Physician Assistance Committee.
- (c) The MEC's responsibilities as a Professional Standards Committee may be delegated to an ad hoc committee or to the Performance Assessment and Improvement Committee.

5.B.6. Responsibilities as a Bylaws Committee

Acting as a Bylaws Committee, the Executive Committee shall conduct a review at least every three (3) years of the Bylaws, Rules and Regulations, Credentials Manual, and Organization Manual of the Medical Staff and recommend changes as appropriate.

5.C. CREATION OF STANDING COMMITTEES

In accordance with the provisions in the Organization Manual, the MEC may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws, which is not assigned to an individual, a standing committee, or a special task force shall be performed by the MEC.

5.D. SPECIAL TASK FORCES

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

5.E. APPOINTMENT OF COMMITTEE CHAIRMEN AND MEMBERS

- (1) All committee chairmen and members shall be appointed by the President of the Medical Staff, in consultation with the MEC.
- (2) Committee chairmen and members shall be appointed for initial terms of one year, but may be reappointed for additional terms.
- (3) The President of the Medical Staff and the CEO (or their respective designees) shall be members, *ex officio*, without vote, on all committees, unless otherwise stated.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 to December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

Regular meetings of the Medical Staff shall be held every other month at time and place to be provided for in the rules and regulations for the government of the Medical Staff. The annual meeting of the Medical Staff shall be at the November meeting.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the President of the Medical Staff, the MEC, the Board, or by a petition signed by not less than 25% of the Active Staff.

6.C. COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each committee shall meet as often as necessary to fulfill its responsibilities, at times set by the presiding officer.

6.C.2. Special Meetings:

Special meetings of a committee, may be called at any time by the committee chairman, Medical Staff President the Executive Committee, or shall be called upon the written request of one-third (1/3) of the membership but no less than 2 members. The person(s) calling or requesting the special meeting shall state the purpose of such meeting in writing. The meeting shall be scheduled by the Committee within thirty (30) days of receipt of such request. No later than ten (10) days prior to the special meeting, notice stating the business for which the meeting is called shall be mailed or delivered to the members. No business shall be transacted at any special meeting other than that stated in the notice calling the meeting.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings committees in a reasonable time frame in advance of the meetings. All notices shall state the date, time, and place of the meetings.
- (b) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any regular or special meetings of committees, a quorum shall consist of the following number of Active members in good standing: fifty percent (50%) or not less than two members, unless the Medical Executive Committee adopts a policy requiring a different number with respect to specific or committees.
- (b) The presence of a minimum of fifty percent (50%) of the members in good standing of the Active Staff at any regular or special meeting of the Medical Staff shall constitute a quorum.

- (c) Recommendations and actions of the Medical Staff, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present.
- (d) The voting members of the Medical Staff, or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the Chairman by the method designated in the notice.
- (e) The Executive Committee shall have the authority to allow for voting by proxy at meetings of the Medical Staff, if voting by proxy is requested in writing by any Active Member of the Medical Staff not less than fifteen (15) days prior to the meeting. In such event, the Executive Committee shall notify the Medical Staff, not less than seven (7) days prior to the meeting, of the procedures for proxy voting, and provide an acceptable form of proxy for such purpose.
- (f) The voting members of the Medical Staff, or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the Chairman by the method designated in the notice. A quorum for purposes of these votes shall be the number of responses returned to the Chairman by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.

6.D.3. Agenda:

The presiding officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, or committee.

6.D.4. Rules of Order:

“Robert’s Rules of Order” shall not be binding at Medical Staff meetings or elections, but may be used for reference in the discretion of the presiding officer for the meeting. Rather, specific provisions of these Bylaws, or committee

custom shall prevail at all meetings, and the Committee Chairman shall have the authority to rule definitively on all matters of procedure.

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

- (a) Minutes of all meetings of the Medical Staff, and committees shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the presiding officer.
- (b) A summary of all recommendations and actions of the Medical Staff, and committees shall be transmitted to the MEC, CEO, and Chief Medical Officer. The Board shall be kept apprised of the recommendations of the Medical Staff and its Sections and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

6.D.6. Confidentiality:

Members of the Medical Staff who have access to or are the subjects of credentialing and/or peer review information agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Medical Staff Credentials Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

Each Active Staff member is expected to attend and participate in all Medical Staff meetings and applicable committee meetings each year.

ARTICLE
E 7
BASIC STEPS AND
DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy.

7.A. QUALIFICATIONS FOR APPOINTMENT

Initial appointment and reappointment to the Medical Staff shall be made by the Board of Directors. All appointments shall be for a maximum of two years. Re-appointments shall occur at the end of biennial appointments. To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Policy.

7.B. PROCESS FOR APPOINTMENT, REAPPOINTMENT AND PRIVILEGING (CREDENTIALING)

Complete applications are transmitted to the applicable Credentials Advisor, who prepares a written report to the Credentials Committee which then prepares a recommendation and forwards it along with the Credentials Advisor's report to the MEC for review and recommendation and to the Board for final action.

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

- (1) Appointment and clinical privileges will be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) timely complete medical records; (ii) satisfy threshold eligibility criteria; (iii) provide requested information;
 - (iv) attend a special conference to discuss issues or concerns;
 - (b) is arrested, indicted, convicted, or pleads guilty or no contest pertaining to any felony, or is indicted, convicted or pleads guilty or no contest pertaining to any misdemeanor involving
 - (i) controlled substances; (ii) illegal drugs;

- (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or
 - (iv) violence;
 - (c) makes a misstatement or omission on an application form; or
 - (d) in the case of an Advanced Dependent Practitioner, fails, for any reason, to maintain an appropriate supervision relationship with a Supervising Physician as defined in the Credentials Policy or if the Medical Staff appointment or clinical privileges of a Supervising Physician are resigned, revoked or terminated.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the CEO, the President of the MedicalStaff, the CMO, the MEC, or the Board chairman is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the CEO or MEC.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The MEC will review the reasons for the suspension within a reasonable time.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the MEC or an ad hoc committee of the MEC as designated by the President of the MedicalStaff.

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

Following an investigation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about

- (a) clinical competence or practice;
- (b) violation of ethical standards or the bylaws, policies, Rules and Regulations of the Hospital or the Medical Staff; or
- (c) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff.

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

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the Hearing Panel.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.
- (7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

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

7.G. PROCESS AND INDICATIONS FOR DISASTER PRIVILEGES

In the case of some natural catastrophe, local or national emergency, or other emergency, any physician who is presently treating an emergency patient or has initiated therapy may continue such therapy upon arrival at the Hospital and continue to do so and be assisted to do everything possible to save the life of the patient using every facility of the Hospital necessary including the calling of any consultation necessary. Allowing such an applicant to render care to a patient shall not extend beyond the immediate need for such emergency care and shall give rise to no rights under these bylaws. When a disaster plan and the Hospital is not able to meet immediate patient needs, disaster clinical privileges may be granted to volunteers eligible to be licensed independent health care providers by the Chief of Staff and the Chief Executive Officer, acting as an agent of the Board. A modified credentialing and privileging process for eligible volunteer health care providers will be implemented.

Such volunteer health care providers shall provide evidence of a valid current professional license with the health care provider's license number and a valid government issued identification. Disaster clinical privileges will be granted to volunteer health care providers on a case-by-case basis in accordance with the needs of the Hospital and the patients, and on the qualifications of the volunteer health care providers. When the volunteer health care provider is not a member of Tipton Hospital's Medical Staff, the volunteer health care provider shall be assigned to a current Medical Staff member if the Tipton Hospital Medical Staff who is in the same specialty and act under the supervision of the Medical Staff member. Such clinical privileges shall immediately terminate once the disaster is over and may be terminated at any time without any reason or cause. A volunteer health care provider is not entitled to the procedural rights afforded by Article IX because a request for disaster clinical privileges is denied or terminated or otherwise limited.

ARTICLE 8
AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by the Chief of Staff , or by the MEC.
- (2) All proposed amendments must be reviewed by the MEC prior to a vote by the Medical Staff. The MEC shall provide notice of all proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting staff. The MEC may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose.
- (3) The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (4) The MEC may also present any proposed amendments to the voting staff by written or electronic ballot, returned to the Medical Staff Office by the date indicated by the MEC. Along with the proposed amendments, the MEC may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast
- (5) The MEC shall have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) All amendments shall be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's

rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two weeks after receipt of a request.

8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures, and Rules and Regulations that are applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. All Medical Staff policies, procedures, and rules and regulations shall be considered an integral part of the Medical Staff Bylaws, but amended in accordance with this Section.
- (2) An amendment to the Credentials Policy may be made by a majority vote of the members of the Medical Staff, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the MEC. Notice of all proposed amendments to these documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Staff. Any voting member may submit written comments on the amendments to the MEC.
- (3) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Staff. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Staff. Any voting member may submit written comments on the amendments to the MEC.
- (4) The MEC and the Board shall have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally

adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have 14 days to review and provide comments on the provisional amendments to the MEC. If there is no conflict between the Medical Staff and the MEC, the provisional amendments shall stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below shall be implemented.

- (5) All other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Staff. No prior notice is required.
- (6) Amendments to Medical Staff policies and Rules and Regulations may also be proposed any member of the Medical Staff or by majority vote of a Committee. Such proposal shall be submitted in writing to the Executive Committee. If the proposal in its original form, or as modified by the MEC, is approved by the majority vote of the members of the Medical Staff present at a regular meeting, a quorum being present, the amendment shall become effective upon review and approval by the Board of Directors. Notice of any such proposed amendment to these documents shall be provided to each voting member of the Medical Staff 14 days in advance of forwarding the proposed recommendation to the Medical Staff.
- (7) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

8.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the MEC with regard to:
 - (a) proposed amendments to the Medical Staff Rules and Regulations, (b) a new policy proposed by the MEC, or
 - (c) proposed amendments to an existing policy that is under the authority of the MEC, a special meeting of the Medical Staff will be called. The agenda for that meeting will be limited to the

amendment(s) or policy at issue. The purpose of the meeting is to resolve the differences that exist with respect to Medical Staff Rules and Regulations or policies.

- (2) If the differences cannot be resolved at the meeting, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.

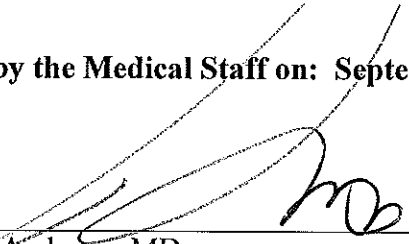
ARTICLE 9
INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff officers, credentials advisors, committee chairmen, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by law, in accordance with the Hospital's bylaws.

ARTICLE 10
ADOPTION

The organized medical staff adopts and amends medical staff Bylaws. Adoption or amendment cannot be delegated. The Medical Staff by action of the Executive Committee shall adopt such Bylaws as are necessary as set forth below for the conduct of its affairs. These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff on: September 14, 2015



Dianna L. Andrews, MD
President of the Medical Staff Indiana University Health Tipton Hospital

Approved by the Board on: September 24, 2015



Michael Harlowe, MHA MS, FACHE
President and CEO Indiana University Health Tipton Hospital



Steven Wertz
Chairman, Board of Directors Indiana University Health Tipton Hospital

Appendix A

History and Physical

A complete history and physical examination must be completed within twenty-four (24) hours after admission or prior to a surgery or procedure by the attending physician or physician designee with oversight (physician assistant, nurse practitioner). A legible original or copy of a medical history and physical obtained in the physician/dentist's office completed within thirty (30) days prior to date of admission is acceptable if the patient's clinical status information is updated within twenty-four (24) hours after admission or prior to a surgery or procedure if occurring within the first twenty-four (24) hours. In an emergency situation, the responsible physician/dentist must make a comprehensive entry regarding the condition of the patient prior to the start of the procedure. A complete history and physical examination is then to be recorded immediately following the emergency procedure.

A comprehensive history and physical examination report is to include the chief complaint, details of the present illness, all relevant past medical, social and family histories, inventory of body systems, current physical examination, allergies / medications / dosage / reactions, conclusions, and plan of action.

For further details, please reference IU Health Tipton Hospital Medical Staff Policy on Completion of Medical Records and IU Health Information Management Policy on Content of Medical Records.