

**MEDICAL STAFF BYLAWS, POLICIES, AND  
RULES & REGULATIONS OF  
INDIANA UNIVERSITY HEALTH  
BALL MEMORIAL HOSPITAL**

**MEDICAL STAFF  
ORGANIZATION MANUAL**

*Approved by the Board: February 11, 2021  
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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 that a particular right is waived by failing to take action within a specified period.

#### 1.C. DELEGATION OF FUNCTIONS

- (1) 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.
- (2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

## ARTICLE 2

### CLINICAL DEPARTMENTS

#### 2.A. DEPARTMENTS

The Medical Staff shall be organized into the following departments:

- Anesthesiology Department
- Cardiology Department
- Emergency Department
- Family Medicine Department
- Medical Department
- Obstetrics and Gynecology Department
- Orthopedic Department
- Pathology Department
- Pediatric Department
- Psychiatry Department
- Radiology Department
- Surgery Department

#### 2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS

The functions and responsibilities of departments and department 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 that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (2) Procedures for the appointment of committee chairmen and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.

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

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

#### 3.C. BYLAWS COMMITTEE

3.C.1. Composition: The Bylaws Committee shall consist of at least five members of the Active Staff.

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

The Bylaws Committee shall:

- (a) review the Medical Staff Bylaws and related Medical Staff documents triennially and recommend amendments to the Executive Committee; and
- (b) receive and consider all recommendations for changes to the Medical Staff Bylaws and related documents from the Board, the Board Joint Conference Committee, the Executive Committee, the departments, the Chairman of the Medical Staff, CMO, Medical Staff committees, and any individual appointed to the Medical Staff.

#### 3.C.3. Meetings and Reports:

The Bylaws Committee shall meet as often as necessary to fulfill its duties and shall report to the Executive Committee and the CMO.

#### 3.D. CANCER COMMITTEE

#### 3.D.1. Composition:

The Cancer Committee shall ensure membership is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from administrative and supportive services. The Breast Program Leaders (BPL) is a subcommittee of this committee.

### 3.D.2. Duties:

The Cancer Committee shall:

- (a) conduct cancer conferences (set frequency, format and attendance and monitor these), which include major cancer sites yearly and are primarily patient-oriented and prospective;
- (b) complete site-specific analysis that includes comparison and outcome data and disseminate the results of the analysis to the Medical Staff;
- (c) ensure that consultative services are available to patients with cancer;
- (d) support a functioning cancer registry which includes special short- and long-term survival studies that are reported to all pertinent Hospital and Medical Staff services;
- (e) evaluate cancer patient care, including diagnosis, treatment, rehabilitation, and follow-up, and make recommendations for dealing with cancer patients, including screening programs, early diagnosis, metastatic work-ups, treatment protocols, and hospice care;
- (f) provide ongoing tumor educational programs for physicians and staff; and
- (g) serve as registry physician advisor(s).

### 3.D.3. Meetings and Reports:

The Cancer Committee shall meet at least quarterly or at the call of the chairman and shall report to the Executive Committee and the CMO.

## 3.E. CREDENTIALS COMMITTEE

### 3.E.1. Composition:

- (a) The Credentials Committee shall consist of the three most recent past Medical Staff Chairmen who are still members of the Active Staff and three additional members of the Active Staff, elected by the Medical Staff, in consultation with the Nominating Committee, who have been members for at least five years.
- (b) The past Chairman of the Medical Staff with the most recent seniority on the Credentials Committee shall serve as chairman.
- (c) Members of the Credentials Committee shall serve for an initial three-year term, with staggered terms, and may be reappointed for one additional consecutive term, for a maximum of six years. Any member who has served the maximum term shall not be eligible for reappointment to the Credentials Committee for a period of one year.

- (d) Service on this committee shall be considered the primary Medical Staff obligation of each member of the committee and other Medical Staff duties shall not interfere.
- (e) Failure to perform the duties of the position held shall be grounds for removal, in which case the Chairman of the Medical Staff shall appoint an additional member to the committee, for a term of one year, to fill any vacancy.
- (f) The CMO and CNO shall also serve on the committee, *ex officio*, without vote.

### 3.E.2. Duties:

The Credentials Committee shall:

- (a) review the credentials of all applicants for 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 by the Executive Committee, all information available regarding the current clinical competence and behavior of individuals currently appointed to the Medical Staff or the Allied Health Staff and, as a result of such review, make a written report of its findings and recommendations;
- (c) recommend the numbers and types of cases to be reviewed as part of the initial focused professional practice evaluation;
- (d) review and approve specialty-specific criteria for ongoing professional practice evaluation, and specialty-specific triggers for focused professional practice evaluation that are identified by each department; and
- (e) recommend appropriate threshold eligibility criteria for clinical privileges, including clinical privileges for new procedures and clinical privileges that cross specialty lines.

### 3.E.3. Meetings and Reports:

The Credentials Committee shall meet at least quarterly and shall report its recommendations to the Executive Committee, the CMO, and the Board. The chairman of the committee shall be available to meet with the Board or its committee on all recommendations that the Credentials Committee may make.

## 3.F. JOINT CONFERENCE COMMITTEE

### 3.F.1. Composition:

The Joint Conference Committee shall consist of:

- (a) the chair of the Board, who shall serve as the chair of the Joint Conference Committee;
- (b) the Chairman of the Medical Staff;
- (c) three members of the Medical Staff, each of whom shall be appointed by the Chairman of the Medical Staff;
- (d) three members of the Board, each of whom shall be appointed by the chair of the Board; and



- (e) the CMO, who shall serve *ex officio*, without vote.

### 3.F.2. Duties:

The Joint Conference Committee shall:

- (a) serve as a forum for airing and resolving, in an effective and efficient manner, any differences that may arise between the Medical Staff, Administration, and/or the Board. Specifically, this committee shall review and make recommendations regarding the following:
  - (i) issues related to compliance with the Medical Staff Bylaws and related Medical Staff documents; and
  - (ii) any other matters referred to the committee by the Board, Medical Staff, or Administration;
- (b) convene as necessary to fulfill its duties, report its recommendations to the Executive Committee and the Board, and be available to the Executive Committee and the Board to discuss any of its recommendations; and
- (c) if unable to resolve any issue presented to it, refer the matter to the full Board and the Executive Committee, which shall convene a joint meeting in order to discuss and resolve the issue.

### 3.G. EXECUTIVE COMMITTEE

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

### 3.H. OPERATING ROOM COMMITTEE

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

The Operating Room Committee shall consist of at least five members of the Active Staff. The Medical Director of the Hospital Operating Room, the Hospital Senior Administrative Director of Surgical Services, the Anesthesia Department Chairman or designee, the Anesthesia Medical Director, the Hospital Manager of the Operating Room, and the Hospital Assistant Manager of the Operating Room shall also serve on the committee.

#### 3.H.2. Duties:

The Operating Room Committee shall:

- (a) serve as a source of assistance for the efficient operation of the Hospital operating rooms;
- (b) develop block schedules and monitor surgical site markings, time-out compliance, start times, late case starts, cancelled cases, turnover times, and scheduling of unconfirmed cases (e.g., scheduling prior to confirming that the patient can be scheduled for the procedure); and

- (c) assist in the development of policies relating to the operating rooms, evaluate quality data, and make recommendations concerning surgical services.

### 3.H.3. Meetings and Reports:

The Operating Room Committee shall meet at least quarterly and may from time to time adopt written rules, regulations, policies, or protocols for the discharge of its duties, which shall become effective upon approval of the Executive Committee and publication to all members of the Medical Staff.

## 3.I. PHARMACY AND THERAPEUTICS COMMITTEE

### 3.I.1. Composition:

The Pharmacy and Therapeutics Committee shall consist of Active Staff representatives from the various departments and specialties of the Medical Staff. One physician shall serve as chairman of the committee. The Director of Pharmacy Services, who shall act as secretary, and appointed pharmacists overseeing clinical or distributive pharmacy services shall also serve on the committee. Representatives from Hospital Administration and Nursing Services shall also serve, *ex officio*, without vote, as shall representatives from other Hospital departments, as deemed necessary.

### 3.I.2. Duties:

The Pharmacy and Therapeutics Committee shall:

- (a) examine and survey all drug utilization policies and practices within the Hospital to assure optimum clinical results and minimum potential for hazard;
- (b) assist in the formulation and maintenance of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety, and all other matters relating to drugs in the Hospital;
- (c) evaluate clinical data concerning new drugs requested for use in the Hospital, in order to develop and continuously review a comprehensive formulary while preventing unnecessary duplication;
- (d) review drug usage in the Hospital, primarily through means of drug usage evaluations;
- (e) educate the Medical Staff and other health care professionals on appropriate drug use as necessary;
- (f) review all reported cases of suspected adverse drug reactions and medication errors;
- (g) make recommendations concerning drugs to be stocked on the nursing units and by other services;
- (h) serve as an advisory group to the Medical Staff and pharmacists on matters pertaining to the choice of available drugs; and
- (i) provide consultation with the Institutional Review Board in establishing standards in the use of investigational drugs.

### 3.I.3. Meetings and Reports:

The Pharmacy and Therapeutics Committee shall meet at least quarterly and shall report to the Executive Committee and the CMO.

### 3.J. PRACTITIONER HEALTH AND WELL BEING COMMITTEE

#### 3.J.1. Composition:

- (a) The Practitioner Health and Well Being Committee shall consist of at least five Active Staff members who have been members of the Active Staff for at least five years, and who have a broad exposure to leadership positions. All members shall be appointed for their demonstrated expertise and/or experience in the areas of practitioner health and chemical and alcohol dependence, and willingness to serve on the committee. No more than one member shall be appointed from any one department, and one member shall practice in a specialty related to psychiatry.
- (b) The members of the committee shall serve a three-year term. Reappointment of members who have provided valuable service and who are willing to continue to serve is encouraged, in order to benefit from their experience.
- (c) No member shall also serve on the Executive Committee, Credentials Committee, or the Board during his or her term of service on the committee.
- (d) There shall be no *ex officio* members of the committee.
- (e) The chairman of the committee shall keep the Chairman of the Medical Staff informed about the general aspects of its intervention with members that may affect patient care and shall specifically notify the Chairman about any member referred to the committee who refuses to cooperate with the committee or deviates significantly from an agreed-upon plan.

#### 3.J.2. Duties:

The Practitioner Health and Well Being Committee shall:

- (a) provide education to its members and to members of the Medical Staff and Allied Staff concerning practitioner health, well-being, and impairment, appropriate responses to different levels and kinds of distress and impairment; and appropriate resources for prevention, treatment, and rehabilitation;
- (b) accept referrals when requested by the Executive Committee or the Credentials Committee to investigate, monitor, or counsel individuals who are (i) subject to an investigation or disciplinary action, or (ii) subject to concerns from either committee regarding their health and/or well-being;
- (c) meet with members of the Medical Staff and Allied Health Staff and recommend or refer members to sources for treatment;
- (d) receive information from and concerning any member of the Medical Staff or Allied Health Staff being monitored by the committee;
- (e) assist in the monitoring or supervising of an individual's treatment and recovery; and
- (f) keep all information received by the committee, including its source, confidential.

#### 3.J.3. Meetings:

The Practitioner Health and Well Being Committee shall meet at least quarterly, as well as at the call of its chairman as frequently as is required to fulfill its duties. The committee may from time to time adopt written rules, regulations, policies, or protocols for the discharge of its duties. Such rules, regulations, policies, or protocols shall become effective upon approval by the Executive Committee and publication to all members of the Medical Staff.

### 3.K. PROFESSIONAL STANDARDS COMMITTEE

#### 3.K.1. Composition:

The Professional Standards Committee shall consist of at least five members of the Active Staff who have served on the Active Staff at least five years and one APP from the executive group of the APPs. Members should have broad experience in leadership positions and with physician behavior review and should have demonstrated a capacity to keep peer review protected information confidential. It is preferable that a majority of the Active Staff members be past Medical Staff Chairmen. Ad hoc members, one from each department, will also serve on the committee from time to time in order to review specific cases as determined by the six permanent members of the committee.

The chairman of the committee shall keep the Chairman of the Medical Staff informed about the general aspects of its intervention with members referred to the committee who refuse to cooperate with the committee or deviate significantly from an agreed-upon plan.

#### 3.K.2. Duties:

The Professional Standards Committee shall:

- (a) review all reports of unprofessional conduct by members of the Medical Staff or Allied Health Staff referred to the committee and, when applicable, investigate, monitor, or counsel these individuals and/or recommend or refer these individuals to sources for assistance.

#### 3.K.3. Meetings:

The Professional Standards Committee shall meet at least quarterly, as well as at the call of its chairman as frequently as is required to fulfill its duties.

### 3.L. TRANSFER QUALITY COMMITTEE

#### 3.L.1. Composition:

The Transfer Quality Committee shall consist of a member of the Executive Committee, one Medical Staff member each from the Emergency Department and the Surgery Department, and a Hospitalist. The Chief Medical Officer shall also serve on the committee. The Senior Administrative Director of Critical Care and the transfer process Registered Nurse may attend committee meetings, *ex officio*.

#### 3.L.2. Duties:

The Transfer Quality Committee shall:

- (a) evaluate the appropriateness of external patient acceptance or transfer to a receiving facility based on the patient care rendered or capable of being rendered, the activities of the provider incident to the acceptance or transfer, and whether the acceptance or transfer could adversely affect the health or welfare of a patient or patients; and
- (b) focus its efforts on review of the transfer process quality assurance records and evaluation of other quality data.

3.L.3. Meetings:

The Transfer Quality Committee shall meet at least quarterly. The committee may from time to time adopt written rules, regulations, policies, or protocols for the discharge of its duties. Such rules, regulations, policies, or protocols shall become effective upon approval by the Executive Committee and publication to all members of the Medical Staff.

**ARTICLE 4**

**AMENDMENTS**

The process for amending this Medical Staff Organization Manual is set forth in Section 8.B of the Medical Staff Bylaws.

**ARTICLE 5**

**ADOPTION**

This Medical Staff Organization Manual 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.