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

North Hospital

MEDICAL STAFF BYLAWS

Adoption – April 15, 2014
Revision – December 17, 2015
MEDICAL STAFF BYLAWS

TABLE OF CONTENTS

ARTICLE 1 .......................................................................................................................... 5

GENERAL ............................................................................................................................ 5

1.A. DEFINITIONS ........................................................................................................... 5

1.B. TIME LIMITS ........................................................................................................... 5

1.C. DELEGATION OF FUNCTIONS ........................................................................... 6

1.D. MEDICAL STAFF DUES ....................................................................................... 6

ARTICLE 2 .......................................................................................................................... 6

CATEGORIES OF THE MEDICAL STAFF ....................................................................... 6

2.A. ACTIVE STAFF ........................................................................................................ 6

2.A.1. Qualifications ..................................................................................................... 6

2.A.2. Prerogatives ....................................................................................................... 6

2.A.3. Responsibilities .................................................................................................. 6

2.B. AFFILIATE STAFF .................................................................................................. 7

2.B.1. Qualifications ..................................................................................................... 7

2.B.2. Prerogatives and Responsibilities .................................................................... 7

2.C. ASSOCIATE STAFF .................................................................................................. 7

2.C.1. Qualifications ..................................................................................................... 8

2.C.2. Prerogatives and Responsibilities .................................................................... 8

2.D. HONORARY STAFF .................................................................................................. 8

2.D.1. Qualifications ..................................................................................................... 8

2.D.2. Prerogatives and Responsibilities .................................................................... 8

2.E. ALLIED HEALTH STAFF ....................................................................................... 9

2.E.1. Qualifications ..................................................................................................... 9

2.E.2. Prerogatives and Responsibilities .................................................................... 9

2.F. RESIDENT/FELLOW MOONLIGHTERS .................................................................. 9

ARTICLE 3 .......................................................................................................................... 10

OFFICERS ........................................................................................................................ 10

3.A. ELIGIBILITY CRITERIA ......................................................................................... 10

3.B. DUTIES .................................................................................................................. 10

3.B.1. President of the Medical Staff ........................................................................ 10

3.B.2. President Elect of the Medical Staff ................................................................. 11

3.B.3. Vice President of the Medical Staff ................................................................. 11
3.B.4. Immediate Past President

3.C. NOMINATIONS

3.D. ELECTION

3.E. TERM OF OFFICE

3.F. REMOVAL

3.G. VACANCIES

ARTICLE 4

CLINICAL SECTIONS

4.A. ORGANIZATION

4.B. ASSIGNMENT TO SECTION

4.C. FUNCTIONS OF SECTIONS

4.D. QUALIFICATIONS OF SECTION CHAIRS

4.E. APPOINTMENT AND REMOVAL OF SECTION CHAIRS

4.F. DUTIES OF SECTION CHAIRS

4.G. SUB-SECTIONS

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. STANDING COMMITTEES

5.B. MEC

5.B.1. Composition

5.B.2. Duties

5.B.3.Meetings

5.B.4. Performance Improvement Functions

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

5.B.6. Responsibilities as a Bylaws Committee

5.C. CREATION OF STANDING COMMITTEES

5.D. SPECIAL TASK FORCES

5.E. APPOINTMENT OF COMMITTEE CHAIRMEN AND MEMBERS

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings
6.C. SECTION AND COMMITTEE MEETINGS ................................................................................. 24
  6.C.1. Regular Meetings ........................................................................................................... 24
  6.C.2. Special Meetings ........................................................................................................... 24
6.D. PROVISIONS COMMON TO ALL MEETINGS .................................................................. 24
  6.D.1. Notice of Meetings ....................................................................................................... 24
  6.D.2. Quorum and Voting ..................................................................................................... 25
  6.D.3. Agenda .......................................................................................................................... 26
  6.D.5. Minutes, Reports, and Recommendations ................................................................. 26
  6.D.7. Attendance Requirements .......................................................................................... 27

ARTICLE 7 .................................................................................................................................. 27
BASIC STEPS AND DETAILS ...................................................................................................... 27
  7.A. QUALIFICATIONS FOR APPOINTMENT ........................................................................ 27
  7.B. PROCESS FOR APPOINTMENT, REAPPOINTMENT, AND PRIVILEGING (CREDENTIALING) ............... 27
  7.C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES ......................................................................................................... 28
  7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION ........................................... 28
  7.E. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES ................................................................. 29
  7.F. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL .................................................................................... 29
  7.G. PROCESS AND INDICATIONS FOR DISASTER PRIVILEGES ................................................................. 30

ARTICLE 8 .................................................................................................................................. 30
AMENDMENTS .......................................................................................................................... 30
  8.A. MEDICAL STAFF BYLAWS ............................................................................................. 30
  8.B. OTHER MEDICAL STAFF DOCUMENTS ........................................................................ 31
  8.C. CONFLICT MANAGEMENT PROCESS ............................................................................. 33

ARTICLE 9 .................................................................................................................................. 34
INDEMNIFICATION ..................................................................................................................... 34

ARTICLE 10 ............................................................................................................................... 35
ADOPTION .................................................................................................................................. 35

Appendix A ................................................................................................................................. 36
ARTICLE I
GENERAL

1.A. DEFINITIONS

a. HOSPITAL means Indiana University Health North Hospital.

b. BOARD OF DIRECTORS means the Board of Directors of Indiana University Health North Hospital. The Board of Directors is the governing body of the Hospital.

c. PRESIDENT means the President of Indiana University Health North Hospital, appointed by the Board of Directors to serve as the Chair executive officer of the Hospital.

d. MEDICAL STAFF or STAFF means those physicians both medical and osteopathic and dentists who have been granted recognition as members of the Medical Staff pursuant to the terms of these Bylaws.

e. EXECUTIVE COMMITTEE (MEC) means the governing body of the Medical Staff.

f. MEMBER means, unless otherwise expressly limited, any physician or dentist holding a current, valid and unsuspended unlimited Indiana license to practice medicine or dentistry within the scope of the license who is a member of the Medical Staff.

g. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a Medical Staff member to render specific services to patients.

h. MEDICAL STAFF YEAR means the calendar year.

i. MEDICAL STAFF PRESIDENT means the President of the Medical Staff elected by the Medical Staff.

j. In referring to the men and women members of the Medical Staff, the masculine gender is used and implies the feminine gender as well.

1.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.

**1.C. DELEGATION OF FUNCTIONS**

When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff Committee, the individual, or the committee through its chairman, may delegate performance of the function to one or more qualified designees.

**1.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**

**2.A. ACTIVE STAFF**

**2.A.1. Qualifications:**

The Active Staff shall consist of members who are involved in the minimum number of patient contacts (24) per appointment term.

**2.A.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.

**2.A.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.

2.B. AFFILIATE STAFF

2.B.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.B.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;

(d) may not vote (except for those members serving as section 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.
2.C. ASSOCIATE STAFF

2.C.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.C.2. Prerogatives and Responsibilities:
(a) may attend educational activities of the Medical Staff and the Hospital;
(b) may not vote, hold office, serve as a Section Chair or serve on Medical Staff committees;
(c) may use the Hospital’s diagnostic facilities; and
(d) must pay application fees, dues and assessments.

2.D. HONORARY STAFF

2.D.1. Qualifications:
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.

2.D.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; and
(e) not pay application fees, dues or assessments.

2.E. ALLIED HEALTH STAFF

2.E.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 also includes those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital (e.g., moonlighting residents or fellows). 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.E.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 as committee Chairmen;
(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.

2.F. RESIDENT/FELLOW MOONLIGHTERS
A Resident/Fellow Moonlighter undertakes professional activities outside the scope of graduate medical education programs, either within the institution or at other health care institutions. Appointment as a Moonlighter is contingent upon the resident/fellow being a house staff member in an approved graduate medical education program and being a duly licensed physician in the State of Indiana. Moonlighters may be appointed to the Medical Staff if they meet the requirements for Medical Staff membership, but may not be privileged in areas which are in the scope of their Residency or Fellowship.
ARTICLE 3
OFFICERS

3.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 be presently be serving as Medical Staff officers, Board members or department chairmen 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) have demonstrated an ability to work well with others; and
(7) 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.

3.B. DUTIES

3.B.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 CEO, Chief Medical Officer 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) recommend Medical Staff representatives to Hospital committees; and

g) perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Policy;

h) serve as spokesman for the Medical Staff in external professional and public relations;

i) perform such other functions as may be assigned by these Bylaws, the Medical Staff, or the Executive Committee;

j) serve on liaison committees with the Board of Directors and Hospital administration, as well as outside licensing or accreditation agencies; and

k) provide for the review of the clinical work performed in the Hospital and the functioning of the Medical Staff sections.

3.B.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;

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

3.B.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;

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

3.B.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.

3.C. NOMINATIONS

The Nominating/Leadership Development Committee shall be comprised of members as outlined in Section 3.I. of the Organizational Manual. 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 2.2, 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 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.

3.D. ELECTION

The President, President Elect and Vice President shall be elected at or in time for the annual meeting of the Medical Staff. Voting shall be by ballot. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. Only Active members in good standing may vote.

3.E. TERM OF OFFICE

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

3.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, or by a petition signed by at least one-third of the Active members of the Medical Staff for:

(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) At least ten 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.

3.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 term or until a special election can be held, in the discretion of the MEC.

ARTICLE 4
CLINICAL SECTIONS

4.A. ORGANIZATION

The Medical Staff shall be organized into Sections as listed in the Organization Manual. Each Section may elect a Chair representing specific campus locations. 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.
4.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.

4.C. FUNCTIONS OF SECTIONS

The general functions of each section include, but are not limited to:

(a) conducting patient care reviews of all clinical work performed under the section’s jurisdiction for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the section - the number of such reviews to be conducted during the year shall be as determined by the Executive Committee in consultation with other appropriate committees;

(b) recommending to the Executive Committee guidelines for the granting of clinical privileges and the performance of specified service within the section;

(c) evaluating and making appropriate recommendations regarding the qualification of applicants seeking appointment or reappointment and clinical privileges within the section;

(d) conducting, participating and making recommendations regarding continuing education programs pertinent to the clinical practice of the section;

(e) reviewing and evaluating adherence to the Medical Staff Bylaws, Rules, policies and procedures and sound principles of clinical practice;

(f) coordinating patient care provided by the section's members with nursing and ancillary patient care services;

(g) submitting written reports to the Executive Committee concerning (i) the
section’s review and evaluation activities, actions taken thereon, and the results of such action, and (ii) recommendations for maintaining and improving the quality of care provided in the section and the Hospital;

(h) meeting no less frequently than required to comply with The Joint Commission (TJC) standards, for the purpose of considering patient care review findings and the results of the section’s other review and evaluation activities, as well as reports on other section and Medical Staff functions;

(i) establishing such committees or other mechanisms as are necessary and desirable to perform properly the section’s functions;

(j) taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;

(k) accounting to the Executive Committee for all professional and administrative activities within the section; and

(l) formulating regulations reasonably necessary for the proper discharge of its responsibilities subject to the approval by the Executive Committee and such rules of practice and standards of care as apply strictly to the medical care of patients within that clinical specialty, provided that when such rules also apply to members of other sections whose care falls within the specialty, such rules of practice and standards of care must be submitted to the Executive Committee for its approval and that all section rules are subject to review by the Executive Committee upon the request of a member of the Executive Committee or the President of the Hospital.

4.D. QUALIFICATIONS OF SECTION CHAIRS

The Section 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 for membership on the Medical Staff.

4.E. APPOINTMENT AND REMOVAL OF SECTION CHAIRS

(1) Except as otherwise provided by contract, or waived by the majority vote of the Section, Section chairs and co-chairs shall be elected by the members of the Section, 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 co-chair, shall nominate qualified candidate(s). To the extent possible, the Section chair shall select members for the Nominating Committee who represent multiple independent groups and/or independent and hospital employed physicians, to assure that the nomination process represents the interests of all members of the Medical Staff. Those who receive a majority of the votes cast shall be elected. The method of voting shall be determined by the Section.

(2) Any Section Chair 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 incapable of fulfilling the duties of that office.

(3) 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 at least ten days prior to the date of the meeting. 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 Chairs shall serve a term of two years, and may succeed themselves.

4.F. DUTIES OF SECTION CHAIRS

Each Section Chair 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 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 vice 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 has a conflict of
interest with the individual under review.

4.G. SUB-SECTIONS

4.G.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.

4.G.2 Functions
Subject to approval of the MEC, a sub-section shall perform the functions assigned to it by the section chairman. 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 chairman on the conduct of its assigned functions.

ARTICLE 5
MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS
5.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.

5.B. MEC

5.B.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 Active 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 and will serve for one year;

(s) other administrative representatives who may be invited to attend a particular meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding the issues on its agenda.

5.B.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;

(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 insight 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 oversights in the process of analyzing and improving patient satisfaction;
(g) providing and promoting effective liaison among the Medical Staff, Administration, and the Board;
(h) appointing the members of the Nominating/Leadership Development Committee;
(i) reviewing, at least every three years, the Bylaws, policies, and rules and regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable;
(j) performing any other functions as are assigned to it by these Bylaws, the Credentials Policy, or other applicable policies; and
(k) 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).

5.B.3. Meetings
The MEC shall meet as often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions. The presence of thirty-three percent (33%) of the members in good standing of the Executive Committee shall constitute a quorum at any regular or special meeting.

5.B.4. Performance Improvement Functions
(1) The MEC 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 and Centers for Medicare & Medicaid Services (“CMS”) core measures; and
(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 MEC 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.

5.B.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 Committee.
   (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.

5.B.6. Responsibilities as a Bylaws Committee

Acting as a Bylaws Committee, the Executive Committee shall conduct a review at least every three (3) years of the Bylaws, Rules and Regulations, and Organization Manual of the Medical Staff and recommend changes as appropriate.

5.C. CREATION OF STANDING COMMITTEES

In accordance with the provisions in the Organization Manual, 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.

5.D. SPECIAL TASK FORCES

Special task forces shall be created and their members and chairmen 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.

5.E. APPOINTMENT OF COMMITTEE CHAIRMEN AND MEMBERS

(1) All committee chairmen and members shall be appointed by the Nominating/Leadership Development Committee, unless otherwise provided in the Medical Staff Bylaws or the Organizational Manual, in consultation with the MEC.

(2) Committee chairmen and members shall be appointed for initial terms of one year, but may be reappointed for additional terms.

(3) The President of the Medical Staff, CMO, and the CEO (or their respective designees) shall be members, *ex officio*, without vote, on all committees, unless otherwise stated.
6.A. MEDICAL STAFF YEAR
The Medical Staff year is January 1 to December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:
The Medical Staff shall meet at least once a year.

6.B.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.

6.C. SECTION AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:
Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each Section and committee shall meet as often as necessary to fulfill its responsibilities, at times set by the presiding officer.

6.C.2. Special Meetings:
Special meetings of the Medical Staff, any Section, or committee, may be called at any time by the Medical Staff President or the Executive Committee or shall be called upon the written request of twenty-five (25) members of the Active Staff. The person(s) calling or requesting the special meeting shall state the purpose of such meeting in writing. The meeting shall be scheduled by the Executive Committee within thirty (30) days of receipt of such request. No later than ten (10) days prior to the special meeting, notice stating the business for which the meeting is called shall be mailed or delivered to the Active Staff. No business shall be transacted at any special meeting other than that stated in the notice calling the meeting.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.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.

6.D.2. Quorum and Voting:

(a) For any regular or special meetings of sections, sub-sections or committees, a
quorum shall consist of the following number of Active members in good
standing: thirty-three percent (33%) or five members, whichever is less, unless the
Medical Executive Committee adopts a policy requiring a different number with
respect to specific sections, sub-sections or committees.

(b) The presence of a minimum of twenty-five (25) of the members in good standing
of the Active Staff at any regular or special meeting of the Medical Staff shall
constitute a quorum.

(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 individuals
present.

(d) 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 Chairman by the method designated
in the notice.

(e) The Executive Committee shall have the authority to allow for voting by proxy
at meetings of the Medical Staff, if voting by proxy is requested in writing by
any Active Member of the Medical Staff not less than fifteen (15) days prior to
the meeting. In such event, the Executive Committee shall notify the Medical
Staff, not less than seven (7) days prior to the meeting, of the procedures for
proxy voting, and provide an acceptable form of proxy for such purpose.

(f) 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 Chairman by the method designated in the notice. A quorum for purposes of these votes shall be the number of responses returned to the Chairman by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.

6.D.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.


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 Chair or Committee Chairman shall have the authority to rule definitively on all matters of procedure.

6.D.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, CEO, and Chief Medical Officer. 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.D.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. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:
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.

7.A. QUALIFICATIONS FOR APPOINTMENT
Initial appointment and reappointment to the Medical Staff shall be made by the Board of Directors. All appointments shall be for a maximum of two years. Re-appointments shall occur at the end of biennial appointments. 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.

7.B. PROCESS FOR APPOINTMENT, REAPPOINTMENT AND PRIVILEGING (CREDENTIALING)
Complete applications are transmitted to the applicable Section Chair, who prepares a written report to the Credentials Committee which then prepares a recommendation and forwards it along with the Section Chair’s report to the MEC for review and recommendation and to the Board for final action.
7.C. 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) 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 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.

7.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, the CEO, the President of the Medical Staff, the CMO, the MEC, or the Board chairman 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 CEO 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.

(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.

7.E. 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.

7.F. 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.

(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.

7.G. PROCESS AND INDICATIONS FOR DISASTER PRIVILEGES

When the disaster plan has been implemented, the CEO 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.

ARTICLE 8
AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

(1) Amendments to these Bylaws may be proposed by a petition signed by 25% of the voting members of the Medical Staff, 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 voting members of the Medical Staff 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 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.

(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.

(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 CEO within two weeks after receipt of a request.

8.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 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 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 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 any member of the Medical Staff or by majority vote of a section. Such proposal shall be submitted in writing to the Executive Committee. If the proposal in its original form, or as modified by the Council, is approved by the majority vote of the members of the Executive Committee present at a regular meeting, a quorum being present, the amendment shall become effective upon review and approval by the Board of Directors. Notice of any such proposed
amendment to these documents shall be provided to each voting member of
the Medical Staff 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.

8.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 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 will 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 Medical Staff Rules and
   Regulations or policies.

(2) If the differences cannot be resolved at the meeting, the MEC shall forward
   its recommendations, along with the proposed recommendations pertaining to
   the Medical Staff Rules and Regulations or policies offered by the voting
   members of the Medical Staff, 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 Chairs and Vice Chairs, committee chairmen, 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

The organized medical staff adopts and amends medical staff Bylaws. Adoption or amendment cannot be delegated. The Medical Staff by action of the Executive Committee shall adopt such Bylaws as are necessary as set forth below for the conduct of its affairs. 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.

Adopted by the Medical Staff: April 4, 2014
Approved by the Board: April 15, 2014

Revisions:
Adopted by the Medical Staff: November 20, 2015

Kevin Lee Smith, MD
President of the Medical Staff Indiana University Health North Hospital

Approved by the Board: December 17, 2015

Jonathan R. Goble, MHA MBA, FACHE
President and CEO

Charles E. Schalliol
Chairman, 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 North Medical Staff Policy on Completion of Medical Records and IU Health North Information Management Policy on Content of Medical Records.