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# North Hospital

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## Medical Staff Bylaws

### ARTICLE I GENERAL

#### A. DEFINITIONS

1. The definitions that apply to terms used in all the 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 that a particular right is waived by failing to take action within a specified period.

#### C. DELEGATION OF FUNCTIONS

1. When a function under these Bylaws is to be carried out by a member of Hospital administration, 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 a qualified designee who is a practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. The delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee is a record of the committee that is ultimately responsible for the review in a particular matter.
2. When a Medical Staff Leader 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.

#### D. MEDICAL STAFF DUES

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

# ARTICLE 2

## CATEGORIES OF THE MEDICAL STAFF

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:

The Active Staff shall consist of members who

- a. have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Hospital through service on committees and/or active participation in performance improvement or professional practice evaluation functions; and
- b. are involved in the minimum number of patient contacts (24) per appointment term. For purposes of this Article, a "patient contact" means any direct interaction between a physician and a patient in the Hospital setting (including outpatient areas that are included in the Hospital licensure), excluding any diagnostic outpatient orders and specifically including performance of History and Physicals, diagnosis, treatment, and interpretation of diagnostic studies; or have ordered a minimum of 100 diagnostic outpatient orders per appointment term.

#### 2. Prerogatives:

Active Staff members:

- a. may vote in all general and special meetings of the Medical Staff, and applicable Section and committee meetings;
- b. may hold office, serve as Section Chairs 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, 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. AFFILIATE STAFF

#### 1. Qualifications:

- a. The Affiliate Staff shall consist of those members who desire to be associated with, but who do not intend to establish a practice at, this Hospital. The primary purpose of the Affiliate Staff is to

promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care.

- b. Individuals requesting appointment to the Affiliate Staff must submit an application as prescribed in the Credentials Policy.

## 2. Prerogatives and Responsibilities:

Affiliate Staff members:

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

## C. ASSOCIATE STAFF

### 1. Qualifications:

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

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

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

### 2. Prerogatives and Responsibilities:

Associate Staff members:

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

## D. MOONLIGHTING STAFF

### 1. Qualifications:

- a. The Moonlighting Staff shall include physicians who are currently enrolled in good standing in an Accreditation Council for Graduate Medical Education ("ACGME") or American Osteopathic Association ("AOA") accredited residency or fellowship program.
  - b. Individuals requesting appointment to the Moonlighting Staff must submit an application as prescribed by the Credentials Policy and must meet all of the qualifications for Medical Staff appointment outlined in Section 2.A.1 of the Medical Staff Credentials Policy, except for those requirements relating to residency completion and board certification.
2. Prerogatives and Responsibilities:

Moonlighting Staff members:

- a. may not admit patients to the Hospital;
- b. may exercise such clinical privileges as are granted;
- c. may attend staff and Section meetings when invited to do so (without vote);
- d. may attend educational activities of the Medical Staff and the Hospital;
- e. may not vote, hold office, serve as a Section Chair, Vice Chair, or Sub-section Chair or serve on Medical Staff committees;
- f. must cooperate in the peer review and performance improvement process; and
- g. shall pay application fees, dues, and assessments.

#### **E. HONORARY STAFF**

##### **1. Qualifications:**

- a. The Honorary Staff shall consist of practitioners who are recognized for outstanding or noteworthy contributions to the medical sciences, or have a record of previous longstanding service to the Hospital, and have retired from the active practice of medicine.
- b. Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application.

##### **2. Prerogatives and Responsibilities:**

Honorary Staff members may:

- a. not consult, admit or attend to patients;
- b. attend staff and Section meetings when invited to do so (without vote);
- c. be appointed to committees (with vote);
- d. not vote, hold office, serve as a Section Chair/Vice Chair or Sub-section Chair; and
- e. not pay application fees, dues or assessments.

#### **F. ALLIED HEALTH STAFF**

##### **1. Qualifications:**

The Allied Health Staff consists of allied health practitioners who satisfy the qualifications and conditions for appointment to the Allied Health Staff contained in the Credentials Policy. The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference. For ease of use, any reference in these Bylaws or associated policies to "members" shall

include allied health practitioners unless specifically limited to members of the Medical Staff.

## 2. **Prerogatives and Responsibilities:**

Allied Health Staff members:

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

# 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, and have served on the Active staff for at least 5 years;
2. have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
3. not be presently be serving as Medical Staff officers, Board members or department chairs 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. preferably have experience in a leadership position, or other involvement in performance improvement functions;
6. attend at least annually continuing education relating to Medical Staff leadership and/or credentialing functions prior to or during the term of the office;
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 President of the Hospital, the Chief Medical Officer (CMO) and the Board;
- c. call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
  - d. chair the MEC (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
  - e. promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the Policies and Procedures of the Hospital;
  - f. appoint the members of the Nominating Committee;
  - 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. Medical Staff President Elect:**

The Medical Staff President Elect shall:

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

**3. 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 and the absence of the Medical Staff President Elect;
- b. serve on the MEC; and
- c. assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC.

**4. Immediate Past President of the Medical Staff:**

The Immediate Past President of the Medical Staff shall:

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

**C. NOMINATIONS**

A Nominating /Leadership Development Committee shall be comprised of members as outlined in Section 3.I. of the Organization Policy. The Committee shall convene prior to the election and shall submit to the President of the Medical Staff the names of one or more qualified nominees for each office. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in Section 3. A., in the judgment of the Nominating Committee, and be willing to serve. The Executive Committee shall select its

nominees from the list presented by the Nominating Committee and from any additional qualified nominations that may be made from the Medical Staff, provided that the candidate has consented, in writing, in advance. The names of the nominees selected by the Executive Committee shall be announced to the Medical Staff at least ten (10) days before the annual meeting.

#### **D. ELECTION**

1. The election shall be held by written or electronic ballot returned to the Medical Staff Office. Ballots may be returned in person, by mail, by facsimile, or by e-mail ballot. All ballots must be received in the Medical Staff Office by the date indicated on the ballot. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.
2. In the alternative, and in the discretion of the MEC, an election may also occur at a called meeting of the Medical Staff. Candidates receiving a majority of votes cast at the meeting shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. 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.

#### **E. TERM OF OFFICE**

Each officer shall serve a two (2) year term, commencing on the first day of the Medical Staff year following election. Each officer shall serve in each office until the end of his or her term, or until a successor is elected and assumes office, unless he or she shall sooner resign, vacate the office or be removed. Medical Staff officers shall be eligible to succeed themselves.

#### **F. REMOVAL**

1. A vote by the MEC to remove an elected officer or any member of the MEC may be initiated by a two-thirds vote of the MEC, a two-thirds vote of the Active Staff, or by the Board. 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 incapable of fulfilling the duties of that office.
2. The individual shall be given 10 days' written notice of the date of the MEC meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC at this meeting prior to the vote on removal.

#### **G. VACANCIES**

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

# ARTICLE 4

## CLINICAL SECTIONS

### A. ORGANIZATION

The Medical Staff shall be organized into Sections as listed in the Organization Policy. Each Section may elect a Chair and Vice Chair. 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. Each Section shall assure emergency call coverage for all patients.

### D. QUALIFICATIONS OF SECTION CHAIRS and Vice Chairs

The Section Chair or Vice Chair shall:

1. be a member of the Active or Affiliate 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..

### E. APPOINTMENT AND REMOVAL OF SECTION CHAIRS

1. Except as otherwise provided by contract, Section chairs and Vice chairs shall be elected by the members of the Section, subject to MEC confirmation before or at the Annual Meeting, in the years where Medical Staff officers are not elected. A Nominating Committee, appointed by the current Section Chair or Vice Chair, shall nominate qualified candidate(s). Those who receive a majority of the votes cast shall be elected. The method of voting shall be determined by the Section.
2. A vote by the MEC to remove a Section Chair or Vice Chair may be initiated by a two thirds vote of the Section, a two-thirds vote of the MEC, or by the Board. 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 incapable of fulfilling the duties of that office.
3. The individual shall be given 10 days' written notice of the date of the MEC meeting at which action



is to be considered. The individual shall be afforded an opportunity to speak to the MEC at this meeting prior to a vote on removal.

4. Section Chairs and Vice Chairs shall serve a term of two years, which can be renewable.

#### **F. DUTIES OF SECTION CHAIRS AND VICE CHAIRS**

Section Chairs and Vice Chairs shall work in collaboration with Medical Staff Leaders and other Hospital personnel to be collectively responsible for the following:

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 of criteria for clinical privileges;
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. recommending criteria for clinical privileges that are relevant to the care provided in the Section;
10. evaluating requests for clinical privileges for each member of the Section;
11. assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the Section or the Hospital;
12. the integration of the Section into the primary functions of the Hospital;
13. the coordination and integration of intersection and intrasection services;
14. the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
15. recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
16. determination of the qualifications and competence of Section personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
17. continuous assessment and improvement of the quality of care, treatment, and services provided;
18. maintenance of quality monitoring programs, as appropriate;
19. the orientation and continuing education of all persons in the Section;
20. recommendations for space and other resources needed by the Section; and
21. delegation to a Sub-section Chair 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 Chair or Vice Chair has a conflict of interest with the individual under review.

#### **G. SUB-SECTIONS**

1. **Composition**

Sub-sections may be formed at the discretion of the MEC; however, their administration and control shall remain with the section under which they are formed. They shall have the right to hold separate clinical meetings, and attendance at these meetings shall fulfill section meeting attendance requirements upon the approval of the parent section. A subsection shall consist of those members who practice in the clinical sub-specialty of the sub-section.

## 2. **Functions**

Subject to approval of the MEC, a sub-section shall perform the functions assigned to it by the Section Chair. Such functions may include, without limitation, retrospective patient care reviews, evaluation of patient care practices, credentials review and privileges delineation, and provision of continuing education programs. A sub-section shall transmit regular reports to the section chair on the conduct of its assigned functions.

# **ARTICLE 5**

## **MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS**

### **A. STANDING COMMITTEES**

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

- a. The Executive Committee (MEC);
- b. The Performance Assessment and Improvement Committee;
- c. The Credentials Committee;
- d. The Pharmacy and Therapeutics Committee;
- e. The Tissue Review Committee.

### **B. MEC**

#### **1. Composition:**

The MEC shall consist of the following:

- a. the President of the Medical Staff, who will chair the MEC;
- b. the President Elect of the Medical Staff;
- c. the Vice President of the Medical Staff ;
- d. the Chair of the Surgery Section;
- e. the Chair of the Pediatrics Section;
- f. the Chair of the OB/GYN Section;
- g. the Chair of the Internal Medicine Section;
- h. the Chair of the Family Medicine Section;
- i. the Chair of the Pathology Section;

- j. the Chair of the Radiology Section;
- k. the Chair of the Anesthesiology Section;
- l. the Chair of the Credentials Committee;
- m. the Chair of the Performance Assessment and Improvement Committee;
- n. the Chair of the Pharmacy and Therapeutics Committee;
- o. the immediate past President of the Medical Staff;
- p. the President of the Hospital, *ex officio* without vote;
- q. the Chief Medical Officer of the Hospital, *ex officio* without vote;
- r. up to five additional At-Large Members selected by the other voting members of the Executive Committee of the Medical Staff. At-Large members must be members in good standing of the Active or Affiliate Staff and will serve for one year;
- s. the Chief Nursing Officer, non-member without vote
- t. other administrative representatives who may be invited to attend (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding the issues on its agenda.

*Ex-officio* members may be excused from the voting portion of the meeting involving a recommendation which may adversely affect a physician's continued medical staff membership and/or clinical privileges or at the discretion of the presiding officer.

## 2. Duties:

The MEC is delegated the primary authority over activities related to the functions of the Medical Staff and to performance improvement activities. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

- a. Recommending directly to the Board on at least 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 and reappointment;
  - 4. a delineation of clinical privileges for each eligible individual;
  - 5. the participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;
  - 6. the process by which Medical Staff appointment may be terminated;
  - 7. hearing procedures;
  - 8. 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;
- b. consulting with administration on quality-related aspects of contracts for patient care services;

- c. providing oversight and guidance with respect to continuing medical education activities;
- d. reviewing or delegating the review of quality indicators to facilitate uniformity regarding patient care services;
- e. providing leadership in activities related to patient safety;
- f. providing oversight in the process of analyzing and improving patient satisfaction;
- g. providing and promoting effective liaison among the Medical Staff, Administration, and the Board;
- h. reviewing, or delegating to the Bylaws Committee the responsibility to review, at least every three years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable;
- i. performing any other functions as are assigned to it by these Bylaws, the Credentials Policy, or other applicable policies; and
- j. acting 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.

### **4. Performance Improvement Functions**

The Medical Staff leadership is actively involved in performance improvement functions, including reviewing data and recommending and implementing processes to address the following:

1. patient safety, including processes to respond to patient safety alerts, meet patient safety goals and reduce patient safety risks;
2. the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
3. medical assessment and treatment of patients;
4. the use of information about adverse privileging determinations regarding any practitioner;
5. medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
6. the utilization of blood and blood components, including review of significant transfusion reactions;
7. operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
8. appropriateness of clinical practice patterns;
9. significant departures from established patterns of clinical practice;
10. education of patients and families;
11. coordination of care, treatment and services with other practitioners and Hospital personnel;
12. accurate, timely and legible completion of medical records;

13. 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 Appendix A of these Bylaws;
14. the use of developed criteria for autopsies;
15. sentinel events, including root cause analyses and responses to unanticipated adverse events;
16. nosocomial infections and the potential for infection;
17. unnecessary procedures or treatment; and
18. appropriate resource utilization.

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

Acting as a Professional Standards Committee, the MEC shall:

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

**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 CHAIRS AND MEMBERS**

1. All committee chairs and members shall be appointed by the President of the Medical Staff. Committee chairs 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 one year, but may be reappointed for additional terms.
3. Allied Health Staff members may also be appointed to serve as voting members of Medical Staff Committees
4. The President of the Medical Staff and the President of the Hospital (or their respective designees) shall be members, *ex officio*, without vote, on all committees, unless otherwise stated.

**E. CREATION OF STANDING COMMITTEES**

In accordance with the provisions in the Organization Policy, 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 chairs shall be appointed by the President of

the Medical Staff. Such task forces shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

## **ARTICLE 6**

# **MEETINGS**

### **A. MEDICAL STAFF YEAR**

The Medical Staff year is January 1 to December 31.

### **B. MEDICAL STAFF MEETINGS**

#### **1. Regular Meetings:**

The Medical Staff shall meet 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 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 Organization Policy, each Section and committee shall meet as often as necessary to fulfill its responsibilities, at times set by the presiding officer.

#### **2. Special Meetings:**

Special meetings 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 one-fourth of the Active Staff members of the Section or committee, but not by fewer than 2 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 meetings of the Medical Staff, Section, Sub-section or committee, those voting members present (but not fewer than two) shall constitute a quorum. Exceptions to this general rule are as follows:
  1. for amendments to the Medical Staff Bylaws, at least 10% of the Active Staff shall constitute a quorum; and

2. that for meetings of the MEC and the Credentials Committee, the presence of at least 33% of the voting members of the committee shall constitute a quorum.
  - b. Once a quorum is established, the business of the meeting may continue and actions taken will be binding, even if attendance drops below a quorum during the course of the meeting.
  - c. 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 voting members present.
  - d. When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff, a Section, or a committee, an individual who has recused himself or herself from participation in the vote shall not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses himself or herself on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).
  - e. As an alternative to a formal meeting, and at the discretion of the presiding officer, 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, website posting, or telephone, or other technology approved by the presiding officer, and their votes returned to the Chair by the method designated in the notice. Except as noted in (a) above, a quorum for purposes of these votes shall be the number of responses returned to the presiding officer by the date indicated. The question raised shall be determined in the affirmative and shall be binding 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/Vice Chair or Sub-section Chair, 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, President of the Hospital, and Chief Medical Officer (CMO). The Board shall be kept apprised of the recommendations of the Medical Staff and its Sections and committees. A permanent file of the minutes of all meetings shall be maintained by the Hospital.

**6. Confidentiality:**

All Medical Staff business conducted by committees or Sections is considered confidential and proprietary and should be treated as such. Members of the Medical Staff who have access to or are

the subject of credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, 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 Credentials Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

**7. Attendance Requirements:**

- a. Attendance at meetings of the MEC and the Credentials Committee is required. All members are required to attend at least 50% of all regular and special meetings of these committees. Failure to attend the required number of meetings may result in replacement of the member.
- b. Each Active Staff member is expected to attend and participate in all Medical Staff meetings and applicable Section and committee meetings each year.

## **ARTICLE 7**

### **BASIC STEPS AND DETAILS**

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, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Policy.

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

1. Complete applications are provided to the applicable Section Chair, Vice Chair and/or Subsection Chair, who reviews the individual's education, training, and experience and prepares a report on whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.
2. The Credentials Committee then reviews the Section Chair, Vice Chair and/or Subsection Chair report, the application, and all supporting materials and makes a recommendation to the MEC. The recommendation of the Credentials Committee will be forwarded, along with the Chair, Vice Chair and/or Subsection Chair report, to the MEC for review and recommendations.
3. The MEC may accept the recommendation of the Credentials Committee; refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC is to grant appointment or reappointment, it will be forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual will be notified by the President of the Hospital of the right to request a hearing.

**C. PROCESS FOR PRIVILEGING**

1. Requests for privileges are provided to the applicable Chair, Vice Chair and/or Subsection Chair, who reviews the individual's education, training, and experience and prepares a report on whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.



2. The Credentials Committee will review the Chair, Vice Chair and/or Subsection Chair report, the application, and all supporting materials and make a recommendation. The recommendation of the Credentials Committee will be forwarded, along with the Section Chair, Vice Chair and/or Subsection Chair report, to the MEC for review and recommendations.
3. The MEC may accept the recommendation of the Credentials Committee; refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC is to grant privileges, it will be forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual will be notified by the President of the Hospital of the right to request a hearing.

#### **D. PROCESS AND INDICATIONS FOR DISASTER PRIVILEGES**

When the disaster plan has been implemented, the President of the Hospital, the Chief Medical Officer, or the President of the Medical Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

#### **E. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES**

1. Appointment and clinical privileges will be automatically relinquished if an individual:
  - a. fails to do any of the following:
    - i. timely complete medical records;
    - ii. satisfy threshold eligibility criteria;
    - iii. provide requested information;
    - iv. complete and/or comply with training, educational, or orientation requirements; or
    - v. attend a special conference to discuss issues or concerns;
  - b. is involved or alleged to be involved in defined criminal activity;
  - c. makes a misstatement or omission on an application form;
  - d. remains absent on leave for longer than one year, unless an extension is granted; or
  - e. in the case of an Advanced Dependent Practitioner, fails, for any reason, to maintain an appropriate supervision relationship with a Supervising Physician as defined in the Credentials Policy or if the Medical Staff appointment or clinical privileges of a Supervising Physician are resigned, revoked or terminated.
2. Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

#### **F. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION**

1. Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the President of the Hospital, the President of the Medical Staff, the CMO, the MEC, or the Board Chair is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
2. A precautionary suspension is effective immediately and will remain in effect unless it is modified by the President of the Hospital or MEC.

3. The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
4. The MEC will review the reasons for the suspension within a reasonable time, under the circumstances, not to exceed 14 days.
5. Prior to, or as part of, this review, the individual will be given an opportunity to meet with the MEC or an ad hoc committee of the MEC as designated by the President of the Medical Staff.

**G. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES**

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

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

**H. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL**

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

## **ARTICLE 8**

# **AMENDMENTS**

**A. MEDICAL STAFF BYLAWS**

1. Neither the MEC, the Medical Staff, nor the Board may unilaterally amend these Bylaws.
2. Amendments to these Bylaws may be proposed by a petition signed by 25% of the Active Staff, by the Bylaws Committee, or by the MEC.
3. In the discretion of the MEC, amendments to the Bylaws shall be presented to the Medical Staff in one of the following two ways:

a. **Amendments Subject to Vote at a Meeting:**

The MEC shall report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted,

- i. a quorum of at least 10% of the Active Staff must be present, and
- ii. the amendment must receive a majority of the votes cast by the Active staff at the meeting.

b. **Amendments Subject to Vote via Written or Electronic Ballot:**

The MEC may shall present proposed amendments to the Active staff by written or electronic ballot, to be returned to the Medical Staff Office by the date indicated on the ballot, which date shall be at least 14 days after the proposed amendment was provided to the Active Staff.. Along with the proposed amendments, the MEC shall provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 10% of the Active Staff, and (ii) the amendment must receive a majority of the votes cast.

4. The MEC shall have the power to adopt clarification and technical, non-substantive amendments to these Bylaws which are needed because of reorganization, renumbering, naming of titles or positions, punctuation, spelling or errors in grammar or expression.
5. All amendments shall be effective only after approval by the Board.
6. 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 President of the Hospital within two weeks after receipt of a request.

**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, Medical Staff Organization Policy, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that Committee where a quorum exists. Notice of all proposed amendments to these documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the MEC meeting when the vote is to take place. Any member of the Active Staff may submit written comments on the amendments to the MEC.

3. All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.
4. Amendments to Medical Staff policies and Rules and Regulations may also be proposed by at least 10% of the members of the Active Staff. 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.
5. Adoption of and changes to the Credentials Policy, Medical Staff Organization Policy, 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 conflict between the Medical Staff and the MEC with regard to:
  - a. proposed amendments to the Medical Staff Rules and Regulations,
  - b. a new policy proposed or adopted by the MEC, or
  - c. proposed amendments to an existing policy that is under the authority of the MEC, a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by at least 25% of the members of the Active Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendments or policies at issue.
2. If the differences cannot be resolved at the meeting, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the Active Staff members, 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.
4. Nothing in this section is intended to prevent individual Medical Staff members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Bylaws, the Medical Staff Rules and Regulations, or other Medical Staff policies directly to the Board. Communication from Medical Staff members to the Board will be directed through the President of the Hospital, who will forward the request for communication to the Chair of the Board. The President of the Hospital will also provide notification to the MEC by informing the President of the Medical Staff of all such exchanges. The Chair of the Board will determine the manner and method of the Board's response to the Medical Staff member(s).

## **ARTICLE 9**

### **INDEMNIFICATION**

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff officers, Section Chairs and Vice Chairs, Sub-section Chairs, 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.

# 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.

Sean M. Trivedi, MD  
President of the Medical Staff, Indiana University Health North Hospital

K. Alicia Schulhof, FACHE  
President, Indiana University Health North Suburban Area

Charles E. Schalliol  
Chair, Board of Directors Indiana University Health North Hospital

## APPENDIX A

### HISTORY AND PHYSICAL

A complete history and physical examination must be completed within twenty-four (24) hours after admission or prior to a surgery or procedure by the attending physician/dentist or physician/dentist designee with oversight (resident, nurse practitioner). A legible original or copy of a medical history and physical obtained in the physician/dentist's office completed within thirty (30) days prior to date of admission is acceptable if the patient's clinical status information is updated within twenty-four (24) hours after admission or prior to a surgery or procedure if occurring within the first twenty-four (24) hours. In an emergency situation, the responsible physician/dentist must make a comprehensive entry regarding the condition of the patient prior to the start of the procedure. A complete history and physical examination is then to be recorded immediately following the emergency procedure. A comprehensive history and physical examination report is to include the chief complaint, details of the present illness, all relevant past medical, social and family histories, inventory of body systems, current physical examination, allergies / medications / dosage / reactions, conclusions, and plan of action. For further details, please reference IU Health North Medical Staff Policy on Completion of Medical Records and IU Health North Information Management Policy on Content of Medical Records.

#### Attachments:

No Attachments

#### Applicability

Indiana University Health North Hospital