

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



ORGANIZATION MANUAL

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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 Policy.

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 chair, may delegate performance of the function to one or more qualified designees.

ARTICLE 2

CLINICAL SECTIONS

2.A. LIST OF SECTIONS

The following clinical sections are established for the Hospital:

- Anesthesia Section (including but not necessarily limited to Anesthesia, Cardiovascular Anesthesia, Pain Management and Pediatric Anesthesia)
- Cardiology Section
- Cardiovascular Surgery Section
- Dermatology Section
- Emergency Medicine Section (including but not necessarily limited to General Emergency Medicine, Pediatric Emergency Medicine, Medical Toxicology, Aeromedical Transport, and Emergency Medical Sections)
- Family Practice Section
- Gastroenterology Section
- Hematology/Oncology Section (including but not necessarily limited to Bone Marrow Transplant)
- Infectious Diseases Section
- Internal Medicine Section (including but not necessarily limited to Allergy/Immunology, Clinical Pharmacology (physician only), Geriatrics, Occupational Medicine and Rheumatology)
- Medical & Molecular Genetics Section
- Nephrology Section
- Neurology Section
- Neurosurgery Section
- Obstetrics and Gynecology Section (including but not necessarily limited to General Obstetrics/Gynecology, Gynecological Oncology, Gynecology, Infertility, Maternal Fetal Medicine, Reproductive Endocrinology and Urogynecology)
- Ophthalmology Section (including but not necessarily limited to Adult Ophthalmology, Neuro-Ophthalmology and Pediatric Ophthalmology)
- Oral & Maxillofacial Surgery and Dentistry Section (including but not necessarily limited to Adult Dentistry, Oral Medicine/TMD, Oral Surgery Orthodontics and Pediatric Dentistry)
- Orthopaedics Section (including but not necessarily limited to Orthopaedic Surgery, Pediatric Orthopaedics and Sports Medicine)
- Otolaryngology and Head & Neck Surgery Section (including but not necessarily limited to Audiology and Speech, Facial Plastics, Head and Neck and Pediatric Otolaryngology)
- Pathology and Laboratory Sections (including but not necessarily limited to Blood Banking/Transfusion Medicine, Chemical Pathology, Cytopathology, Dermatopathology, Forensic Pathology, Hematology,

Medical Microbiology, Necropsy, Neuropathology, Pediatric Pathology and Surgical Pathology)

- Pediatrics, General Section
- Pediatrics, Specialty Sections
- Pediatric Surgery
- Physical Medicine and Rehabilitation Section
- Plastic Surgery Section
- Psychiatry Section (including but not necessarily limited to Adult Psychiatry and Child and Adolescent)
- Pulmonology & Critical Care Medicine Section
- Radiation Oncology Section
- Radiology Section (including but not necessarily limited to Abdominal Imaging, Adult Radiology, Breast Imaging, Chest Radiology, Emergency Room Radiology, General Radiology, Musculoskeletal Radiology, Neuroradiology, Nuclear Medicine, Pediatric Radiology and Vascular/Interventional Radiology)
- Surgery Section (including but not necessarily limited to General Surgery, Transplant Surgery and Trauma Surgery)
- Urology Section (including but not necessarily limited to Adult Urology and Pediatric Urology)
- Vascular Surgery

2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND DIVISIONS

The functions and responsibilities of sections, sub-sections, section chairs and sub-section chairs 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 Academic Health Center 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 chairs 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.

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 Staff Executive Committee (“MSEC”) and to other committees and individuals as may be indicated in this Manual.

3.C. BYLAWS COMMITTEE

3.C.1. Composition:

The Bylaws Committee shall be composed of an appropriate number of Active Members of the Medical Staff.

3.C.2. Duties:

The Bylaws Committee shall:

- (a) meet as needed, at least annually, to review, draft and recommend corrections, changes and amendments to the Medical Staff Bylaws, Rules and Regulations, manuals and other applicable Medical Staff policies;
- (b) ensure that the Bylaws and related documents reflect the current practice and structure of the Medical Staff and comply with changes which are required by state or federal law, Joint Commission (“JC”) accreditation standards, and Centers for Medicare & Medicaid Services (“CMS”) Conditions of Participation; and

- (c) recommend changes and amendments as appropriate to the MSEC per Article 8 of the Medical Staff Bylaws.

3.D. CANCER COMMITTEE

3.D.1. Composition:

- (a) The Cancer Committee shall be multidisciplinary with required members as appropriate to the institution to maintain accreditation by the American College of Surgeons, Commission on Cancer,
- (b) The breast center services shall be multidisciplinary with required members as appropriate to the institution to maintain accreditation by the National Accreditation Program for Breast Center. The Breast Program Leadership will report to the Cancer Committee.
- (c) The majority of the members of the Cancer Committee shall consist of members of the Active Staff and shall include both adult and pediatric representatives.

3.D.2. Duties:

The Cancer Committee provides program leadership with duties as described in the Standards of the Commission on Cancer.

3.D.3. Meetings:

The Cancer Committee shall meet at least quarterly or at the call of the chair. Subcommittees will meet as needed for the completion of cancer committee and Breast Program Leadership activities. A quorum as defined in the Bylaws Article 6.D.2.

3.F. CREDENTIALS COMMITTEE

3.F.1. Composition:

The Credentials Committee shall consist of an appropriate number of members of the Active Staff representing the major clinical sections. Particular consideration is to be given to Past Presidents of the Medical Staff, past section chairs, and other physicians knowledgeable in the credentialing and quality improvement processes.

3.F.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, including specifically as set forth in Section 4.A.4 (“Clinical Privileges for New Procedures”) and Section 4.A.5 (“Clinical Privileges That Cross Specialty Lines”) of the Credentials Policy.

3.F.3. Meetings:

The Credentials Committee shall meet monthly or at the call of the chairs. A quorum as defined in the Bylaws Article 6.D.2.

3.G. ETHICS COMMITTEE

3.G.1. Composition:

The Ethics Committee shall be a multidisciplinary committee and shall consist of an appropriate number of members of the Active Staff. At least one representative each from Nursing, Social Services, Clergy, Legal, and Administration shall also serve on the committee. The chair may appoint individuals to temporary ad hoc positions on the committee when it is determined that their expertise may be necessary or of assistance for a particular issue.

3.G.2. Duties:

The Ethics Committee shall:

- (a) serve as a resource for the Medical Staff, Hospital staff, and the community in regard to ethics information and education;
- (b) facilitate communication and aid in conflict resolution between concerned parties by assisting in the identification of options available to the patient, the patient’s family, and the physician;
- (c) be responsible for ongoing internal education of committee members and for the development of educational programs for the Hospital, patients and their families, and the community;

- (d) be responsible for the review and development of policies for the Hospital in the area of ethical principles and their application and for the revision of these policies as needed; and
- (e) be responsible for developing procedures for responding to requests for consultations and be available for case consultation upon request of any member of the patient's health care team, the patient, or the patient's family.

3.G.3. Meetings:

The Ethics Committee shall meet at least quarterly or at the call of the chairs. A quorum as defined in the Bylaws Article 6.D.2.

3.H. INFECTION CONTROL COMMITTEE

3.H.1. Composition:

The Infection Control Committee shall consist of an appropriate number of members of the Active Staff, representing the medical and surgical sections. The individual employed by the Hospital for management of the infection control program, such as an infection control nurse, and at least one representative each from Nursing Sections and Hospital administration shall also serve on the committee. The chair may appoint individuals to temporary ad hoc positions on the committee when it is determined that their expertise may be necessary or of assistance for a particular issue.

3.H.2. Duties:

The Infection Control Committee shall:

- (a) develop and maintain a Hospital-wide infection control program and maintain surveillance over the program;
- (b) develop a system for identifying, analyzing, and reporting the incidence and cause of nosocomial infections in the Hospital;
- (c) monitor infection surveillance data to uncover epidemics, cluster infections and unusual pathogens, and report such data and educate the Medical Staff and involved Hospital services on appropriate prevention and treatment protocols;
- (d) review the surveillance and infection control policies related to all phases of the Hospital's activities and recommend opportunities for improvement to the particular department or section; and
- (e) collaborate with the Pharmacy and Therapeutics Committee on the selection of antibiotics and antiviral agents for the Hospital formulary.

3.H.3. Meetings:

The Infection Control Committee shall meet at least six times per year or at the call of the chair. A quorum as defined in the Bylaws Article 6.D.2.

3.I. MEDICAL STAFF EXECUTIVE COMMITTEE

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

3.J. MEDICAL STAFF QUALITY AND PERFORMANCE REVIEW COMMITTEE

3.J.1. Composition:

- (a) The Medical Staff Quality and Performance Review Committee shall consist of at least six voting members of the Medical Staff, including the Vice President of the Medical Staff or other officer (who shall serve as committee co-chair) along with a standing co-chair and section co-chair and physicians representing the Hospital-based section and Director of Anesthesia. Members appointed to this committee shall be appointed for terms of three to five years to ensure continuity.
- (b) Other members shall include the following, who shall serve without a vote: Chief Medical Officer, Director of Medical Staff Services, representatives from Legal Services and ad-hoc consulting members may be assigned as needed.

3.J.2. Duties:

The Medical Staff Quality and Performance Review Committee shall:

- (a) Serve as the clearinghouse for all services gathering and reporting provider quality at either the individual practitioner or service line level;
- (b) Encourage interdisciplinary approach to performance improvement activities;
- (c) Review findings from patient satisfaction data;
- (d) Ensure that identified system improvement opportunities are referred to the proper authorities;
- (e) Ensure that identified practitioner improvement opportunities are addresses;
- (f) Oversee the ongoing and focused professional practice evaluation processes and ensure that the information is communicated both to the practitioner and to the Credentialing Committee as per policy;

- (g) Monitor patient quality and safety through evaluation of physician performance.

3.J.3. Meetings:

The Medical Staff Quality and Performance Review Committee shall meet at least quarterly each year or at the call of the chair. A quorum as defined in the Bylaws Article 6.D.2. Agreement of a decision is a majority consensus of votes case.

3.K. PHARMACY AND THERAPEUTICS COMMITTEE

3.K.1. Composition:

- (a) The Pharmacy and Therapeutics Committee shall be composed of an appropriate number of Active Members of the Medical Staff.
- (b) Other members shall include the Directors of Pharmacy, Manager, Drug Use Policy, a pharmacist with content expertise, and representatives from Hospital Administration, Nursing Services, Performance Improvement and other disciplines deemed appropriate by the committee chair.
- (c) The majority of the members of the Pharmacy and Therapeutics Committee shall be members of the Active Staff and shall include both adult and pediatric representatives.

3.K.2. Duties:

The Pharmacy and Therapeutics Committee shall:

- (a) be responsible for the development and surveillance of all drug utilization policies and practices within the Hospital;
- (b) assist in the formulation of policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the Hospital;
- (c) advise the Medical Staff and the pharmaceutical department 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 periodically a formulary or drug list for use in the Hospital;
- (f) evaluate clinical data concerning new drugs or preparations requested for use in the Hospital;

- (g) recommend education programs for staff regarding drugs and their appropriate therapeutic use;
- (h) oversee Drug Specialty Panels;
- (i) establish guidelines for pharmaceutical representatives; and
- (j) facilitate communication between the committee and the Institutional Review Boards.

3.K.3. Meetings:

The Pharmacy and Therapeutics Committee shall meet at least ten months each year. A quorum as defined in the Bylaws Article 6.D.2.

3.L. PROFESSIONAL STANDARDS COMMITTEE

3.L.1. Composition:

The Professional Standards Committee shall consist of an appropriate number of members of the Medical Staff, including both adult and pediatric representatives.

3.L.2. Duties:

The Professional Standards Committee shall:

- (a) provide oversight of peer review activities conducted at the section level through examination of aggregate peer review data, including review of recommendations to adjust practitioner clinical privileges, based on reviews conducted at the section level; and
- (b) review of serious complaints and allegations of unethical, unprofessional or incompetent medical practice in conjunction with peer review activities that are conducted by the clinical sections.

With respect to matters involving individual Medical Staff members, the committee may provide such advice, counseling, or referrals as it may deem appropriate. Such advice, counseling or referrals may be confidential; however, in the event that information received by the committee demonstrates that the health or condition of a Medical Staff member may pose an undue risk of harm to patients or colleagues or in the event the committee recommends that action be taken pursuant to Article VI of the Credentials Policy, the committee shall notify and may make appropriate recommendations to the President of the Medical Staff or the MSEC.

The committee shall consider matters relating to the health and well-being of the Medical Staff and shall act as a liaison between impaired physicians and the Indiana State Medical Association-Physician Assistance Committee (“ISMA-PAC”). The committee shall act as a physician advocate as follows:

- (a) be available to receive reports of potentially impaired physicians;
- (b) refer reports regarding potentially impaired physicians to the ISMA-PAC;
- (c) assist in gathering information on potentially impaired physicians and assist the ISMA-PAC in intervention, as appropriate; and
- (d) assist the ISMA-PAC in rehabilitation efforts and/or monitoring.

Pursuant to Article I of the Credentials Policy, all activities of the committee shall be activities of a peer review committee under Indiana and federal law.

3.L.3. Meetings:

The Professional Standards Committee shall meet at or at the call of the chair. A quorum as defined in the Bylaws Article 6.D.2.

3.M. SEDATION COMMITTEE

3.M.1. Composition:

The Sedation Committee shall consist of the appropriate number of physicians and nurses from multidisciplinary sections. Nurse members shall use their expertise in their specific areas of service and convey messages back to their facilities/departments.

3.M.2. Duties:

The Sedation Committee shall:

- (a) provide high quality standards for sedation;
- (b) develop and maintain policies and procedures that are derived from evidence-based literature and supportive of regulatory guidelines;
- (c) monitor deep/moderate sedation processes throughout the organization;
- (d) collect and analyze data to determine outcomes and opportunities for improvement and develop action plans, when appropriate;
- (e) recommend education programs for staff and physicians in regard to the use of sedation;

- (f) enforce competencies regarding deep and moderate sedations; and
- (g) discuss and address other issues of sedation concern.

3.M.3. Meetings:

The Sedation Committee shall meet at least quarterly or at the call of the chair. A quorum as defined in the Bylaws Article 6.D.2.

3.N. TRAUMA PEER REVIEW COMMITTEES (Adult and Pediatric)

3.N.1. Composition:

The Trauma Peer Review Committee shall consist of the Trauma Medical Director or designee, physician from the core trauma general surgeons, and physician representatives from: orthopedics, neurosurgery, emergency medicine, anesthesia, and trauma critical care.

3.N.2. Duties:

The Trauma Peer Review Committee shall:

- (a) perform peer review activities on all trauma related deaths;
- (b) develop and maintain policies and procedures;
- (c) identify opportunities for patient improvement/outcomes;
- (d) identify educational needs of staff and physicians; and
- (e) analyze aggregate data.

3.N.3. Meetings:

The Trauma Peer Review Committee will typically meet monthly, but the frequency is determined by the Trauma Medical Director based upon the needs of the Performance Improvement and Patient Safety Committee of the American College of surgeons Committee on Trauma. A quorum as defined in the Bylaws Article 6.D.2.

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.

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