

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



**ORGANIZATION MANUAL**

Approved – November 17, 2016

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**ARTICLE 1**  
**GENERAL**

**1.A. DEFINITIONS**

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Credentials Manual.

**1.B. TIME LIMITS**

Time limits referred to in this Manual are advisory only and are not mandatory, unless it is expressly stated.

**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.

**ARTICLE 2**  
**ADVISORS AND PHYSICIAN DIRECTORS**

**2.A. LIST OF ADVISORS & PHYSICIAN DIRECTORS**

The Medical Staff shall have the following

1. Advisors:

- (a) Anesthesia
- (b) Continuing Medical Education (CME)
- (c) Intensive Care Unit
- (d) Physical Medicine
- (e) Surgery
- (f) Credentials Advisors:
  - i. Medicine
  - ii. Surgery

2. Physician Directors:

- (a) Cardiology
- (b) Emergency Department
- (c) IU Health Tipton Physicians
- (d) Laboratory
- (e) Oncology
- (f) Orthopedics
- (g) Radiology
- (h) Rehabilitation Services
- (i) Sleep Medicine
- (j) Sports Medicine
  - i. Tipton
  - ii. Tri Central

## **2.B. FUNCTIONS AND RESPONSIBILITIES OF ADVISORS AND DIRECTORS**

The functions and responsibilities of advisors and directors are set forth in Article 4 of the Medical Staff Bylaws.

### **ARTICLE 3** **MEDICAL STAFF COMMITTEES**

#### **3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS**

- (1) This Article outlines the Medical Staff committees of Indiana University Health Tipton Hospital that carry out peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (2) Procedures for the appointment of committee chairmen and physician members of the committees are set forth in Article 5 of the Medical Staff Bylaws.
- (3) Unless otherwise provided, all Hospital and administrative representatives on the committees shall be appointed by the Chief Executive Officer or designee, in consultation with the Medical Staff as appropriate.

#### **3.B. MEETINGS, REPORTS AND RECOMMENDATIONS**

Unless otherwise indicated, each committee described in this Manual will meet as necessary and will maintain a permanent record of its findings, proceedings, and actions. Each committee will make a timely written report after each meeting to the Medical Executive Committee ("MEC") and to other committees and individuals as may be indicated in this Manual.

#### **3.C. CREDENTIALS COMMITTEE**

##### **3.C.1. Composition:**

The committee shall consist of at least 2 members of the Active Medical Staff appointed annually by the chief of staff. The chairman shall be one (1) of the physicians on the committee and shall be appointed by the chief of staff.

##### **3.C.2. Duties:**

The Credentials Committee shall:

- (a) in accordance with the Credentials Policy, review the credentials of all applicants for Medical Staff and Allied Health Professionals appointment, reappointment, and clinical privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations;
- (b) review, as may be requested, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical Staff or Allied Health Professionals and, as a result of such review, make a written report of its findings and recommendations; and
- (c) review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges within the Hospital.
- (d) Pursuant to 844 IAC 5-1-2, the committee shall serve as an Impaired Physician Committee to counsel and monitor the progress of any physician who voluntarily places himself or herself under the supervision of the committee.

3.C.3. Meetings:

The Credentials Committee shall meet monthly or at the call of the chairman.

**3.D. MEDICAL STAFF EXECUTIVE COMMITTEE (MEC)**

The composition and duties of the MEC are set forth in Section 5.A of the Medical Staff Bylaws.

**3.E. PATIENT CARE REVIEW COMMITTEE**

3.E.1 Composition

The members of this committee shall consist of 7 members of the Active Medical Staff appointed by the Chief of Staff. One of the active Medical Staff members, other than the chairman, shall be the Pathologist. The chairman shall be 1 of 7 physicians on the committee and shall be appointed by the Chief of Staff. The committee members shall also include representatives of Hospital administration named by the Chief Executive Officer. The committee members also shall include representatives of Hospital administration named by the Chief Executive Officer [Nursing, and Quality Improvement/Risk Management].

3.E.2. Duties

- (a) GENERAL RESPONSIBILITIES.

The general responsibilities of the Patient Care Review Committee shall include the following:

1. Medical Records: The committee shall be responsible for the review of selected medical records of both inpatients and outpatients, the goal of which review shall be to accomplish timely completion of medical records, clinical pertinence, and overall adequacy. The committee shall determine the format of the complete medical record and the forms used in it.
2. Medical Care Review: The committee shall establish mechanisms and procedures to assess the quality and appropriateness of medical care provided by the Medical Staff and allied health care practitioners and shall monitor the quality and appropriateness for such care.
3. Surgical Case Review: The committee will conduct review for each surgical case, whether or not a surgical specimen was removed, based on criteria established by the committee.
4. Blood Utilization Review: The committee will review all blood transfusions and the utilization of blood and blood products based on criteria established by the committee.
5. Emergency Services Review: The committee shall perform timely review and evaluations of the quality and appropriateness of patient care provided in the emergency room.
6. Pharmacy and Therapeutics Review: The committee shall, in conjunction with the Pharmacy and Therapeutics Committee and nursing, evaluate drug usage to ensure the appropriate, safe and effective use of drugs.
7. Utilization Review: The committee will establish criteria and mechanisms to evaluate the standards of patient care being provided in the Hospital with a goal to providing high quality patient care in a cost effective manner. They shall develop a Utilization Review Plan for such purposes subject to the approval of the Medical Staff, Chief Executive Officer, and the Board of Directors.
8. Anesthesia Services: The committee shall review and evaluate all facets of



anesthesia services throughout the Hospital. The committee shall make recommendations for action regarding policies and procedures to the Executive Committee. (Approved July 1988)

9. Intensive Care Services: the committee shall evaluate the quality, safety, and appropriateness of patient care in ICU.

### 3.E.2. Meetings

The Patient Care Review Committee meetings may be called by the Chair of the committee, as often as deemed necessary, and at such intervals as may be set in the Rules of the Medical Staff.

## **3.F. PHARMACY AND THERAPEUTICS COMMITTEE**

### 3.F.1. Composition:

- (a) The members of this committee shall consist of at least 1 member of the Active Medical Staff who shall be appointed by the chief of staff annually. The committee members also shall include representatives of pharmacy, nursing, administration, and quality assurance.

### 3.G.2. Duties:

The Pharmacy and Therapeutics Committee shall:

- (a) The committee shall develop and conduct surveillance of all drug policies and practices within the Hospital in order to assure optimum clinical results with a minimum of potential hazards.
- (b) The committee shall develop and maintain a drug formulary.
- (c) The committee shall evaluate drug usage to ensure the appropriate, safe, and effective use of drugs.
- (d) The committee shall review all significant untoward drug reactions.

### 3.G.3. Meetings:

The Pharmacy and Therapeutics Committee shall meet at least six months each year.

### **3.H. CANCER COMMITTEE**

#### **3.H.1. Composition:**

Composition of the committee must be multidisciplinary and shall consist of Medical Staff representatives from surgery, pathology, radiology, oncology, family practice and the American College of Surgeons liaison physician. The committee must also include representatives from nursing, social services, rehabilitation, cancer registry, administration, and quality improvement.

#### **3.H.2. Duties**

Responsible for planning, initiating, stimulating, and assessing all cancer-related activities in the Hospital including:

- (a) Providing consultative services to patients;
- (b) Making certain that educational programs include major cancer sites;
- (c) Evaluating the quality of care of the patients with cancer;
- (d) Supervising the cancer data system;
- (e) Following recommendations of the American College of Surgeons Cancer program;

The Cancer Committee cannot be dissolved except by action of the Medical Staff.

#### **3.H.3. Meetings:**

The committee shall meet on call of the chairman, at least quarterly

## **ARTICLE 4** **AMENDMENTS**

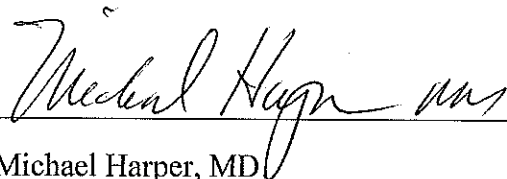
This Manual may be amended in accordance with Article 8 of the Medical Staff Bylaws.

## **ARTICLE 5** **ADOPTION**

This Medical Staff Organization Manual is adopted and made effective upon approval of the Medical Staff and the Board, superseding and replacing any and all previous Medical Staff Bylaws and policies pertaining to the subject matter herein.

## **Organization Manual of Indiana University Health Tipton Hospital**

**Adopted by the Medical Staff on: November 14, 2016**

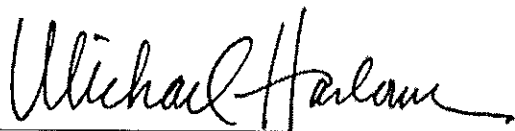


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Michael Harper, MD

President of the Medical Staff Indiana University Health Tipton Hospital

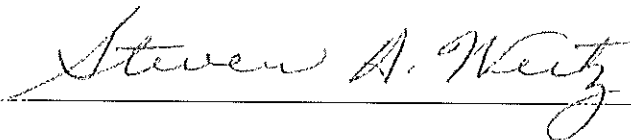
**Approved by the Board on: November 17, 2016**



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Michael Harlowe, MHA MS, FACHE

President and CEO Indiana University Health Tipton Hospital



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Steven Wertz

Chairman, Board of Directors Indiana University Health Tipton Hospital