MEDICAL STAFF BYLAWS, POLICIES, AND RULES & REGULATIONS OF INDIANA UNIVERSITY HEALTH FORT WAYNE HOSPITAL

MEDICAL STAFF BYLAWS

Board Approved: October 27, 2026

Indiana University Health Fort Wayne Hospital

Medical Staff Bylaws

TABLE OF CONTENTS

1. **GENERAL**
    - A. DEFINITIONS
    - B. TIME LIMITS
    - C. DELEGATION OF FUNCTIONS
    - D. MEDICAL STAFF DUES
2. **CATEGORIES OF THE MEDICAL STAFF**
    - A. ACTIVE STAFF
        1. Qualifications
        2. Prerogatives
        3. Responsibilities
    - B. ASSOCIATE STAFF
        1. Qualifications
        2. Prerogatives and Responsibilities
    - C. HONORARY STAFF
        1. Qualifications
        2. Prerogatives and Responsibilities
    - D. ALLIED HEALTH STAFF
        1. Qualifications
        2. Prerogatives and Responsibilities
3. **OFFICERS**
    - A. ELIGIBILITY CRITERIA
    - B. DUTIES
        1. President of the Medical Staff
        2. Vice President
        3. Immediate Past President of the Medical Staff

3. Secretary/Treasurer
C. NOMINATIONS
D. ELECTION
E. TERM OF OFFICE
F. REMOVAL
G. VACANCIES

4. CLINICAL SECTIONS

A. ORGANIZATION
B. ASSIGNMENT TO SECTION
C. FUNCTIONS OF SECTIONS
D. QUALIFICATIONS OF SECTION CHAIRMANS AND VICE-CHAIRMAN
E. APPOINTMENT AND REMOVAL OF SECTION CHAIRMANS AND VICE-CHAIRMANS
F. DUTIES OF SECTION CHAIRMAN AND VICE-CHAIRMAN

5. MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

A. MEDICAL EXECUTIVE COMMITTEE
1. Composition
2. Duties
3. Meetings
B. PERFORMANCE IMPROVEMENT FUNCTIONS
C. CREDENTIALING AND PEER REVIEW FUNCTIONS
D. APPOINTMENT OF COMMITTEE CHAIRMEN AND MEMBERS
E. CREATION OF STANDING COMMITTEES
F. SPECIAL TASK FORCES

6. MEETINGS

A. MEDICAL STAFF YEAR
B. MEDICAL STAFF MEETINGS
1. Regular Meetings
2. Special Meetings
C. SECTION AND COMMITTEE MEETINGS
1. Regular Meetings
2. Special Meetings
D. PROVISIONS COMMON TO ALL MEETINGS
1. Notice of Meetings
2. Quorum and Voting
3. Agenda

4. Rules of Order
5. Minutes, Reports, and Recommendations
6. Confidentiality
7. Attendance Requirements

7. **APPOINTMENT, REAPPOINTMENT, AND PRIVILEGING PROCESS**
   A. QUALIFICATIONS FOR APPOINTMENT
   B. PROCESS FOR APPOINTMENT, REAPPOINTMENT AND PRIVILEGING (CREDENTIALING)
   C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES
   D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION
   E. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES
   F. HEARING AND APPEAL PROCESS

8. AMENDMENTS
   A. MEDICAL STAFF BYLAWS
   B. OTHER MEDICAL STAFF DOCUMENTS
   C. CONFLICT MANAGEMENT PROCESS

9. INDEMNIFICATION

10. ADOPTION

ARTICLE 1

GENERAL

A. DEFINITIONS

The definitions that apply to terms used in all the Related Medical Staff Documents are set forth in the Credentials Policy.

B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory unless it is expressly stated.

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.

D. MEDICAL STAFF DUES

1. Annual Medical Staff dues shall be as recommended by the Medical Executive Committee.
2. Dues shall be payable annually upon request in accordance with the Medical Staff Rules and Regulations.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the following categories:

A. ACTIVE STAFF

1. Qualifications:

a. The Active Staff shall consist of physicians, dentists (oral and maxillofacial), and podiatrists who are involved in at least (24) patient contacts per two-year appointment term.

b. An Active Staff members who has fewer than 24 patient contacts during the last two-year appointment term will be transferred to Associate Staff.

2. Prerogatives:

Active Staff members:

a. may treat and admit patients;

b. may vote in all general and special meetings of the Medical Staff, and applicable Section and committee meetings; and

c. may hold office, serve as Section chairman or vice-chairman and serve on committees.

3. Responsibilities:

Active Staff members must:

a. assume all the responsibilities of membership on the Active Medical Staff, including committee service, coverage arrangements in the event of a planned/unplanned absence, emergency call, care for unassigned patients and evaluation of members during the provisional period. The Section may determine how these responsibilities will be met;

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.

B. ASSOCIATE STAFF

1. Qualifications:

The Associate Staff shall consist of physicians (including Locums and Telemedicine), dentists, and podiatrists who:

a. do not meet the eligibility requirements for the Active Staff category or choose not to pursue Active status;

b. may be members of a group, which provides periodic coverage for a practitioner who is an Active Staff member at the Hospital;

c. have fewer than 24 patient contacts during the last two-year appointment term;

d. practice in an ambulatory medical office setting and have Refer and Follow privileges (only)-no patient care privileges, for which competency verification may not be required; or

e. desire to be affiliated with this Hospital and request no privileges.

2. Prerogatives and Responsibilities:

Associate Staff members:

a. may admit, treat and accept consults when requested (if privileges allow);

b. may attend Medical Staff and applicable Section meetings (without vote);

c. must have an arrangement for coverage in the event of a planned/unplanned absence (if admit privileges);

d. may not vote, hold office, serve as a Section chairman or vice-chairman or serve in other Medical Staff leadership positions, but may serve on Medical Staff committees (without vote);

e. participate in the peer review and performance improvement process;

f. may use the Hospital's diagnostic facilities (if privileges allow);

g. may attend educational activities of the Medical Staff and the Hospital;

h. must pay application fees, dues and assessments; and

i. perform assigned duties.

C. HONORARY STAFF

1. Qualifications:

The Honorary Staff shall consist of physicians, dentists (oral and maxillofacial), and podiatrists 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 active practice.

2. Prerogatives and Responsibilities:

Honorary Staff members may:

a. not consult, admit or attend to patients;

b. not access the electronic medical record of Hospital;

c. attend staff and Section meetings when invited to do so (without vote);

d. be appointed to committees (without vote);

e. not vote, hold office, serve as a Section chairman or vice -chairman or serve in other Medical Staff leadership positions; and

f. not pay application fees, dues or assessments.

D. ALLIED HEALTH STAFF

1. Qualifications:

The Allied Health Staff consists of allied health practitioners who satisfy the qualifications and conditions contained in the Credentials Policy for appointment to the Allied Health Staff. 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 (i.e., moonlighting residents or fellows). The Allied Health Staff is not a category of the Medical Staff, but is included in these Bylaws for convenient reference. For ease of use, any reference in these Bylaws or associated policies to "members" shall include Allied Health Staff unless specifically limited to members of the Medical Staff.

2. Prerogatives and Responsibilities:

Allied Health Staff members with hospital privileges:

a. may attend applicable Section meetings (with vote);

b. may not hold office or serve as a Section chairman or vice – chairman or as committee chairman;

c. may serve on a committee, if requested (with vote); and

d. must cooperate in the peer review and performance improvement process; and

e. must pay applicable fees, dues and assessments.

ARTICLE 3

OFFICERS

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 presently be serving as Medical Staff officers, Board members or chairman 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;

6. participate in education related to medical staff leadership and/or credentialing 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.

B. DUTIES

1. President of the Medical Staff:

The President of the Medical 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 Indiana University Health Fort Wayne Hospital President (Executive), CMO and the Board;

c. call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the Medical Executive Committee (MEC);

d. approve all Medical Staff committee chairmen in consultation with the Chief Medical Officer (CMO), except the CMO will approve the Chair of the Credentials Committee;

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.

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. automatically succeed the President when the President's term has ended or the President ceases to serve for any reason;

c. serve on the MEC;

d. assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC.

3. Immediate Past President of the Medical Staff

The immediate Past President of the Medical Staff shall:

a. chair the Nominating Committee;

b. serve as an advisor to the other Medical Staff Leaders; and

c. assume all duties by the chair of the Medical Staff or the MEC in the absence of the both the President and Vice President (with vote).

4. Secretary/Treasurer:

The Secretary/Treasurer shall:

a. serve on the MEC;

b. cause to be kept accurate and complete minutes of all MEC and Medical Staff meetings;

c. call Medical Staff meetings on order of the President of the Medical Staff and record attendance;

d. attend to all correspondence and perform such other duties as ordinarily pertain go the office of Secretary; and

e. collect staff dues and make disbursements authorized by the MEC or its designees.

C. NOMINATIONS

a. Nominees for Medical Staff Officers and membership on the MEC (see composition of the MEC in Section 5.A.1. below of these Bylaws) shall be selected by the Nominating Committee or by written petition of members to the Medical Staff in accordance with subjection c. below.

b. The composition of the Nominating Committee shall include the Immediate Past President of the Medical Staff who shall chair the Nominating Committee along with at least two (2) additional members of the Active Staff, as selected by the current President of the Medical Staff. The Nominating Committee shall convene at least forty-five (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 up for election. Notice of the nominees shall be provided to the Medical Staff prior to the election.

c. Nominees for Medical Staff Officers and membership on the MEC may also be submitted in writing by petition signed by at least five (5) Active Staff members at least ten (10) days prior to the election. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in Section 3.A above of these Bylaws, in the judgment of the Nominating Committee, and be willing to serve. Nominations from the floor shall not be accepted.

D. ELECTION

Candidates receiving the greatest number of voters for the respective office shall be elected, provided that each candidate receives a majority of votes cast shall be elected, subject to Board confirmation. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes. Elections conducted by the Medical Staff shall constitute recommendations to the Board, and those elected shall assume office upon confirmation and approval by the Board.

E. TERM OF OFFICE

Medical Staff Officers and MEC members shall serve for a term of two (2) years, which can be renewable by subsequent nomination, election and Board confirmation, or until a successor is elected.

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 for:
   a. failure to comply with applicable policies, Bylaws, or Rules and Regulations;
   b. failure to perform the duties of the position held;
   c. failure to continue to satisfy any of the criteria in Section 3.A above of these Bylaws;
   d. conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
   e. an infirmity that renders the individual unable to fulfill the essential duties of that office.
2. At least ten (10) 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. No removal shall be effective until approved by the Board.

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 unexpired term or until a special election can be held, at the discretion of the MEC.

ARTICLE 4
CLINICAL SECTIONS

A. ORGANIZATION

The Medical Staff shall be organized into Sections as listed in the Organization Manual. Each Section may elect a chairman and vice – chairman. Subject to the approval of the Board, the MEC may create new Sections, eliminate Sections, create divisions of Sections, or otherwise reorganize the Section structure.

B. ASSIGNMENT TO SECTION

1. Upon initial appointment to the Medical Staff, each member shall be assigned to a clinical Section. Assignment to a particular Section does not preclude an individual from seeking and being granted clinical privileges typically associated with another Section.
2. An individual may request a change in Section assignment to reflect a change in the individual's clinical practice.

C. FUNCTIONS OF SECTIONS

The Sections shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the Sections, and (ii) to monitor the practice of all those with clinical privileges in a given Section. Where indicated, each Section shall ensure emergency call coverage for all patients consistent with these Bylaws and related polices.

D. QUALIFICATIONS OF SECTION CHAIRMAN AND VICE - CHAIRMAN

The Section chairman shall:

1. be a member of the Active Staff;
2. be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
3. satisfy eligibility criteria (2) through (8) in Section 3.A above of these Bylaws.

E. APPOINTMENT AND REMOVAL OF SECTION CHAIRMAN AND VICE-CHAIRMAN

1. Except as otherwise provided by contract, Section chairman and vice-chairman shall be elected by the Section, subject to MEC confirmation. A nominating committee, appointed by the current Section chairman or vice-chairman shall nominate qualified candidate(s). Those who receive a majority of the votes cast shall be elected.
2. Any Section chairman or vice-chairman may be removed by a two-thirds vote of the Section members; or by a two-thirds vote of the MEC, subject to Board confirmation; or by the Board, after reasonable notice and opportunity to be heard. Grounds for removal shall be:
    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 unable to fulfill the essential duties of that office.
3. At least ten (10) days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken. The individual shall be afforded an opportunity to speak to the Section or MEC or the Board, as applicable, prior to a vote on such removal.
4. Section chairman and vice-chairman shall serve a term of (2) years, which can be renewable.

5. Elections will generally be held on even years for Chairman and odd years for Vice-Chairman.

F. DUTIES OF SECTION CHAIRMEN AND VICE-CHAIRMEN

Each Section chairman or vice-chairman is responsible for the following functions, either personally or in collaboration with Hospital personnel:

1. reviewing and reporting on applications for initial appointment and clinical privileges, including interviewing applicants;
2. reviewing and reporting on applications for reappointment and renewal of clinical privileges;
3. evaluation of individuals during the provisional period;
4. participation in the development and recommendation of criteria for clinical privileges relevant to the care provided in the Section;
5. reviewing and reporting on the professional performance of individuals practicing within the Section;
6. all clinically-related activities of the Section;
7. all administratively-related activities of the Section, unless otherwise provided for by the Hospital;
8. continuing surveillance of the professional performance of all individuals in the Section who have delineated clinical privileges;
9. evaluating requests for clinical privileges for each member of the Section;
10. assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the Section or the Hospital;
11. the integration of the Section into the primary functions of the Hospital;
12. the coordination and integration of intersection and intrasection services;
13. the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
14. recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
15. determination of the qualifications and competence of Section personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
16. continuous assessment and improvement of the quality of care, treatment, and services provided;
17. maintenance of quality monitoring programs, as appropriate;
18. the orientation and continuing education of all persons in the Section;
19. recommendations for space and other resources needed by the Section; and
20. delegation to a vice-chairman such duties as appropriate, including, but not limited to, the review of applications for appointment, reappointment, or clinical privileges or questions that may arise if the Section chairman has a conflict of interest with the individual under review.

Each Section vice-chairman is responsible for the following functions:

1. Each vice-chairman shall perform the duties of the Section chairman in his/her absence; and
2. Perform other duties as delegated by the Section chairman.

ARTICLE 5
MEDICAL STAFF COMMITTEES AND

PERFORMANCE IMPROVEMENT FUNCTIONS

A. Medical Executive Committee

1. Composition:

a. The MEC shall include as voting members the Medical Staff Officers (3), the Chairman of the Credentials Committee (1), representative from each Section (varies as to then current Sections), and Chair of the Quality & Safety Committee (1).

b. The President of the Medical Staff will chair the MEC.

c. The Indiana University Health Fort Wayne Hospital President, or his or her designee, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, and Quality Director and/or Manager shall be *ex officio* members of the MEC, without vote.

d. MEC shall have the discretion to invite other Members, practitioners, and support staff to participate in its meetings, without vote.

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;reports and recommendations from Medical Staff committees, Sections, and other groups as appropriate;
9. quality indicators to promote uniformity regarding patient care services;
10. activities related to patient safety;
11. the process of analyzing and improving patient satisfaction;
12. continuing medical education activities;
13. reviewing, at least every two years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
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).

3. Meetings:

The MEC shall meet as often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions.

B. PERFORMANCE IMPROVEMENT FUNCTIONS

1. The Medical Staff 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, Centers for Medicare & Medicaid Services (CMS) and other core performance measures;
    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.

C. CREDENTIALING AND PEER REVIEW FUNCTIONS

Mechanisms for appointment, reappointment, delineation of clinical privileges, collegial and educational efforts, investigations, hearings and appeals that apply to Medical Staff members shall be contained in the Credentials Policy.

D. APPOINTMENT OF COMMITTEE CHAIRMEN AND MEMBERS

1. Committee chair shall be recommended by the Chair of the MEC and CMO, except the CMO will recommend the Chair of the Credentials Committee. Committee chair shall be selected based on the criteria set forth in Section 3.A of these Bylaws.
2. Committee chairs and members shall be appointed for initial terms of (2) years, and may be reappointed for additional terms unless otherwise provided in the Organization Manual or these Bylaws.
3. The President of the Medical Staff and the Indiana University Health Fort Wayne Hospital President (or their respective designees) and Chief Medical Officer shall be members, *ex officio*, without vote, on

all committees, unless otherwise stated.

E. CREATION OF STANDING COMMITTEES

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.

F. SPECIAL TASK FORCES

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

ARTICLE 6

MEETINGS

A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 to December 31.

B. MEDICAL STAFF MEETINGS

1. **Regular Meeting:**
   The Medical Staff shall conduct a regular meeting at least once a year.
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 twenty-five percent (25%) of the Active Staff.

C. SECTION AND COMMITTEE MEETINGS

1. **Regular Meetings:**

   Except as otherwise provided in these Bylaws or in the Medical Staff Organizational Manual, each Section and committee shall meet as often as necessary to fulfill its responsibilities, at times set by the presiding officer.
2. **Special Meetings:**
   A special meeting of any Section or committee may be called by or at the request of the presiding officer, the President of the Medical Staff, or by a petition signed by not less than twenty-five percent (25%) of the Active Staff members of the Section or committee, but not by fewer than two members.

D. PROVISIONS COMMON TO ALL MEETINGS

1. **Notice of Meetings**:
   a. Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of Sections and 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.
2. **Quorum and Voting:**
   a. For any regular or special meeting of the Medical Staff, Section or committee, those voting members present shall constitute a quorum.

b. Recommendations and actions of the Medical Staff, Sections, 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.

c. The voting members of the Medical Staff, a Section, 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 Chair by the method designated in the notice. A quorum for purposes of these votes shall be the number of responses returned to the Chair by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.

3. **Agenda:**
The presiding officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, Section, or committee.

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, and Medical Staff Section or committee custom shall prevail at all meetings, and the Section chairman or vice-chairman, or Committee Chair shall have the authority to rule definitively on all matters of procedure.

5. **Minutes, Reports, and Recommendations:**

a. Minutes of all meetings of the Medical Staff, Sections, 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, Sections, and committees shall be transmitted to the MEC and CMO. 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. **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 or law. A breach of confidentiality may result in the imposition of disciplinary action.

E. ATENDANCE REQUIREMENTS

Each Active Staff member is encouraged to attend and actively participate in Medical Staff meetings and applicable Section and committee meetings (attendance may be required at certain peer review and other meetings).

ARTICLE 7

APPOINTMENT, REAPPOINTMENT, AND PRIVILEGING PROCESS

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

A. QUALIFICATIONS FOR APPOINTMENT

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.

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

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

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

1. Appointment and clinical privileges will be automatically relinquished, without right to hearing or appeal, if anindividual:
    a. fails to do any of the following:
        i. timely complete medical records;
        ii. satisfy threshold eligibility criteria;
        iii. provide requested information; or
        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 Allied Health Practitioner, fails, for any reason, to maintain an appropriate relationship with a Collaborating Physician as defined in the Credentials Policy or if the Medical Staff appointment or clinical privileges of a Collaborating Physician are resigned, revoked or terminated.
2. Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.
3. Additional matters subject to automatic relinquishment and procedures associated with automatic relinquishment of appointment and/or clinical privileges are further described in the Credentials Policy.

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, at least two (2) of the following, the CMO, the Indiana University Health Fort Wayne Hospital President, the Board Chair and member(s) of MEC, are authorized to: (1) afford the individual an opportunity to voluntarily refrain from exercising privileges pending the outcome of peer review, quality review, or the final action following a formal investigation, as applicable, or (2) immediately suspend or restrict all or any portion of an individual's clinical privileges as a precaution, which is the involuntary imposition of a precautionary suspension.
2. In the event an involuntary precautionary suspension is imposed, it is effective immediately and will remain in effect unless it is modified by the CMO, Indiana University Health Fort Wayne Hospital President, *and* a member of the MEC following MEC review.
3. The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.

4. The procedures for a precautionary suspension are further described in the Credentials Policy.

E. HEARING AND APPEAL PROCESS

If an individual is entitled to request a hearing or appeal, the hearing and appeal procedures are set forth in the Credentials Policy.

ARTICLE 8
AMENDMENTS

A. MEDICAL STAFF BYLAWS

1. Amendments to these Bylaws may be proposed by a petition signed by twenty-five percent (25%) of the Active Staff members, by the Bylaws Committee, 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 Active Staff members 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 fourteen (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, so long as the amendment receives a majority 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 without a vote by the Medical Staff.
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 IU Health Fort Wayne Hospital President or CMO within two weeks after receipt of a request. If the conference fails to resolve the disagreement between the parties, the matter will be referred to the Conflict Management Process outlined in Section 8.C below for further deliberation.

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 MEC, 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 fourteen (14) days prior to the vote by the MEC. 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 MEC. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least fourteen (14) days prior to the vote by the MEC. 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 fourteen (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 MEC. No prior notice is required.
6. Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by a majority of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents shall be provided to each voting member of the Medical Staff fourteen (14) days in advance of forwarding the proposed recommendation to the MEC. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.
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.

C. CONFLICT MANAGEMENT PROCESS

1. When there is a disagreement between the Board and the MEC or the Medical Staff (which is not resolved under Section 8.A.7 above) with regard to:
    a. proposed amendments to the Bylaws, Credentials Policy or Medical Staff Organizational Manual;
    b. proposed amendments to the Medical Staff Rules and Regulations,
    c. a new policy proposed by the MEC, or
    d. proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting of the Medical Staff and the MEC and/or Board may 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 Bylaws, Credentials Policy, Medical Staff Organizational Manual, Medical Staff Rules and Regulations or policies, as applicable.

2. If the differences cannot be resolved at the meeting, the MEC shall forward its recommendations, along with the proposed amendment(s) or policy at issue 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, Section chairmen and vice-chairmen, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by law, in accordance with the Hospital's Bylaws as to claims arising out of or related to the good-faith performance of duties and responsibilities on behalf of the Medical Staff or Hospital. Such indemnification shall not apply to actions or omissions that constitute willful misconduct, fraud, bad faith, criminal conduct, or conduct outside the scope of the individual's authorized duties in furtherance of Medical Staff and Hospital functions.

ARTICLE 10

ADOPTION

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.