

St. Joseph MEDICAL/DENTAL STAFF BYLAWS

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BYLAWS OF THE MEDICAL/DENTAL STAFF OF ST. JOSEPH HOSPITAL
FORT WAYNE, INDIANA

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BYLAWS OF THE MEDICAL/DENTAL STAFF OF
ST. JOSEPH HOSPITAL, FORT WAYNE, INDIANA

FORWARD

St. Joseph Health System, LLC d/b/a/ St. Joseph Hospital, is located at 700 Broadway, Fort Wayne, Indiana 46802, and is organized under the laws of the State of Delaware. St. Joseph Hospital is an affiliate of Triad Hospitals, Inc., headquartered in Plano, Texas.

In this document the masculine nomenclature shall be used throughout as a matter of convenience. It is not to be used as discrimination in as much as it is a precept of the Medical/Dental Staff of St. Joseph Hospital that there be no discrimination on the basis of gender, religion, creed, race, national origin, age, color, political affiliation, or any other possibility based on association with some specific human category.

PREAMBLE

WHEREAS, St. Joseph Hospital is a limited liability company organized under the laws of the State of Delaware; and

WHEREAS, in recognition that the quality of professional performance, medical care, education and research in the Hospital is the ultimate responsibility of the Board of Trustees, and that the Medical/Dental Staff needs to provide advice and recommendations and that the best interest of the patients cared for within the Hospital are met by cooperative efforts;

THEREFORE, the practitioners and non-physicians practicing at St. Joseph Hospital are hereby organized, in conformity with these Bylaws formulated by the Medical/Dental Staff to aid the Staff in self-governance, to advise the Board of Trustees that it may most wisely make decisions reflecting its responsibilities in all matters pertaining to patient care; and, to maintain harmonious and cooperative relationships between the Medical/Dental Staff and the governance of the Hospital.

THEREFORE, these Bylaws, which originate with the Medical/Dental Staff, are adopted in order to provide for the organization of the Medical/Dental Staff of St. Joseph Hospital and to provide a framework for self-governance in order to permit the Medical/Dental Staff to discharge its responsibilities in matters involving the quality of medical care and to govern the orderly resolution of those purposes. These Bylaws provide the professional and legal structure for Medical/Dental Staff operations, organized Medical/Dental Staff relations with the Board of Trustees, and relations with applicants to and members of the Medical/Dental Staff. These Bylaws, when adopted by the Medical/Dental Staff and accepted by the Board of Trustees, create a framework for the efficient and effective delivery of

quality patient care services consistent with the mission of the Hospital and its Medical/Dental Staff.

DEFINITIONS AND GENERAL PROVISIONS

DEFINITIONS:

1. The term Allied Health Professional or AHP means an individual other than a licensed physician, podiatrist, or dentist, who is qualified by academic and/or clinical training and by experience and current competence to function in a medical support role to and under the direction of a Medical/Dental Staff member. Allied Health Professionals are not considered members of the Medical/Dental Staff but may be granted a scope of practice and prerogatives in conformance with the applicable state practice act and these Bylaws.

2. The term Board of Trustees or Board means the Hospital's governing body. As appropriate to the context and consistent with the Hospital's Bylaws, it may also mean any Board committee or any individual authorized by the Board to act on its behalf.

3. The term Chief Executive Officer means the individual appointed by the Triad Hospitals Inc. as the Chief Executive Officer of the Hospital to manage the Hospital's affairs. The Chief Executive Officer may designate a representative to perform the responsibilities specified in the Medical/Dental Staff Bylaws.

4. The term Clinical Privileges or Privileges mean the permission the Board grants to a physician, podiatrist, or dentist to provide delineated diagnostic, therapeutic, medical, dental, podiatric, surgical, consultative or psychological services, and to use Hospital equipment.

5. The term Executive Committee or Medical Executive Committee means the Executive Committee of the Medical/Dental Staff unless otherwise stated.

6. The term Ex-Officio means service by virtue of office or position held. An ex-officio membership is, without vote unless indicated otherwise.

7. The term Hospital means St. Joseph Health System LLC d/b/a St. Joseph Hospital of Fort Wayne.

8. The term Medical/Dental Staff or Staff is the organizational component of the Hospital that includes all practitioners who are appointed to it and have privileges to attend patients or to provide other diagnostic, therapeutic, teaching or research services at the Hospital.

9. The term Medical/Dental Staff Year means the 12-month period commencing on January 1 of each year and ending on December 31.

10. The term Medical Administrative Officer means a practitioner employed by or otherwise serving the Hospital on a full or part time basis, whose duties include certain responsibilities, which is both administrative and clinical in nature. Clinical responsibilities as used herein are those responsibilities, which require a practitioner to exercise clinical judgement with respect to patient care, and it includes the supervision of professional activities of practitioners under his direction.

11. The term Physician means an individual with an M.D. or D.O. degree who is fully licensed to practice medicine in the State of Indiana.

12. The term Scope of Practice means the permission granted to an Allied Health Professional to participate in the provision of certain patient care services.

13. The term Practitioner means, unless otherwise expressly limited, any licensed physician, dentist or podiatrist who is applying for Medical/Dental Staff membership and/or clinical privileges, or who is a Medical/Dental Staff member and/or who exercises clinical privileges in this Hospital.

14. The term Prerogative means a right granted to a Staff member or Allied Health Professional to participate in Medical/Dental Staff organization activities and provide patient care service subject to the conditions and limitations imposed in these Bylaws, and by Hospital Medical/Dental Staff policies.

15. The term President means the President of the Medical/Dental Staff unless otherwise stated.

16. The term Special Notice means written notification sent by certified mail return receipt requested, or by personal delivery service with signed acknowledgement of receipt.

17. The term Qualified Health Care Provider means a health care provider as defined by the Indiana Medical Malpractice Act who is qualified under I.C. 34-18-3 et seq. of the Act, as amended from time to time.

GENERAL PROVISIONS:

1. Each member of the Medical/Dental Staff shall conduct himself in the highest ethical manner. By accepting membership on the Medical/Dental Staff a member specifically, agrees as a condition of continuing membership, to abide by the current Ethical and Religious Directives of Catholic Health Facilities. Each practitioner further agrees as a condition of continuing membership on the Hospital's

Medical/Dental Staff to abide by the principles of Medical Ethics currently adopted by the American Medical Association, Standards of Professional Conduct promulgated by the Medical Licensing Board of Indiana, or as applicable, to any existing and currently adopted Code of Ethics of those state and national professional societies representing other practitioners not doctors of medicine. Each member agrees to abide to practice only within the scope or privileges granted to him.

2. Hospital Administration shall cause to be printed a sufficient number of copies of the current Medical/Dental Staff Bylaws and Rules and Regulations, dated as to year of publication and incorporating all finalized Bylaws and or Rules and Regulations changed since their last printing. Copies shall be maintained in the Medical Staff Office and available to individual physicians as requested.

ARTICLE I

NAME

The name of this organization shall be "THE MEDICAL/DENTAL STAFF OF ST. JOSEPH HOSPITAL OF FORT WAYNE, INDIANA"

ARTICLE II

PURPOSE

The purposes of this organization are:

- 2.1 To provide a single organized body with overall responsibilities for the quality of the care, treatment, patient safety and professional services provided by individuals with clinical privileges, as well as the responsibility for reporting same to the governing body.
- 2.2 To pursue a level of professional performance consistent with quality patient care by all practitioners authorized to practice in the Hospital through the appropriate delineation of the clinical privileges that each practitioner may exercise in the Hospital, and through a periodic review and evaluation of each practitioner's performance in the Hospital.
- 2.3 To establish educational standards which will lead to advancement in professional knowledge and skill and will result in the provision of high quality care.
- 2.4 To initiate, maintain, review and revise Rules and Regulations for self-governance of the Medical/Dental Staff.

ARTICLE III

MEDICAL/DENTAL STAFF MEMBERSHIP

3.1 NATURE OF MEMBERSHIP

Membership on the Medical/Dental Staff and/or for clinical privileges shall be extended only to practitioners who are professionally competent and who continually meet the qualifications, standards, and requirements set forth in these Bylaws and the adopted Rules and Regulations and Medical Staff policies. Gender, Race, Creed or National Origin are not used in making decisions regarding granting or denying medical staff membership or clinical privileges. Appointment to and membership on the Medical/Dental Staff shall confer on the member only such clinical privileges and prerogatives as have been granted by the Board of Trustees in accordance with these Bylaws.

No practitioner, including those in a medical administrative position by virtue of a contract or employment with the Hospital and excepting those Staff members already granted clinical privileges, shall admit or provide services to patients in the Hospital until or unless he is a member of the Medical/Dental Staff or has been granted temporary privileges in accordance with the procedures set forth in these Bylaws.

3.2 QUALIFICATION FOR MEMBERSHIP

3.2-1 GENERAL QUALIFICATIONS

Membership shall be awarded only to appropriately licensed practitioners who possess and maintain the basic qualifications for membership on the Medical/Dental Staff, except for the Honorary, Emeritus and/or Retired Staff categories in which case these criteria shall only apply as deemed individually applicable by the Medical/Dental Staff and each of whom:

(a) Documents current licensure, including temporary if applicable, Federal DEA number, experience, background, education, training, demonstrated ability, professional competence, and physical and mental health status with sufficient adequacy to demonstrate qualification to exercise clinical privileges and that patient care provided will meet the current standard of care recognized in the hospital and community.

(b) On the basis of verified references, demonstrate a willingness to strictly adhere to the lawful ethics of his respective profession, work cooperatively with others in the Hospital setting, participate in and properly discharge Staff responsibilities, and commit to and regularly assist the Hospital in fulfilling its obligations related to patient care, within the scope of his professional competence and credentials.

(c) Has offices and residences located close enough to the Hospital to provide continuity of quality care.

(d) Maintains professional liability insurance coverage in the amount required by the Hospital and the Indiana State Department of Insurance and provides adequate proof that he is a Qualified Health Care Provider under the Indiana Malpractice Act. **THE INSURANCE MUST COVER ALL PRIVILEGES THE PRACTITIONER IS GRANTED.**

3.2-2 PARTICULAR QUALIFICATIONS

(a) Physicians: An applicant for Physician Staff membership must (1) hold an M.D. or D.O. degree issued by the medical or osteopathic school approved at the time of the issuance of such degree by the Medical Licensing Board of Indiana; (2) hold a valid and unsuspended license to practice medicine issued by the Medical Licensing Board of Indiana; and, (3) be "Board Certified" or "Board Qualified" or possess outstanding and exceptional qualifications and recommendations in the specialty or specialties in which the physician seeks clinical privileges. The term "Board Certified" shall mean a certification issued by a specialty board ("Specialty Board") that is approved by the American Board of Medical Specialties ("ABMS"), the American Osteopathic Association ("AOA"), or the equivalent organization in a foreign country, to certify the physician in a specific medical specialty. The equivalent organization in a foreign country must be recognized as equivalent by the ABMS if the practitioner is an M.D. or the AOA if the practitioner is a D.O. The term "Board Qualified" shall mean that the physician is eligible to take the examination to become Board Certified in the medical specialty in which the physician seeks clinical privileges, as established by the appropriate Specialty Board. Provided, however, if a physician is not eligible to take the examination solely because the physician has not practiced medicine the number of

Years required by the appropriate Specialty Board as a prerequisite to taking the examination, then the physician shall nonetheless be Board Qualified. A physician may hold Board Qualified status for no longer than five (5) years from the date on which the physician first became eligible to take the appropriate Specialty Board examination. If a physician fails to become Board Certified during the period of time that the physician was Board Qualified, then when the physician is next reviewed for reappointment, the physician shall no longer satisfy the requirements of this Section 3.2-2 and the physician shall not be reappointed as a member of the Medical/Dental Staff. Provided, however, if the physician holds privileges in more than one specialty, only the clinical privileges in the affected specialty shall be terminated and the physician's membership and other clinical privileges shall not be terminated. A physician who is neither Board Certified nor Board Qualified at the time the initial application is submitted shall be presumed to be ineligible for membership and/or clinical privileges and only upon a showing of outstanding qualifications and recommendation, and otherwise satisfying his or her burden of proof (as set forth in Section 6.2) shall such a physician be qualified to obtain membership and/or clinical privileges. This paragraph creates an obligation for a physician to be Board Certified, Board Qualified or possess exceptional qualifications and recommendations, at the time the physician submits an initial application for membership and privileges. In addition, in the case of a physician who is Board Qualified at the time the initial application is submitted, the physician is obligated to become Board Certified within five (5) years of becoming eligible to take the examination or the physician will thereafter become ineligible to retain his membership. This paragraph creates no ongoing obligation for a physician to maintain his Board Certified status after becoming a member of the Medical/Dental Staff.

(b) Dental Staff: Applicants for Dental Staff membership must (1) meet the general qualifications for membership set forth in section 3.2-1; (2) be graduates of a dental school approved at the time of graduation by the Indiana State Board of Dental Examiners and have a valid, unrevoked and unsuspended license to practice dentistry in the State of Indiana; and (3) pay dues.

Appointment to the Dental Staff and the granting of applicable privileges shall be pursuant to the same terms and procedures governing the Medical/Dental Staff as set forth in these Bylaws and particularly section 3.4, except as may be specifically limited.

The prerogatives of a Dental Staff member shall be to: (1) co-admit patients under the name of a Physician Staff member who shall assume the overall responsibility for the care and medical welfare of the patient; (2) be responsible for the dental care of the patient; (3) share joint responsibility with the admitting Physician Staff member for all medication, preoperative preparation and medical aftercare of the patient, within the scope of his license to practice dentistry; and (4) act as advisors on dental problems to members of the Medical/Dental Staff.

(c) Podiatry Staff: Applicants for Podiatric Staff membership must (1) meet the general qualifications for membership set forth in section 3.2-1; (2) be graduates of a certified school of podiatric medicine; (3) have completed a residency (approved by American Board of Podiatric Surgery/ or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine); (4) be Board Eligible or Board Certified by the American Board of Podiatric Surgery/American Board of Podiatric Orthopedics and Primary Podiatric Medicine. A Podiatrist may hold Board Qualified status for no longer than five (5) years from the date on which first becoming eligible to take the appropriate

Specialty Board examination. If a physician fails to become Board Certified during the period of time that the physician was Board Qualified, then when the Podiatrist is next reviewed for reappointment, shall no longer satisfy the requirements of this section and shall not be reappointed as a member of the Podiatry Staff; and (5) pay dues.

The prerogatives of a Podiatric Staff member shall be to: (1) co-admit patients under the name of a Physician Staff member who shall assume the overall responsibility for the care and medical welfare of the patient; (2) be responsible for the podiatric care of the patient; (3) share joint responsibility with the admitting Physician Staff member for all medication, preoperative preparation and postoperative care of the patient, completion of discharge summary and face sheet, within the scope of the license to practice podiatry; (4) act under the direct supervision of the Department of Surgery; and (5) act as advisors on podiatric problems to members of the Medical/Dental Staff.

(d) Residents: Residents are physicians in training who act under the approved residency program directives. Residents may take histories, perform examinations, and treat patients in accordance with the stage of their training as determined by program directives and mentors, who shall be responsible for the actions of the Residents. Residents are not eligible for Medical/Dental Staff membership.

3.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership on the Medical/Dental Staff merely because he holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by a clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility.

3.4 BASIC RESPONSIBILITIES OF MEDICAL/DENTAL STAFF MEMBERSHIP

The ongoing responsibilities of each member of the Medical/Dental Staff shall include:

3.4-1 Providing patients with the quality of care meeting the professional standards of the Medical/Dental Staff of this Hospital.

3.4-2 Abiding by the Medical/Dental Staff Bylaws and Medical/Dental Staff Rules and Regulations.

3.4-3 Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Medical/Dental Staff membership, including committee assignments.

3.4-4 Preparing and completing in timely fashion medical records for all the patients to whom the member provides care in the Hospital.

3.4-5 Abiding by the lawful and ethical principles of the Indiana State Medical Association or the Indiana Osteopathic Association.

3.4-6 Aiding in any Medical/Dental Staff approved education programs for medical students, interns, resident physicians, and non-physician practitioners.

3.4-7 Working cooperatively with members, nurses, Hospital Administration and others so as not to affect patient care adversely.

3.4-8 Making appropriate arrangements for coverage for his patients as determined by the Medical/Dental Staff.

3.4-9 Refusing to engage in improper inducements for patient referral.

3.4-10 Participating in continuing education programs as determined by the Medical/Dental Staff. A total of 40 Category 1 hours for

two years.

3.4-11 Participating in such emergency service coverage or consultation panels as may be determined by the Medical/Dental Staff.

3.4-12 Notifying the Medical Executive Committee and the Hospital Administration of any challenges/relinquishments/adverse actions taken against the practitioner by any health care entity, any state licensure board, Drug Enforcement Administration, state pharmacy board, the Department of Health and Human Services (Office of Inspector General) or court of law in a malpractice action. Failure to report above may result in disciplinary action.

3.4-13 Discharging such other Staff obligations as may be lawfully established from time to time by the Medical/Dental Staff.

3.4-14 Abiding by applicable Hospital policies and procedures, as they now exist or are from time-to-time amended or adopted.

3.4-15 Maintains appropriate work relationships and avoiding disruptive, intimidating and/or harassing behaviors.

ARTICLE IV

CATEGORIES OF MEMBERSHIP

4.1 CATEGORIES

The categories of the Medical/Dental Staff shall include the following: Active, Courtesy, Provisional, Honorary, Emeritus, Specified Professional Personnel, and Retired. At each time of reappointment, the member's Staff category shall be determined.

4.2 ACTIVE STAFF

4.2-1 QUALIFICATIONS

The Active Medical/Dental Staff shall consist of members who:

- (a) Meet the general qualifications for membership set forth in Section 3.2.
- (b) Regularly care for patients in this Hospital or are regularly involved in Medical/Dental Staff functions, as determined by the Medical/Dental Staff.

(d) Successfully complete the provisional period described in Section 4.4.

(e) Pay dues.

4.2-2 PREROGATIVES

Except as otherwise provided, the prerogatives of an Active Medical/Dental Staff member shall be to:

(a) Admit patients and/or exercise clinical privileges as granted.

(b) Attend and vote on matters presented at general and special meetings of the Medical/Dental Staff and of the department and committees of which he is a member.

(c) Hold Staff, division, committee, or department office and serve as a voting member of committees to which he is duly appointed or elected by the Medical/Dental Staff or duly authorized representative thereof.

4.3 THE COURTESY STAFF

4.3-1 QUALIFICATIONS

The Courtesy Medical/Dental Staff shall consist of members who:

(a) Meet the general qualifications set forth in Section 3.2.

(b) Do not regularly care for patients or are not regularly involved in the Medical/Dental Staff functions.

(c) Are members in good standing of the Active or Provisional Medical/Dental Staff of another Indiana licensed hospital, although exceptions to this requirement may be made by the Medical Executive Committee for good cause. Dentists may be granted courtesy staff status without being on the active staff of another hospital.

(d) Successfully complete the provisional period described in Section 4.4.

(e) Pay Dues.

4.3-2 PREROGATIVES

Except as otherwise provided, the Courtesy Medical/Dental Staff member shall be entitled to:

(a) Admit patients and/or exercise clinical privileges as granted.

(b) Attend in a non-voting capacity meetings of the Medical/Dental Staff and the department of which he is a member including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Courtesy Staff members shall not be eligible to hold office in the Medical/Dental Staff.

c) Courtesy Medical/Dental Staff members who admit patients or regularly care for patients at the Hospital shall, upon review of the Medical Executive Committee, be encouraged to seek appointment to the appropriate Staff category.

4.4 PROVISIONAL STAFF

4.4-1 QUALIFICATIONS

The Provisional Medical/Dental Staff shall consist of all new members for at least a period of one year who:

(a) Meet the general qualifications for membership set forth in Section 3.2.

(b) Immediately prior to their application and appointment were not members (or were no longer members) in good standing of this Medical/Dental Staff.

(c) Pay dues

4.4-2 PREROGATIVES

The Provisional Medical/Dental Staff member shall be entitled to:

(a) Admit patients and/or exercise clinical privileges as granted.

(b) May serve on committees and attend and exercise vote at meetings of the Medical/Dental Staff and the department or committee of which physician is a member, including open meeting and educational programs. Provisional Medical/Dental Staff members shall not be eligible to hold office in the Medical/Dental Staff organization.

4.4-3 OBSERVATION OF PROVISIONAL STAFF MEMBER

Each Provisional Staff member shall undergo a period of observation by the Department Chairman or assigned service member. The observation shall be to evaluate the member's proficiency in the exercise of clinical privileges granted. Observation of Provisional Staff members may include but not be limited to, concurrent or retrospective chart review, mandatory consultation, and/or

direct observation. Appropriate records shall be maintained. The results of the observation shall be communicated by the department chairman to the Credentials Committee.

4.4-4 TERM OF PROVISIONAL STAFF STATUS

A member shall remain on the Provisional Staff for a period of one year. Provisional status may be extended for an additional period of up to two years upon determination of good cause.

4.4-5 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS

(a) If the Provisional Staff member has satisfactorily demonstrated his ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Staff membership, the member shall be appointed to the Active or Courtesy Staff, as appropriate, upon recommendation of the Medical Executive Committee, and approval by the Board of Trustees.

(b) In all other cases, the appropriate Service Department Chairman shall advise the Credentials Committee which shall make its report to the Medical Executive Committee, which in turn shall make its recommendation to the Board regarding a modification or termination of clinical privileges.

4.5 SPECIFIED PROFESSIONAL PERSONNEL

4.5-1 Definition

Specified Professional Personnel ("Specified Professionals") provide certain professional services to patients at the Hospital or one of its affiliate sites. These individuals must be licensed by the appropriate state licensing authorities. Privileges for Specified Professional Personnel shall be based upon the individual's professional training, experience, and demonstrated competency.

4.5-2 Scope of Practice

(a) Specified professionals generally can bill independently for the services they provide and they require no direct supervision by a member of the Medical / Dental staff.

(b) The Medical / Dental Staff will establish and obtain Board approval for clinical privileges to be granted to each Specified Professional Personnel.

(c) Categories of Specified Professionals may be added or deleted by action of the St. Joseph Hospital Board of Trustees upon recommendations by the Medical Executive Committee.

4.5.3 Qualifications of Specified Professional Personnel

Only those Specified Professionals who hold a license, certificate, or other credentials required by applicable state law and satisfy the

requirements of the Specified Professional Personnel Category(s) established in 4.5-2 above are eligible to provide such services in the Hospital or one of its affiliated sites. The Credentials Committee may, in consultation with the Chief Executive Officer and the Medical Executive Committee, establish such additional qualifications required of Specified Professional Personnel as are deemed appropriate for patient care purposes.

4.5.4 Procedure for Specification of Services

Written guidelines for the performance of specified services by Specified Professional Personnel will be developed by the Chief Executive Officer and the Medical Executive Committee with input, when applicable, from the practitioner chairman of the clinical service involved. For each category of Specified Professional Personnel, such guidelines must include, without limitation:

- (a) Specification of classes of patients who may be seen;
- (b) Description of the services to be provided, procedures to be performed, and responsibility for medical record completion and ordering of drugs;
- (c) Definition of the degree of assistance that may be provided to Specified Professional Personnel in the treating of patients on Hospital premises and any limitation thereof, including the degree of Specified Professional Personnel or physician supervision required for each service;
- (d) Procedure for admission and discharge of patients for whom Specified Professional Personnel are to provide services.

4.5.5 Prerogatives of Specified Professional Personnel

Specified Professional Personnel have the following prerogatives:

- (a) Provide Specifically Designated Patient Care Services

Provide specifically designated patient care services as deemed appropriate by the Chief Executive Officer and the Medical Executive Committee.

- (b) Write Orders to Extent Specified

Write orders only to the extent specified in the position description required under 4.5-4, but not beyond the scope to the Specified Professional's license, certificate, or other legal credential.

- (c) Attend Clinical Services, Hospital, Staff Education Programs

Attend, upon request and without vote, Staff, Hospital, and clinical service education programs and clinical meetings related to their disciplines or where their special training and knowledge are desirable.

(d) Other Prerogatives

Exercise such other prerogatives as the Credentials Committee, with the approval of the Medical Executive Committee, may accord them in general or as a specific category of Specified Professional Personnel.

4.5.6 Obligations of Specified Professional Personnel

(a) Basic Responsibilities

Specified Professional Personnel must meet the same basic qualifications and obligations as required for Medical Staff members, or as applicable to the Specified Professional Personnel's field of practice.

(b) Appropriate Responsibility

Retain appropriate responsibility within their area of professional competence for the continuous care and supervision of each patient in the Hospital for whom they are providing services, or arrange a suitable alternate for such care and supervision.

(c) Quality Management Program

Participate as appropriate in the quality management program activities, supervise new appointees of the same profession during the provisional period, and discharge such other functions as may be requested by the Medical Executive Committee.

(d) Malpractice Insurance

Specified Professional Personnel shall carry in force malpractice insurance equal to that required of Medical Staff members or as deemed appropriate by the Medical Staff Executive Committee, and, if permitted by law, meet the requirements of I.C. 34-18-3, et seq, to be qualified health care providers.

4.5-7 Applications

Applications and credentials concerning specified professional privileges shall be submitted and processed in the same manner as that prescribed for Medical Staff members in Article VI of these Bylaws.

4.5-8 Granting Privileges for Specified Professionals

Requests for clinical privilege form Specified Professional Personnel are processed in the same manner specified in Article VII of these

Bylaws.

4.5-9 Limitation of Prerogatives

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of the Medical Staff Bylaws (the "Bylaws") and by the Medical Staff Rules and Regulations.

Specified Professional Personnel are not entitled to the procedural rights provided to Medical Staff Members in Article IX of the Bylaws. However, a Specified Professional may appeal the suspension or termination of privileges or prerogatives pursuant to the following process:

- (a) The Specified Professional must submit a written appeal of a suspension or termination of privileges or prerogatives to the President of the Hospital within 10 days of the Specified Professional's receipt of notice of such a suspension or termination. Failure to provide a written appeal as herein described shall result in a waiver of the Specified Professional's appeal rights.
- (b) The written appeal shall contain a concise statement of the Specified Professional's reasons for appealing the suspension or termination, and shall describe all material facts, which support the Specified Professional's appeal.
- (c) The Specified Professional may retain an attorney or any other counsel to prepare or to assist in the preparation of the written appeal.
- (d) Neither the Specified Professional nor his counsel, if any, shall have the unconditional right to make an oral presentation in support of the written appeal to the Chief Executive Officer of the Hospital. At his sole discretion, the Chief Executive Officer may agree to hear an oral presentation in support of the written appeal. In addition, and also at his sole discretion, the Chief Executive Officer may agree to hear an oral presentation in opposition to the written appeal by a member of the Credentials Committee or that Committee's designee.
- (e) The Chief Executive Officer shall render a decision on the written appeal within a reasonable time after his receipt of the written appeal and oral arguments in support thereof, if any.
- (f) The Chief Executive Officer's decision shall be final.

4.6 HONORARY, EMERITUS AND RETIRED

4.6-1 QUALIFICATIONS

- (a) The Honorary Staff

The Honorary Staff shall consist of members who do not have clinical privileges at the Hospital but are deemed deserving of the

membership by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, or their previous long-standing service to the Hospital, and who continue to exemplify high standards of professional and ethical conduct. Honorary Staff members are not eligible to hold office in this Medical/Dental Staff organization, but they may serve on committees with voting privileges. They are not required to pay dues.

(b) The Emeritus Staff

A member must request Emeritus staff status. Emeritus Staff shall consist of members who have reached the age of 65, have clinical privileges, were members in good standing of the Active Medical/Dental Staff for at least ten years, and who continue to adhere to appropriate professional and ethical standards. Emeritus Staff members are not eligible to hold office in this Medical/Dental Staff organization, but they may serve on committees with voting privileges. They are not required to pay dues.

(c) The Retired Staff

The Retired Staff shall consist of members who have retired from active practice, may not maintain clinical privileges or admit patients and were members in good standing at the time of retirement. They may attend department and educational meetings, but shall not have voting privileges. They are not required to pay dues.

4.7 LIMITATION OF PREROGATIVES

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of these Bylaws and by the Medical/Dental Staff Rules and Regulations.

4.8 MODIFICATION OF MEMBERSHIP CATEGORY

On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a member under Section 6.6-1, the Medical Executive Committee may recommend to the Board a change in the Medical/Dental Staff category of a member consistent with the requirements of the Bylaws.

4.9 PROCEDURAL RIGHTS FOR CHANGES IN CATEGORY

A practitioner may request a hearing and appellate review under Article IX to challenge an involuntary change to the Honorary category which results in termination of clinical privileges. A practitioner is not, however, entitled to any hearing or appeal to challenge any other Staff category change. A practitioner who believes that a change was based upon erroneous information concerning his activity may, however, submit a written description of his activities to the Executive Committee, which shall have the authority to reconsider any change in Staff category as a result of this further review. A written request for such reconsideration shall be a prerequisite to any further challenges to a change in Staff category.

ARTICLE V

ALLIED HEALTH PROFESSIONALS

5.1 QUALIFICATIONS

Allied Health Professionals (AHP) holding a license, certificate or such other legal credential, if any, as required by state law, which authorize the AHP's to provide certain professional services, are not eligible for Medical/Dental Staff membership. Such AHP's are eligible to be granted scope of practice in this Hospital only if they:

5.1-1 LICENSE

Hold a license, certificate, other legal credential, or experience in a category of AHP's which the Board has identified as eligible to apply for scope of practice.

5.1-2 OTHER REQUIREMENTS

Document their experience, background, training, demonstrated ability, judgment, and physical and mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the professional level of quality and efficiency recognized by the Hospital and that they are qualified to exercise their scope of practice within the Hospital.

5.1-3 ETHICS

Adhere strictly to the lawful ethics of their respective professions, to work cooperatively with others in the Hospital setting, to be willing to participate in and properly discharge their responsibilities, and to be willing to commit to and regularly assist the Hospital in fulfilling its obligations related to patient care, within the areas of their professional competence and credentials.

5.1-4 COMMUNICATION

Can read and understand the English language, communicate verbally in the English language in an intelligible manner, and prepare medical record entries and other required documentation in a legible manner.

5.1-5 QUALIFIED HEALTH CARE PROVIDER

The Allied Health Professional or the sponsor, where applicable, with the application for scope of practice, shall furnish proof of qualification of the Allied Health Professional under the provisions of the Indiana Medical Malpractice Act (I.C.34-18 et seq.) and of insurance at least equal to or exceeding the minimum limits provided for thereunder and shall agree to maintain qualification and insurance thereunder as a condition of eligibility for scope of practice hereunder. The sponsor shall also be deemed to have agreed to be responsible for all of the acts of the Allied Health Professional employee while attending patients in the Hospital and to have agreed to hold harmless the Hospital, its officers, agents and employees from any loss, costs, claims or liability of any nature whatsoever arising out of the acts or omissions of the Allied Health Professional employee. If an Allied Health Professional is ineligible to qualify for coverage under the Indiana Medical Malpractice Act, he shall furnish proof of financial responsibility in the amount of at least one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) in the annual aggregate, or in

amounts the Board of Trustees may otherwise require.

5.1-6 DIRECTION

All AHPs are assigned to work under the direction of a physician sponsor with the appropriate clinical training.

5.1-7 COMPLY WITH RULES

Comply with all applicable Medical/Dental staff Rules and Regulations and Medical Staff policies.

5.1-8 RETAIN RESPONSIBILITY

Retain responsibility within his scope of professional competence for the care and supervision of each patient in the Hospital for whom he is providing service.

5.1-9 PATIENT CARE AUDITS

Participate as appropriate in patient care audits and other quality improvement and patient safety activities.

5.2 DELINEATION OF CATEGORIES OF AHP'S ELIGIBLE TO APPLY FOR SCOPE OF PRACTICE

The Board shall secure recommendations from the Medical Executive Committee as to which categories of AHP's should be eligible to apply for scope of practice and as to what scope of practice, prerogatives, terms and conditions may be granted and apply to AHP's in each category. The delineation of categories of AHP's eligible to apply for scope of practice and the corresponding scope of practice are approved by the Executive Committee and the Board of Trustees.

5.3 PROCEDURE FOR GRANTING AND RENEWING SCOPE OF PRACTICE

An AHP must apply and be approved by the Board of Trustees for scope of practice. Applications for initial granting of scope of practice must be signed by the sponsoring physician. The application, along with the application fee (amount to be determined by the Medical Executive Committee) must be submitted.

The AHP sponsoring physician will be mailed an evaluation form and current scope of practice forms for their AHP. The sponsor attests to the AHP's health status and competence and reports any disciplinary action taken against the AHP by another healthcare facility and/or licensing agency. The AHP is requested to submit a copy of current license and proof of malpractice insurance.

The appropriate Department Chairman reviews the evaluation forms, scope of practice and other materials in the AHP's file biannually and approves the renewal of the scope of practice.

5.4 ADVERSE ACTIONS AND HEARING RIGHTS

5.4-1 AUTOMATIC TERMINATION

An AHP's privileges shall automatically terminate in the event:

(a) The Medical/Dental Staff membership of the sponsor is terminated, whether such termination is voluntary or involuntary.

(b) The sponsor no longer agrees to act as the supervising practitioner for any reason, or the relationship between the AHP and the sponsor is otherwise terminated, regardless of the reason therefore.

(c) AHP's license or certification expires, is revoked, or is suspended.

(d) Health status prevents AHP from safely and effectively performing scope of practice.

5.4-2 TERMINATION BY PRESIDENT OR CEO

An AHP's privileges may also be terminated by the President and the Chief Executive Officer, acting with or without cause.

5.4-3 NO HEARING RIGHTS

Nothing contained in these Bylaws or the Medical/Dental Staff Rules and Regulations shall be interpreted to entitle an AHP to the fair hearing rights set forth in Articles VIII and IX.

ARTICLE VI

APPOINTMENT AND REAPPOINTMENT

6.1 GENERAL

Except as otherwise specified herein, no licensed independent practitioner (including persons engaged by the Hospital in administratively responsible positions) shall exercise clinical privileges in the Hospital unless and until the individual applies for and receives appointment to the Medical/Dental Staff as set forth in these Bylaws. By applying to the Medical/Dental Staff for appointment or reappointment (or, in the case of members of the Honorary Staff, by accepting an appointment to that category), the applicant acknowledges responsibility to first review these Bylaws. He agrees that throughout any period of membership he will comply with the

responsibilities of Medical/Dental Staff membership, the Bylaws, and Rules and Regulations of the Medical/Dental Staff as they exist, as they may exist, and as they may be modified from time to time. Appointment to the Medical/Dental Staff shall confer on the appointee only such clinical privileges as have been granted in accordance with these Bylaws.

6.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment, reappointment, advancement or transfer, the applicant shall have the burden of securing and producing accurate information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and Staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for denial of the application. This burden may include submission to a medical or psychiatric examination, at the applicant's expense, if deemed appropriate by the Medical Executive Committee, which may select the examining physician.

6.3 APPOINTMENT AUTHORITY

The Board, upon recommendation from the Medical Executive Committee, has the authority for the appointment, denial, and revocation of appointments to the Medical/Dental Staff.

6.4 DURATION OF APPOINTMENT AND REAPPOINTMENT

Except as otherwise provided in these Bylaws, all appointments to the Medical/Dental Staff, other than Provisional, shall be for a period of two years unless membership is terminated at or before the conclusion of Provisional status. Reappointments shall be for a period of two years from initial appointments and subsequent reappointments.

6.5 APPLICATIONS FOR AND PROCESS OF INITIAL APPOINTMENT AND REAPPOINTMENT

6.5-1 PRE-APPLICATION FORM

A pre-application for admission to the Medical/Dental Staff shall only be given to an eligible practitioner. The pre-application will be sent to the applicant within 3 working days or less following their request. A practitioner shall be considered eligible when he completes and

submits a pre-application form and establishes on the form that he satisfies the General Qualifications described in 3.2-1 and 3.2-2.

6.5-2 APPLICATION FORM

An application form shall be developed by the Medical Executive Committee and approved by the Board. The application will be sent to the applicant within 3 working days or less following approval of the pre-application. The form shall require detailed information which, shall include, but not be limited to, information concerning the following:

(a) The applicant's qualifications, including, but not limited to, professional training and experience, current licensure, current DEA registration, current Indiana Controlled Substance Registration, and continuing medical education information related to the

clinical privileges to be exercised by the applicant.

- (b) Appropriate references by persons familiar with the applicant's professional competence and ethical character.
- (c) Requests for membership categories, departments, and clinical privileges.
- (d) Past or pending professional disciplinary action, licensure limitations, malpractice suits, denials of applications at other facilities, professional sanctions, and adverse actions of other health facilities.
- (e) Physical and mental health status.
- (f) Professional liability insurance pursuant to Section 3.2-1(d) and proof of qualification under the Indiana Malpractice Act.
- (g) Voluntary or involuntary resignations or dismissals from other hospital medical staffs.
- (h) A personal photograph for identification purposes.

6.5-3 EFFECT OF APPLICATION

By applying for appointment to the Medical/Dental Staff each applicant thereby signifies his willingness to the following: 1) appear for interviews in regard to his application; 2) authorizes the Hospital's Medical/Dental Staff or its designee to consult with members of medical staffs of other hospitals with which the applicant has been associated, and with others who may have information bearing on his competence, character and ethical qualifications, and authorizes such persons to provide all such information; 3) consents to the Hospital's inspection of all records and documents that may be material to an evaluation of his professional qualifications, personality, ability to cooperate with others, moral and ethical qualifications for membership, and physical, mental, and professional competence to carry out the clinical privileges he requests and directs individuals who have custody of such records and documents to permit inspection and/or copying; 4) certifies that he will report any changes in the information submitted on the application form which may subsequently occur to the Credentials Committee and the Chief Executive Officer; 5) releases from any liability, to the fullest extent permitted by law, all individuals and organizations providing information to the Hospital concerning the applicant and all Hospital representatives for their acts performed in connection with evaluating the applicant and his credentials.

6.5-4 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application together with the appropriate application fee to the Medical/Dental Staff Office, which shall, in timely fashion, seek to collect primary source verification of references, licensure, and other qualification evidence submitted. This process may take approximately 6 to 8 weeks for completion. The Medical/Dental Staff Office shall also request information concerning the applicant from the medical or other practitioner licensing board and the National Practitioner Data Bank. The Medical/Dental Staff Office shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information. The Medical/Dental Staff Office shall continue to inform the applicant of any problems in obtaining the information.

The Medical/Dental Staff Office may, but is not required to, submit the application to the Credentials Committee for

review prior to verifying the information. Such "pre-review" is for the purpose of identifying and addressing any problems at the earliest stage. When the collection and verification of information is completed the Medical/Dental Staff Office shall transmit the application and all supporting materials to the chairman of each department in which the applicant seeks privileges and to the Credentials Committee.

6.5-5 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review the application, evaluate and verify the supporting documentation, the department chairman's report and recommendations, and other relevant information. The Credentials Committee may elect to interview the applicant and seek additional information. As soon as practicable, but within 60 days following review and recommendation from the department chairman, the Credentials Committee shall transmit to the Medical Executive Committee its recommendations as to appointment and, if appointment is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The committee may also recommend that the Medical Executive Committee defer action on the application for a specific time period.

6.5-6 MEDICAL EXECUTIVE COMMITTEE ACTION

At its next scheduled meeting or within 60 days after receipt of the Credentials Committee report and recommendation, the Medical Executive Committee shall consider the recommendation(s) and any other relevant information. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The committee may also defer action on the application. The reasons for each recommendation shall be stated.

6.5-7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

(a) Favorable Recommendation: When the recommendation of the Medical Executive Committee is favorable to the applicant, it shall be promptly forwarded, together with supporting documentation, to the Board of Trustees.

(b) Adverse Recommendation: When a final recommendation of the Medical Executive Committee is adverse to the applicant, the Board of Trustees and the applicant shall be promptly informed by written notice. The applicant shall then be entitled to the procedural rights as provided in Article IX.

6.5-8 ACTION ON THE APPLICATION

At its first meeting following the Medical Executive Committee meeting, the Board of Trustees may accept or reject their recommendation or may refer the matter back to the Medical Executive Committee for further considerations, stating the purpose for such referral. The following procedures shall apply with respect to the action on the application:

(a) If the Medical Executive Committee issues a favorable recommendation and:

The Board of Trustees concurs with that recommendation, the decision of the Board shall be deemed final action. Applicant will be notified of Board of Trustees decision in writing.

(b) In the event the recommendation of the Medical Executive Committee is an action that constitutes grounds for a hearing as set forth in Section 9.2-1 of these Bylaws, the procedural rights set forth in Article IX shall apply and:

- (1) Final action shall not be taken until an applicant has exhausted or waived his procedural rights.

(2) If a hearing is requested, the decision of the Judicial Hearing Committee will be final subject to the right of appeal to the Board of Trustees, pursuant to Article IX. The appellate decision of the Board shall be deemed final action.

6.5-9 NOTICE OF FINAL DECISION

(a) Notice of the final decision shall be given to the Medical Executive Committee, the Credentials Committee, the chairman of each department concerned, the applicant, and the Chief Executive Officer.

(b) A decision and notice to appoint or reappoint shall include, if applicable: (1) the Staff category to which the applicant is appointed; (2) the department to which he is assigned; (3) the clinical privileges granted; and (4) any special conditions attached to the appointment.

6.5-10 REAPPLICATION AFTER ADVERSE DECISION DENYING APPLICATION, ADVERSE CORRECTIVE ACTION DECISION, OR RESIGNATION RESULTING IN DISCIPLINARY ACTION.

A waiting period shall apply to the following practitioners:

(1) An applicant who (a) has received a final adverse decision regarding appointment; or (b) withdrew his application or request for membership or privileges following an adverse recommendation by the Executive Committee or Board of Trustee;

(2) A former Medical/Dental Staff member who has (a) received a final adverse decision resulting in termination of Medical/Dental Staff membership and clinical privileges; or (b) resigned from the Medical/Dental Staff following the issuance of a Medical/Dental Staff or Board of Trustee recommendation adverse to the member's Medical/Dental Staff membership or clinical privileges; or

(3) A Medical/Dental Staff member who has received a final adverse decision resulting in (a) termination or restriction of his clinical privileges; or (b) denial of his request for additional clinical privileges.

These practitioners subject to waiting periods shall not be eligible to reapply for Medical/Dental Staff membership and/or clinical privileges affected by the previous action for a period of at least thirty-six (36) months from the date the adverse decision became final, the date the application or request was withdrawn, or the date the former Medical/Dental Staff member's resignation became effective, whichever is applicable.

For the purpose of this section, a decision is considered to be adverse only if it is based on medical disciplinary cause, unethical conduct or conduct disruptive to the Hospital's operation, and not if it is based upon reasons that are not medical, ethical, or professional in nature.

Actions which are not considered adverse, for the purpose of this section, include actions based on a failure to maintain a

practice in the area, which can be cured by a move; or to pay dues, which can be cured by paying dues; or to maintain professional liability insurance, which can be cured by securing such insurance. Further, for the purpose of this section, an adverse decision shall be considered final at the time of completion of: (1) all hearing, appellate review, and other quasi-judicial proceedings conducted by the Hospital bearing on the decision and (2) all judicial proceedings bearing upon the decision which refiled and served within thirty-six (36) months after the completion of the Hospital proceedings described above.

After the thirty-six (36) months, the practitioner may submit an application for Medical/Dental Staff membership and/or clinical privileges, which shall be processed as an initial application. The practitioner shall also furnish evidence that the basis for the earlier adverse recommendation or action no longer exists and/or of reasonable rehabilitation in those areas which formed the basis for the previous adverse recommendation or action, whichever is applicable. In addition, such applications shall not be processed unless the practitioner submits satisfactory evidence to the Executive Committee that he has complied with all of the specific requirements any such adverse decision may have included, such as completion of training or proctoring conditions. The Executive Committee's decision as to whether satisfactory evidence has been submitted shall be final, subject only to further review by the Board of Trustees within sixty (60) days after the Executive Committee decision was rendered.

6.5-11 TIMELY PROCESSING OF APPLICATIONS

Applications for Medical/Dental Staff membership shall be considered in a timely manner by all persons and committees required by these Bylaws to act thereon (refer to Sections 6.5-1 through 6.5-8 for specific time frames). While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for the routine processing of applications. These guidelines are set forth for the purpose of helping the Medical/Dental Staff to process applications and not for the purpose of giving the applicant rights with respect to delays beyond the specified time period.

(a) Review and recommendation by the department(s) chairman thirty (30) days after receipt of all necessary documentation.

(b) Review and recommendation by the Credentials Committee at its ~~first~~ meeting after receipt of all necessary documentation, and review and recommendation by the department(s) chairman within 60 days of receipt of complete application.

(c) Review and recommendation of the application by the Executive Committee shall be at its ~~first~~ meeting after the meeting of the Credentials Committee within 90 days from receipt of complete application.

(d) 1. Review and approval of the application by the Board of Trustees shall be at its first meeting after the meeting of the MEC within 90 days from receipt of complete application.

2. The Board of Trustees concurs with that recommendation, the decision of the Board shall be deemed final action. Applicant will be notified of the Board of Trustee's decision in writing.

6.6 REAPPOINTMENTS

6.6-1 SCHEDULE FOR APPOINTMENT REVIEW

At least one hundred twenty (120) days prior to the expiration date of a member's appointment, the Medical/Dental Staff Office shall mail a reappointment application to the Staff member.

A member may request a change in membership category or in privileges when he is not scheduled for a biennial review, and such request may be considered when it is received. Such member's appointment shall also be reviewed in accordance with the schedule set forth above.

At least sixty (60) days prior to the expiration date of his Staff appointment, each Medical/Dental Staff member shall submit to the Medical/Dental Staff Office a completed reappointment application form.

6.6-2 REAPPOINTMENT APPLICATION

The reappointment application shall be in writing, on a form prescribed by the Medical/Dental Staff and approved by the Advisory Board, and it shall require detailed information concerning the changes in the applicant's qualifications since his last review. Specifically, the form shall request all of the information and certifications requested in the appointment application form, as described in Section 6.5-2, except for that information which cannot change over time, such

as information regarding the member's premedical and medical education, date of birth, and so forth. The form shall also require information as to whether the applicant requests any change in his Staff status and/or clinical privileges. A requested change in clinical privileges must be supported by the type and nature of evidence, which would be necessary for such privileges to be granted in an initial application for same.

If the Staff member's level of clinical activity at the Hospital is not sufficient to permit the Staff and Board to evaluate his competence to exercise the clinical privileges requested, the Staff member shall have the burden of providing evidence of clinical performance at his principal institution in such a form as may be required by said authorities.

6.6-3 VERIFICATION AND COLLECTION OF INFORMATION

The Medical/Dental Staff Office shall in a timely fashion seek to collect or verify the additional information made available on each reappointment application form and to collect any other material or information deemed pertinent. The information shall address, without limitation:

(a) Patterns of care and utilization as demonstrated in the findings of quality review, risk management and utilization management activities;

(b) Acceptable documentation for meeting CME Category 1 (40 hours for two years) requirements for reappointment to the medical/dental staff shall consist of the following:

1. Documentation of weekly attendance at CME luncheons at any Fort Wayne acute care hospital;
2. Documentation of CME programs offered by the Isaac Knapp District Dental Society.
3. Official certification of completion of CME courses attended for.
4. Official transcripts from accredited colleges or Academies.
5. Specialty certifications as applicable.

6. Documentation of any CME provided by Fort Wayne Medical Society or any specialty societies.

7. AMA Recognition Award (valid at time of reappointment)

8. Participation in relevant continuing education activities.

(c) Level/amount of clinical activity (patient care contracts) at the Hospital;

(d) Sanctions imposed or pending and other problems;

(e) Health status including completion of a physical examination or psychiatric evaluation to be completed by the affected practitioner when so requested by the Executive Committee;

(f) Timely and accurate completion and preparation of medical records.

(g) Cooperativeness in working with other practitioners and Hospital personnel and general attitude toward patients and the Hospital.

(h) Professional liability claim experience including being named as a part in any professional liability claims, the disposition of any pending claim.

(i) Compliance with all applicable Medical/Dental Staff Bylaws, Rules & Regulations, and policies.

(j) Any other pertinent information including the Staff member's activities at other hospitals and his medical practice outside the Hospital.

(k) Information concerning the member from the state licensing board, the Department of Health and Human Services (Office of Inspector General), and the National Practitioner Data Bank.

The Medical/Dental Staff Office shall transmit the completed reappointment application form and supporting materials to the chairman of each department in which the Staff member has or requests privileges and to the Credentials Committee.

6.6-4 EFFECT OF APPLICATION

The effect of an application for reappointment or modification of Staff status or privileges is the same as that set forth in Section 6.5-3.

6.6-5 STANDARDS AND PROCEDURE FOR REVIEW

When a Staff member submits the first application for reappointment, and every two years thereafter, or when the member submits an application for an increase of Staff status or clinical privileges, the member shall be subject to an in-depth review generally

following the procedures set forth in Section 6.5-3 through 6.5-10.

6.6-6 EXTENSION OF APPOINTMENT

If an application for reappointment has not been fully processed by the expiration date of the member's appointment, the Staff member shall maintain membership status and clinical privileges until such time the processing is completed, unless the delay is due to the member's failure to complete and return in a timely manner the reappointment application form or provide other documentation or cooperation, in which case the appointment shall terminate. Any extension of an appointment pursuant to this section does not create a vested right in the member for continued appointment through the entire next term but only until such time as processing of the application is concluded.

6.6-7 FAILURE TO FILE REAPPOINTMENT APPLICATION

Failure without good cause to file a completed application for reappointment in a timely manner shall result in the automatic suspension of the member's admitting privileges and expiration of other clinical privileges and prerogatives at the end of the current Staff appointment unless otherwise extended by the Medical Executive Committee with the approval of the Board. If the member fails to submit a completed application for reappointment within thirty (30) days past the date it was due, the member shall be deemed to have resigned membership of the Medical/Dental Staff. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article IX shall not apply.

6.6-8 RELINQUISHMENT OF PRIVILEGES

A Staff member who wishes to relinquish or limit particular privileges, which he has been granted, shall send written notice to the Medical Staff Office identifying the particular privileges to be relinquished or limited. The request to relinquish privileges will be forwarded to the Credentials Committee for its action. The Credentials Committee recommendation will be forwarded to the Medical Executive Committee who will then forward their recommendation to the Board for its action. The staff member will receive written notification of the Board's action.

6.7 LEAVE OF ABSENCE

6.7-1 LEAVE STATUS

At the recommendation of the Medical Executive Committee, a Medical/Dental Staff member may obtain a voluntary leave of absence from the Staff upon the submission of a written request to the Medical Executive Committee, and with approval by the Board, stating the approximate period of leave not to exceed twenty four (24) months and the purpose thereof. Exceptions to the twenty-four (24) month period may be granted by the Board based on the recommendation

of the Medical Executive Committee. During the period of the leave, the member shall not exercise clinical privileges at the Hospital, and membership rights and responsibilities shall be inactive.

6.7-2 TERMINATION OF LEAVE

At least thirty (30) days prior to the termination of the leave of absence, or at any earlier time, the Medical/Dental Staff member may request reinstatement of privileges by submitting a written notice to that effect to the Medical Executive Committee. The Staff member shall submit a summary of relevant activities during the leave if the Medical Executive Committee so requests. The Medical

Executive Committee shall make a recommendation concerning the reinstatement of the member's privileges and prerogatives, and the procedure provided in Sections 6.1 through 6.5-10 shall be followed.

6.7-3 REINSTATEMENT

Failure without good cause to request reinstatement or to provide a requested summary of activities shall be deemed to be voluntary resignation from the Medical/Dental Staff and shall result in automatic termination of membership privileges and prerogatives. A member whose membership is so terminated shall be entitled to the procedural rights provided in Article IX for the sole purpose of determining whether the failure was with or without good cause. A request for Medical/Dental Staff membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

ARTICLE VII

CLINICAL PRIVILEGES

7.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these Bylaws, a member providing clinical services at this Hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be Hospital specific, within the scope of any license, certificate or other legal credential authorizing practice in the State of Indiana and consistent with any restrictions thereon. The privileges and services shall be subject to the rules and regulations of the clinical department and the authority and recommendation of the department chairman and the Medical/Dental Staff.

7.2 DELINEATION OF PRIVILEGES IN GENERAL

7.2-1 REQUESTS

Each application for appointment and reappointment to the Medical/Dental Staff must contain a request for the specific clinical privileges desired by the applicant. A request by a member for modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request. The Medical/Dental Staff Office shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information.

7.2-2 BASES FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance and the documented results of patient care quality/peer review monitoring which the

Medical/Dental Staff deems appropriate and recommends to the Board. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises clinical privileges.

7.3 TEMPORARY CLINICAL PRIVILEGES

7.3-1 CIRCUMSTANCES

(a) Where good cause exists temporary clinical privileges may be granted by the CEO to a practitioner for the care of specific patients or procedures (but not more than sixty (60) days, unless reviewed, during a calendar year) provided that the procedure described in Section 7.3-2 has been followed.

(b) Following the procedures in Section 7.3-2, temporary privileges may be granted to a person serving as a locum tenens for a current member of the Medical/Dental Staff. Such person may attend only patients of the member(s) for whom he is providing coverage for a period not to exceed sixty (60) days, unless the Medical/Dental Staff recommends and the Board approves a longer period after a showing of good cause.

(c) Temporary privileges may be granted to a practitioner who has applied for Medical/Dental Staff membership. Privileges may be granted for an initial period of sixty (60) days, with subsequent renewal not to exceed pendency of the application.

7.3-2 APPLICATION AND REVIEW

(a) Upon receipt of a completed application and supporting documentation from a practitioner authorized to practice medicine, dentistry or podiatric medicine in the State of Indiana, the CEO may grant temporary privileges to a practitioner who appears to have qualifications, ability and judgment and submits proof of medical malpractice insurance and qualified health care provider status under the Indiana Malpractice Act, consistent with Section 3.2-1, but only after:

(1) The applicant requests in writing that he be granted temporary privileges.

(2) The appropriate department chairman, or his designee, has reviewed and approved the application. The Chairman or designee may interview the applicant and/or an individual who can provide reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others.

(3) A request for information pursuant to the Health Care Quality Improvement Act of 1986 has been made.

(4) The CEO receives favorable recommendation from the appropriate service chairman, president of the medical staff or the Credentials Committee.

(b) If the applicant requests temporary privileges in more than one department, interviews shall be conducted and written concurrence shall first be obtained from the appropriate department chairman.

7.3-3 GENERAL CONDITIONS

(a) If granted temporary privileges, the applicant shall act under the supervision of the department chairman to which

the applicant has been assigned, and shall ensure the chairman, or the chairman's designee, is kept closely informed as to his activities within the Hospital.

(b) Temporary privileges granted for the purposes of becoming a provisional member shall be monitored the same as a provisional member.

(c) All persons requesting or receiving temporary privileges shall be bound by these Bylaws and Rules and Regulations of the Medical/Dental Staff.

7.3-4 TERMINATION

Temporary privileges shall automatically terminate at the end of the designated period, or on the discovery of any information or the occurrence of any event of a nature which raises a question about a practitioner's professional qualifications, ability to exercise any or all of the temporary privileges granted, compliance with these Bylaws, Rules and Regulations, or special requirements. The Chief Executive Officer or the President may, after consulting with the department chairman responsible for supervision, or his designee, terminate any or all of such practitioner's temporary privileges. If a patient's life or well-being is determined to be endangered by continued treatment by the practitioner, the termination may be effected by any person entitled to impose summary suspensions under Article VIII. In the event of any such termination, the practitioner's patients in the Hospital shall be assigned to another practitioner by the President or the department chairman responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

7.3-5 RIGHTS OF THE PRACTITIONER

A practitioner shall not be entitled to the procedural rights afforded by Article VIII or Article IX because his request for temporary privileges is refused or because all or any portion of his temporary privileges is terminated or suspended.

7.4 EMERGENCY PRIVILEGES

7.4-1 MEMBER OF MEDICAL STAFF

In the cases of an emergency, any member of the Medical/Dental Staff, to the degree permitted by his license and regardless of department, Staff status, or clinical privileges, shall be permitted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. The member shall make every reasonable effort to communicate promptly with the patient's attending physician, or if appropriate, the department chairmen's concerning the need for emergency care and assistance by members of the Medical/Dental Staff with appropriate clinical privileges. Once the emergency has passed or assistance has been made available the member shall defer to the patient's attending physician, or if appropriate, the department chairman with respect to further care of the patient at the Hospital.

7.4-2 EMERGENCY PRIVILEGING OF PHYSICIANS DURING A COMMUNITY DISASTER

TITLE: VOLUNTEER PHYSICIAN

When the disaster plan has been implemented and the immediate needs of the patients cannot be met, the hospital may implement a modified credentialing and privileging process for eligible volunteer Licensed Independent Practitioner (LIP) who is not a member of the Medical/Dental Staff. The volunteer LIP will present valid identification and licensure to the CEO or designee and be assigned temporary privileges, on a case by case basis, in accordance with the needs of the hospital and its patients, and on the qualifications of the volunteer LIP's.

Oversight of the professional patient care and treatment provided by the volunteer LIP's who receive disaster privileges is conducted by the appropriate department chair by direct observation, mentoring and/or clinical record review.

Volunteers that are considered eligible to act as LIP's in the hospital must present a valid government-issued photo identification by a state or federal agency and at least one of the following:

- a) Current picture ID card that clearly identifies the professional designation
- b) A current license to practice
- c) Primary source verification of the license
- d) Identification indicating that the individual is a member of the Disaster Medical Assistance Team or Medical Reserve Corps or The Emergency System for Advance Registration of Volunteer Health Professionals, or other recognized state or federal organizations or groups
- e) Identification indicating that the LIP has been granted authority by federal, state or municipal entity to render patient care in disaster circumstances
- f) Identification by current hospital or medical staff member (s) who possess personal knowledge regarding the Volunteer LIP's ability to render care in a disaster.

Primary source verification of licensure must begin as soon as the immediate situation is under control and completed within 72 hours from the time the volunteer practitioner presents to the hospital. If extraordinary conditions exist and primary source verification cannot be completed in 72 hours, it is expected to be done as soon as possible. The CEO or designee is responsible for continuation of disaster privileges initially granted.

In the event that primary source verification could not be performed there must be documentation of the following:

- a) Why primary source verification could not be performed within 72 hours
- b) Evidence of a demonstrated ability to continue to provide adequate patient care and treatment
- c) An attempt to obtain verification as soon as possible

7.5 MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT

On its own, upon recommendation of the Credentials Committee, or pursuant to a request under Section 6.6-1, the Medical Executive Committee may recommend a change in the clinical privileges or department assignment(s) of a member. The Medical Executive Committee may also recommend that the granting of additional privileges to a current Medical/Dental Staff member be made subject to monitoring in accordance with procedures similar to those outlined in Section 4.4-3. The member may be entitled to a hearing if the action constitutes grounds for a hearing under Section 9.2.

7.6 LAPSE OF APPLICATION

If a Medical/Dental Staff member requesting a modification of clinical privileges or department assignments fails to furnish the information necessary to evaluate the request within 60 days, the application shall automatically lapse, unless granted an extension by the Medical Executive Committee for good cause, and the applicant shall not be entitled to a hearing as set forth in Article IX because of his failure to provide documentation.

ARTICLE VIII

CORRECTIVE ACTION

8.1 CORRECTIVE ACTION

8.1-1 CRITERIA FOR INITIATION

Any person may provide information to the Medical/Dental Staff about the conduct, performance, or competence of its members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct, reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the Hospital; (2) unethical; (3) contrary to the Medical/Dental Staff Bylaws or Rules and Regulations; (4) below applicable professional standards; (5) or disruptive to Hospital operations, a request for an investigation or action against such member may be initiated. The request may be initiated by the Medical Executive Committee or any two of the following: any medical staff officer, service chairman, CEO or a Board of Trustee member.

8.1-2 INITIATION

A request for an investigation must be in writing and must be submitted to the Medical Executive Committee and supported by reference to specific activities or alleged conduct. If the Medical Executive Committee initiates the request, it shall make an appropriate recordation of the reasons.

8.1-3 INVESTIGATION

If the Medical Executive Committee concludes an investigation is warranted, it shall direct an investigation to be undertaken and completed within thirty (30) days. The Medical Executive Committee may conduct the investigation itself, or delegate the tasks to a Medical/Dental Staff department, or ad hoc committee of the Medical/Dental Staff. If in the opinion of the Chairman of the Medical Executive Committee, an independent investigator would be appropriate, the Committee shall, with the advice and consent of Hospital Administration, appoint an independent investigator to conduct the investigation of the affected practitioner. If the investigation is delegated to an officer or committee other than the Medical Executive Committee, such officer or committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Medical Executive Committee as soon as possible. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted. In addition, the member shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The investigating body may, but is not obligated to, conduct interviews with the practitioner involved. Interviews shall neither constitute nor be deemed a "hearing," as that term is used in Article IX, shall be preliminary in nature, and shall not be conducted according to the procedural rules applicable with respect to hearings. The Executive Committee shall be required, at the practitioner's request, to grant him an interview only when so specified in this Article. In all other cases and when the Executive Committee or the Board has before it an adverse recommendation, as defined in Section 9.2, it may, but shall not be required to, furnish the practitioner an interview. In the event an interview is granted, the practitioner shall be informed of the general nature of the circumstances leading to such recommendation and may present information relevant thereto. A record of the matters discussed and findings resulting from such interview shall be made.

8.1-4 EXECUTIVE COMMITTEE ACTION

As soon as practicable after the conclusion of the investigation, the Medical Executive Committee shall take action which may include, without limitation, the following and shall notify the Hospital Board of Trustees:

(a) Determining no corrective action be taken and if the Executive Committee determines there was not credible evidence for the complaint in the first instance, and document this within the practitioners file and also the rationale for not taking corrective action.

- (b) Deferring action for a reasonable time when circumstances warrant.
- (c) Issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude department chairman from issuing written information or oral warnings outside the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file.
- (d) Recommending the imposition of terms of probation or special limitation upon continued Medical/Dental Staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring.
- (e) Recommending reduction, modification, suspension or revocation of clinical privileges.
- (f) Recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care.
- (g) Recommending suspension, revocation or probation of Medical/Dental Staff membership.
- (h) Taking other actions deemed appropriate under the circumstances.

8.1-5 SUBSEQUENT ACTION

If corrective action as set forth in Section 9.2 (a)-(k) is recommended by the Medical Executive Committee, it shall be forwarded to the Board and, with Board approval, shall become final unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article IX.

8.1-6 MANDATORY ABSTENSION

Any member of any investigative committee or sub-group thereof as designated in the Bylaws shall abstain from any consideration of the affected practitioner if the member is (1) a direct economic competitor of the practitioner being considered, and/or (2) a partner or associate of the practitioner being considered.

8.2 SUMMARY RESTRICTION OR SUSPENSION

8.2-1 CRITERIA FOR INITIATION

Whenever a member's conduct requires that immediate action be taken to reduce a substantial likelihood of imminent impairment of the health or safety of any patient, prospective patient, employee, or other person present in the Hospital, an ad hoc committee composed of at least two individuals including the President, members of the Medical Executive Committee, the CEO or his designee, or the chairman of the department or his designee in which the member holds privileges may summarily restrict or suspend the clinical privileges of such member. Such summary suspension shall become effective immediately upon imposition, and the person or body responsible therefor shall promptly give oral or written notice of the suspension to the member, the Medical Executive Committee,

and the CEO. The notice of the suspension given to the Executive Committee shall constitute a request for corrective action and the procedures set forth in Section 8.1 shall be followed. In the event of any suspension, the member's patients whose treatment is affected by the summary suspension shall be assigned to another member by the department chairman or by the President. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

8.2-2 MEDICAL EXECUTIVE COMMITTEE

A practitioner who has been summarily suspended may request an interview with the Executive Committee. Such interview shall be informal and shall not constitute a hearing as provided in Article IX. The interview shall be convened as soon as reasonably possible under all of the circumstances. The Executive Committee may thereafter modify, continue, or terminate the terms of the summary suspension order and it shall give the practitioner written notice of its decision.

8.2-3 PROCEDURAL RIGHTS

Unless the Medical Executive Committee terminates the suspension, it shall remain in effect during the pendency of and the completion of the corrective action process and of the hearing and appellate review process, unless the summary suspension is terminated by the Judicial Hearing Committee. The member shall not be entitled to the procedural rights afforded by Article IX until such time as the Executive Committee or Board has taken corrective action pursuant to Section 8.1-4 and then only if the action taken constitutes grounds for a hearing as set forth in Section 9.2.

8.3 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, the member's privileges or membership may be suspended or limited as described, which action shall be final without a right to hearing or further review, except where a bona fide dispute exists as to whether the circumstances have occurred:

8.3-1 LICENSE

(a) Revocation, expiration and suspension: Whenever a member's license or other legal credential authorizing practice in the State of Indiana is limited or restricted by the applicable licensing or certifying authority, any clinical privileges shall be automatically revoked as of the date such action becomes effective and throughout its term.

(b) Restriction: Whenever a member's license or other legal credential authorizing practice in the State of Indiana is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the member has been granted at the Hospital which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

(c) Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, his membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

When a member's license has been reinstated the member must give 30 days written notice to the Medical Executive Committee. Before reinstating privileges, the corrective action review will be completed as per Article VIII in the Bylaws.

8.3-2 CONTROLLED SUBSTANCE

(a) Whenever a member's Indiana Controlled Substance Registration certificate and/or DEA certificate is revoked, limited, or suspended, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

(b) Probation: Whenever a member's Indiana Controlled Substance Registration certificate and/or DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation as of the date such action becomes effective and throughout its term.

8.3-3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

A member who fails without good cause to appear and satisfy the requirements of Section 6.5-3 shall automatically be suspended from exercising all or such portion of clinical privileges as may be specified in accordance with the provisions of that section.

8.3-4 MALPRACTICE INSURANCE

Effective upon discovery of failure to remain a qualified health care provider under the Indiana Medical Malpractice Act, (i.e., to maintain the required amount of professional liability insurance or a security bond approved by the Commission in the amount set for), a practitioner will be notified in writing that his membership and clinical privileges have been automatically

suspended and shall remain so suspended until the practitioner provides evidence to the Medical Executive Committee that he has secured professional liability coverage in the amount required. A failure to provide such evidence within six (6) months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Medical/Dental Staff membership.

8.4 NOTICE OF AUTOMATIC SUSPENSION; TRANSFER OF PATIENTS

Whenever a practitioner's privileges are automatically suspended in whole or in part, written notice of such suspension shall be given to the practitioner, the Medical Executive Committee, the CEO, and the Board. Giving of such notice shall not, however, be required in order for the automatic suspension to become effective. In the event of any such suspension, the practitioner's patients whose treatment is

affected by the automatic suspension shall be assigned to another practitioner by the President or the department chairman. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

8.5 EXECUTIVE COMMITTEE DELIBERATION

As soon as practicable after action is taken, or warranted, as described in Section 8.3-1 (b) or (c), Sections 8.3-2, 8.3-3, 8.3-4, or 8.3-5, the Medical Executive Committee shall convene to review and consider the facts, and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth commencing at Section 8.1-3.

ARTICLE IX

HEARINGS AND APPELLATE REVIEWS

9.1 GENERAL PROVISIONS

9.1-1 EXHAUSTION OF REMEDIES

If adverse action described in Section 9.2 is taken or recommended, the applicant or member must exhaust the remedies afforded by these Bylaws before resorting to legal action.

9.1-2 APPLICATION OF ARTICLE

(a) For purposes of this Article, the term "member" may include "applicant" as it may be applicable under the circumstances.

(b) Under Section 6.5-8 (a) of these Bylaws, circumstances may arise in which an initial hearing is provided by the Board. In such cases, the procedures set forth herein for hearings before the Judicial Hearing Committee shall generally apply to hearings before the Board, except as reasonably modified by the Board.

(c) Members who are directly under contract with the Hospital in a medical-administrative capacity or in closed departments, or members whose Staff membership is contingent upon a faculty appointment, shall be subject to the procedural rights specified in Article IX, except as may be modified by contract with the Hospital.

9.1-3 SUBSTANTIAL COMPLIANCE

Technical or insignificant deviations from the procedures set forth in these Bylaws shall not be grounds for invalidating

the action taken.

9.2 GROUNDS FOR HEARING

9.2-1 ACTIONS THAT CONSTITUTE GROUNDS FOR HEARING

Except as otherwise specified in these Bylaws, any one or more of the following actions or recommended actions shall be deemed actual or potential adverse action and constitute grounds for a hearing:

- (a) Denial of Medical/Dental Staff membership.
- (b) Denial of requested advancement in Staff membership status or category.
- (c) Denial of Medical/Dental Staff reappointment.
- (d) Involuntary change of Medical/Dental Staff category.
- (e) Suspension of Medical/Dental Staff membership.
- (f) Revocation of Medical/Dental Staff membership.
- (g) Denial of requested clinical privileges excluding temporary privileges.
- (h) Involuntary reduction of current clinical privileges.
 - (i) Suspension of clinical privileges if for longer than fourteen (14) days.
 - (j) Termination of all clinical privileges only if the termination is for longer than fourteen (14) days.
 - (k) Involuntary imposition of consultation or monitoring requirements (excluding monitoring incidental to Provisional status).

9.2-2 ACTIONS THAT DO NOT CONSTITUTE GROUNDS FOR HEARING

Except as otherwise specified in these Bylaws, any one or more of the following actions or recommended actions shall not be deemed an actual or potential adverse action and shall not constitute grounds for a hearing:

(a) The denial of a request for an application for membership in the Medical/Dental Staff because of the applicant's failure to satisfy the pre-application criteria set forth in Section 6.5 above.

(b) The denial of admission to the Medical/Dental Staff or the denial of clinical privileges because the privileges sought by the applicant have been granted exclusively to another practitioner or group of practitioners.

(c) The suspension or imposition of a limitation on the privileges or membership of a member pursuant to Section 8.3 above. Provided, however, a member shall be entitled to a hearing in the event that a bona fide dispute exists as to whether the member's license or other authority to practice has expired or been restricted, revoked, suspended, or placed on probation pursuant to Section 8.3 above, or whether the member has failed to remain a Qualified Health Care Provider under the Indiana Medical Malpractice Act. If such a bona fide dispute exists, the evidence which may be presented at the hearing shall not include evidence designed to show that the licensing agency, or the Indiana Controlled Substance Board, and/or DEA was without the authority to take the action in question, and shall not include evidence designed to show that the appropriate licensing agency, or the Indiana Controlled Substance Board and/or DEA lacked sufficient evidence to take said action.

9.3 REQUESTS FOR HEARING

9.3-1 NOTICE OF ACTION OR PROPOSED ACTION

In all cases in which action has been taken or a recommendation made as set forth in Section 9.2, said person or body shall give the member prompt notice to include:

- (a) that a professional review action has been proposed to be taken against the member;
- (b) the reasons for the proposed action;
- (c) that the member has a right to request a hearing on the proposed action; in a time limit of not less than thirty (30) days; and
- (d) a summary of the rights of the hearing under Section 9.4.

9.3-2 REQUESTS FOR HEARING

The member shall have thirty (30) calendar days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Medical Executive Committee with a copy to the Board of Trustees. In the event the member does not request a hearing within the time and manner described, the member shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved.

9.3-3 TIME AND PLACE FOR HEARING

Upon receiving a request for hearing, the President, within thirty-five (35) days after he receives the request shall schedule and arrange for a hearing. He shall give notice to the petitioner of the place, time and date of the hearing. The date of the commencement of the hearing shall not be less than thirty (30) days, nor more than ninety (90) days from the date the President received the request for a hearing, provided however that when the request is received from a member who has been summarily suspended the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed forty-five (45) calendar days after the date the President received the hearing request.

9.3-4 NOTICE OF CHARGES AND WITNESSES

As part of, or together with, the notice of hearing, the President, on behalf of the body whose decision prompted the hearing, shall state in writing the acts or omissions with which the member is charged. The President shall include a list of any charts being questioned or the grounds upon which the application was denied, where applicable. Each party, at least fifteen (15) days prior to the hearing shall furnish to the other a written list of the names and addresses of the individuals so far as is then actually anticipated who will give testimony or evidence in support of that party at the hearing. The witness list shall be amended as additional witnesses are identified.

9.3-5 JUDICIAL HEARING COMMITTEE

The CEO or President (acting on behalf of the Hospital) shall appoint a Judicial Hearing Committee consisting of at least three members and alternates as appropriate. The hearing panel members shall not have actively participated in the formal consideration of the matter at any previous level and shall not be in direct economic competition with the affected practitioner. The CEO or President shall designate a chairman who shall preside and handle all pre-hearing matters and preside until a Hearing Officer, as described in Section 9.4.3, is appointed.

9.3-6 FAILURE TO APPEAR OR PROCEED

Failure without good cause of the member to personally attend and proceed at such a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

9.3-7 POSTPONEMENTS AND EXTENSIONS

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Judicial Hearing Committee, or its chairman acting upon its behalf, within the discretion of the committee or its chairman on a showing of good cause.

9.4 HEARING PROCEDURE

9.4-1 PRE-HEARING PROCEDURE

Neither side has any right to discovery of documents or other evidence in advance of the hearing. The presiding officer shall encourage the parties to exchange documents prior to the hearing and may require advance disclosure and limit introduction of any

documents not provided to the other side in a timely manner. It shall be the duty of the member and the Medical Executive Committee or its designee to exercise reasonable diligence in notifying the Chairman of the Judicial Hearing Committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

9.4.2 REPRESENTATION

The hearings provided for in these Bylaws are for the purpose of interprofessional resolution of matters bearing on professional conduct, professional competency, or character. The member and the Medical Executive Committee may be represented in any phase of the hearing by an attorney at law. In the absence of legal counsel, the member shall be entitled to be accompanied by and represented at the hearing by a person of his choice, and the Medical Executive Committee may appoint a representative who is not an attorney to present its action or recommendation, the materials in support thereof, examine witnesses, and respond to appropriate questions.

9.4.3 THE HEARING OFFICER

At the request of the practitioner, the Medical Executive Committee, the Judicial Hearing Committee, or the Board of Trustees, the CEO may appoint a Hearing Officer to preside at the hearing. The Hearing Officer shall be an attorney-at-law qualified to preside over a quasi-judicial hearing, and preferably with experience in Medical/Dental Staff matters. An attorney regularly utilized by the Hospital for legal advice regarding its affairs and activities cannot serve as the Hearing Officer. The Hearing Officer must not act as a prosecuting officer, or as an advocate for the Hospital, the Medical Executive Committee, the Board, the body whose action prompted the hearing, or the practitioner. The Hearing Officer may participate in the deliberations and be a legal adviser to it, but he shall not be entitled to vote.

9.4.4 RECORD OF THE HEARING

A record of the hearing proceedings shall be accurately and completely recorded. The cost of the recording shall be borne by the Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The Judicial Hearing Committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

9.4.5 RIGHTS OF THE PARTIES

At a hearing both sides shall have the following rights:

To ask Judicial Hearing Committee members questions which are directly related to determining whether they are impermissibly biased and to challenge such members; to

call and examine witnesses; to introduce exhibits or other documents; to cross-examine

or otherwise attempt to impeach any witness who testified orally on any matter relevant to the issues; and otherwise to rebut any evidence. The practitioner may be called by the body whose decision prompted the hearing and examined as if under cross-examination. Each party has the right to submit a written statement in support of his position and the Judicial Hearing Committee may request such a statement to be filed following the conclusion of the presentation of oral testimony.

9.4.6 MISCELLANEOUS RULES

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation

of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Judicial Hearing Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. The Judicial Hearing Committee will permit both sides to file written arguments.

9.4-7 BURDENS OF GOING FORWARD AND BURDEN OF PROOF

At any hearing involving the denial of Medical/Dental Staff membership or requested privileges (as established in Section 9.2-1(a) or 9.2-1(g)), it shall be incumbent upon the practitioner initially to come forward with evidence in support of his position. In all other cases, the body whose decision prompted the hearing shall have the duty to initially come forward with evidence in support of such decision. Thereafter, the burden shall shift to the practitioner to produce evidence in support of his position. Subject to the foregoing, the practitioner shall bear the ultimate burden of persuading the Judicial Hearing Committee, by a preponderance of the evidence provided at the hearing, that the reasons for the decision lacked foundation in fact or that the recommended action or decision was otherwise arbitrary or unreasonable.

9.4-8 ADJOURNMENT AND CONCLUSION

After consultation with the Chairman of the Judicial Hearing Committee, the Hearing Officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence or receipt of closing written arguments, if requested, the hearing shall be closed.

9.4-9 BASIS FOR DECISION

The recommendation of the Judicial Hearing Committee shall be based on the evidence introduced at the hearing including all logical and reasonable inferences from the evidence and the testimony. The decision of the Judicial Hearing Committee shall be subject to the rights of appeal or review as described in these Bylaws.

9.4-10 DECISION OF THE JUDICIAL HEARING COMMITTEE

Within fifteen (15) days after final adjournment of the hearing, the Judicial Hearing Committee shall render a recommendation, which shall be delivered to the Medical Executive Committee. A copy of said decision shall also be forwarded to the CEO, the Board of Trustees, and to the member. The report shall contain a concise statement of the reasons in support of the decision. The decision of the Judicial Hearing Committee shall be considered final, subject only to such rights of appeal or review as described in these Bylaws.

9.5 APPEAL

9.5-1 TIME FOR APPEAL

Within thirty (30) days after receipt of the recommendation of the Judicial Hearing Committee, either the member or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the President, the CEO, and the other side in the hearing. If a request for appellate review is not sought within such period, that action or recommendation shall there upon become final.

9.5-2 REQUEST FOR APPEAL

A written request for an appeal shall include an identification of the grounds for appeal and a clear, concise statement of the facts in support of the appeal.

9.5-3 TIME, PLACE AND NOTICE

When an appellate review is requested, the Board shall, within thirty-five (35) days after the date of receipt of such an appeal notice, schedule and arrange for an appellate review. The Board shall give the practitioner notice of the time, place, and date of the appellate review. The date of the appellate review shall be not less than fifteen (15) or more than ninety (90) days from the date of receipt of the request for appellate review. However, if a member is under suspension, the appellate review shall be held as soon as the arrangements may reasonably be made, but not more than forty-five (45) days from the date of receipt of the request for appellate review.

The time for the appellate review may be extended for good cause by the Board, or Appeal Board (if any). In no case shall the appeal occur less than within five (5) days after both parties are provided a copy of the record.

9.5-4 APPEAL BOARD

The Board of Trustees may sit as the Appeal Board, or it may appoint an Appeal Board, which shall be composed of not less than three (3) members of the Board. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

9.5-5 APPEAL PROCEDURE

The proceeding by the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Hearing Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Hearing Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Judicial Hearing Committee review. Each party shall have the right to be represented by legal counsel in connection with the appeal and to present a written statement in support of his position of the appeal. In its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. The Appeal

Board may there upon conduct, at a time convenient to itself, deliberations outside the presence of the appellant, respondent, and their representatives. The Appeal Board shall present to the Board its written recommendation as to whether the Board should affirm, modify, or reverse the Judicial Hearing Committee decision. The Board shall render a decision in writing and shall forward copies thereof to each side involved in the hearing.

9.5-6 DECISION

(a) Except as otherwise herein, within thirty (30) days after the conclusion of the appellate review proceeding, the Board shall render a decision in writing and shall forward copies thereof to each side involved in the hearing.

(b) The Board may affirm, modify, or reverse the decision of the Judicial Hearing Committee.

9.5-7 FURTHER REVIEW

Except when the matter is remanded for further review and recommendation, the final decision of the Board following the appeal procedures set forth in this Article shall be effective immediately and shall not be subject to further review. If the matter is remanded to the Judicial Hearing Committee or any other body or person, said committee, body, or person shall promptly conduct its review and make its recommendations back to the Board in accordance with any instructions given by the Board. The time for a further review and report shall not exceed ninety (90) days, except as the parties may otherwise stipulate.

9.5-8 RIGHT TO ONE HEARING

No member shall be entitled to more than one evidentiary hearing and one appellate review on any matter, which shall have been the subject of adverse action or recommendation.

9.6 DOCUMENTATION OF DISCIPLINARY ACTION AND CORRECTIVE ACTION

Actions taken by members to correct problems related to disciplinary action shall be documented within the member's file. Members may submit evidence to be included in their file as documentation of corrective action. Lifting of disciplinary actions, as recommended by the Medical Executive Committee and approved by the Board, must also be documented. Final disciplinary action will be reported to the Indiana Licensing Board and National Practitioner Data Bank pursuant to Section 13.8-5.

ARTICLE X

OFFICERS

10.1 OFFICERS OF THE MEDICAL/DENTAL STAFF

10.1-1 IDENTIFICATION

The officers of the Medical/Dental Staff shall be the President, President Elect, Immediate Past President, and Secretary-Treasurer.

10.1-2 QUALIFICATIONS

Officers must be members of the Active Medical/Dental Staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

10.1-3 ELECTIONS

The President Elect and Secretary-Treasurer shall be elected at the designated meeting of the Medical/Dental Staff. Nominations shall be made by the Nominating Committee. Voting may be by written secret ballot, and authenticated sealed mail ballots may be counted. Written ballots shall include handwritten signatures on the envelope for comparison with signatures on file when necessary. 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 run-off election shall be held promptly between the two candidates receiving the highest number of votes. In the event of a tie vote, it shall be resolved according to procedures outline in Roberts Rules of Order.

10.1-4 TERM OF ELECTED OFFICE

Each officer shall serve a two-year term, commencing on the first day of the Medical/Dental Staff year following his election. Each officer shall serve in each office until the end of his tenure, unless he shall sooner resign or be removed from office. At the end of his term, the President shall automatically assume the office of Immediate Past-President, the President-Elect shall automatically assume the office of President and the Secretary-Treasurer shall automatically assume the office of President-Elect.

10.1-5 REMOVAL OF OFFICERS

Except as otherwise provided, removal of a Medical/Dental Staff officer may be initiated by the Medical Executive Committee or shall be initiated by a petition signed by at least one-third of the members of the Medical/Dental Staff eligible to vote for officers. Removal shall be considered at a special meeting called for that purpose. Removal shall require a two-thirds vote of the Medical/Dental Staff members eligible to vote for Medical/Dental Staff officers.

10.1-6 VACANCIES IN ELECTED OFFICE

Vacancies in office occur upon the death, disability, resignation, or removal of the officer, or such officer's loss of membership in the Medical/Dental Staff. Vacancies, other than that of President, shall be filled by appointment by the Medical Executive Committee until the next regular election. If there is a vacancy in the office of the President, the then President-Elect

shall serve out that remaining term and shall immediately convene the Nominating Committee to decide promptly upon nominees for the office of President-Elect. Such nominees shall be reported to the Medical Executive Committee and to the Medical/Dental Staff. A special election to fill the position shall occur at the next regular Staff meeting. If there is a vacancy in the office of the President-Elect, that office need not be filled by election but the Medical Executive Committee shall appoint an interim officer to fill this office until the next election, at which time the election shall also include the office of the President.

10.2 DUTIES OF OFFICERS

10.2-1 PRESIDENT

The President shall serve as the chief officer of the Medical/Dental Staff. The duties of the President shall include, but not be limited to:

(a) Enforcing the Medical/Dental Staff Bylaws and Rules and Regulations, implementing sanctions where indicated and promoting compliance with procedural safeguards and where corrective action has been requested or initiated.

- (b) Calling, presiding at, and being responsible for the agenda of all meetings of the Medical/Dental Staff.
- (c) Serving as Chairman of the Executive Committee.
- (d) Serving as an ex-officio member of all other Staff committees without vote, unless his membership in a particular committee is required by these Bylaws.
- (e) Appointing members for all standing and special Medical/Dental Staff, liaison, or multi-disciplinary committees, except where otherwise provided by these Bylaws and except where otherwise indicated, designating the chairman of these committees.
- (f) Representing the views and policies of the Medical/Dental Staff to the Board of Trustees and to the Chief Executive Officer.
- (g) Being a spokesman for the Medical/Dental Staff in external professional and public relations.
- (h) Performing such other functions as may be assigned to him by these Bylaws, the Medical/Dental Staff, or by the Medical Executive Committee.
- (i) Serving on liaison committees with the Board and Hospital Administration as well as outside licensing or accreditation agencies.

10.2-2 PRESIDENT-ELECT

The President-Elect shall assume all duties and authority of the President in the absence of the President. The President-Elect shall be a member of the Medical Executive Committee of the Medical/Dental Staff. He shall perform such other duties as the President may assign or as may be delegated by these Bylaws, or the Medical Executive Committee. The President-Elect will appoint committees for the next Medical/Dental Staff year.

10.2-3 IMMEDIATE PAST PRESIDENT

The Immediate Past President shall be a member of the Medical Executive Committee. He shall perform such other duties as may be assigned by the President, delegated by these Bylaws, or the Medical Executive Committee.

10.2-4 SECRETARY-TREASURER

The Secretary-Treasurer shall be a member of the Executive Committee. The duties shall include, with the assistance of

Hospital Administration but not be limited to:

- (a) Assisting Medical Staff Office personnel in maintaining a roster of members.
- (b) Ensuring accurate and complete minutes of all Medical Executive Committee and Medical/Dental Staff meetings are recorded.
- (c) Calling meetings on the order of the President or Medical Executive Committee.
- (d) Executing all appropriate correspondence and notices on behalf of the Medical/Dental Staff.
- (e) Receiving and safeguarding all funds of the Medical/Dental Staff.
- (f) Performing such other duties as ordinarily pertain to the office or as may be assigned from time to time by the President or Medical Executive Committee.

ARTICLE XI

MEETINGS

11.1 MEETINGS

11.1-1 ANNUAL MEETING

There shall be an annual meeting of the Medical/Dental Staff. The President, or such other officers, department or division heads, or committee chairmen who the President or Medical Executive Committee may designate, shall present reports on actions taken during the preceding year and on other matters of interest and importance to the members. Notice of this meeting shall be given to the members at least thirty (30) days prior to the meeting. Officers shall be elected at the annual meeting.

11.1-2 SPECIAL MEETINGS

Special meetings of the Medical/Dental Staff may be called at any time by the President or the Medical Executive Committee; or shall be called upon the written request of ten percent of the members of the active Medical/Dental Staff. The person calling or requesting the special meeting shall state the purpose of such meeting in writing. The meeting shall be scheduled by the Medical Executive Committee within thirty (30) days after receipt of such request. No later than ten (10) days prior to the meeting, notice shall be mailed or delivered to the members of the Staff, which shall include the stated purpose of the meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

11.2 COMMITTEE AND DEPARTMENT MEETINGS

11.2-1 REGULAR MEETINGS

Except as otherwise specified in these Bylaws, the chairman of committees, departments and divisions may establish the times for the holding of regular meetings. The chairman shall make every reasonable effort to ensure the meeting dates are disseminated to the members with adequate notice.

11.2-2 SPECIAL MEETINGS

A special meeting of any Medical/Dental Staff committee, department or division may be called by the chairman thereof, the Medical Executive Committee, the President, or by written request of one-third (1/3) of the current members, eligible to vote, but not less than three (3) members.

11.3 QUORUM

11.3-1 STAFF MEMBERS

Those active members present shall constitute a quorum at the annual or special Medical/Dental Staff meeting.

11.3-2 DEPARTMENT AND COMMITTEE MEETINGS

A quorum of thirty-three percent (33%) of the voting members shall be required for Medical Executive, Quality Assessment, and Credentials Committee meetings. Each department and division will annually (January) establish a definition for a quorum of the voting members and forward that information to the Medical Executive Committee and Medical/Dental Staff Office. A

quorum must be not less than two (2).

11.4 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the medical staff members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these Bylaws. Committee action may be conducted by telephone conference, which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting by a committee if it is acknowledged by writing setting forth the action so taken which is signed by at least a majority of the members entitled to vote.

11.5 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken on significant matters. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the Medical Executive Committee. The minutes shall comply with the requirements of recognized accrediting agencies.

11.6 ATTENDANCE REQUIREMENTS

11.6-1 SPECIAL ATTENDANCE

At the discretion of the chairman or presiding officer, when member's practice or conduct is scheduled for discussion at a regular department, division, or committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least seven (7) days prior to the meeting and a general indication of the issue involved. Failure of a member to appear at any meeting with respect to which he was given such notice, unless excused by the Medical Executive Committee upon a showing of good cause, shall be a basis for corrective action.

11.7 CONDUCT OF MEETINGS

Unless otherwise specified, meetings shall be conducted according to Robert's Rule of Order; however, technical or non-substantive departures from rules shall not invalidate action taken at such a meeting.

ARTICLE XII

MEDICAL EXECUTIVE COMMITTEE

12.1 COMPOSITION

The Medical Executive Committee shall consist of the following persons:

- a) The officers of the Medical/Dental Staff: President, President-Elect, Secretary-Treasurer, and two Immediate Past Presidents.
- b) The department chairpersons
- c) The Chairman of Bylaws, Credentials, Critical Care, Quality Assessment and Health Information Services Committees
- d) The Chairman of the Medical Executive Committee may at his discretion choose a member of the Medical/Dental Staff to serve as Parliamentarian.
- e) The CEO and the Chief Operating Officer, and/or the designee of either, will be ex-officio members.

12.2 DUTIES

The duties of the Medical Executive Committee shall include, but not be limited to:

- a) Representing and acting on behalf of the Medical/Dental Staff in the intervals between Medical/Dental Staff meetings, subject to such limitations as may be imposed by these bylaws.
- b) Coordinating and implementing the professional and organizational activities and policies of the Medical/Dental Staff.
- c) Receiving and acting upon quality reports and recommendations from Medical/Dental Staff departments, divisions, committees, and assigned activity groups.
- d) Recommending action to the Board of Trustees on matters of a medical-administrative nature.
- e) Evaluating the medical care rendered to patients in the hospital.
- f) Participating in the development of all Medical/Dental Staff and hospital policy, practice and planning
- g) Reviewing qualifications, credentials, performance and professional competence and character of applicants and Staff members and making recommendations to the Board regarding staff appointments and reappointments, assignments to departments, clinical privileges, and corrective action.
- h) Taking reasonable steps to promote ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in Medical/Dental Staff corrective and/or review measures, fair hearing and termination, when warranted.
- i) Taking reasonable steps to develop continuing education activities and programs for the Medical/Dental Staff.
- j) Designating such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Dental Staff and approving or rejecting appointments to those committees by the President.
- k) Reporting to the Medical/Dental Staff at each regular staff meeting.
- l) Assisting in the obtaining and maintaining of hospital accreditation by the Joint Commission on Accreditation of Healthcare Organizations, the Indiana State Board of Health, and other regulatory agencies.
- m) Developing and maintaining of methods for the protection and care of patients and others in the event of internal or external disaster.
- n) Appointing such special or ad hoc committees as may seem necessary or appropriate to assist the Medical Executive Committee in carrying out its function and those of the Medical/Dental Staff.
- o) Reviewing the quality and appropriateness of services provided by contract physicians.

ARTICLE XIII

DEPARTMENT CHAIRMEN

13.1 QUALIFICATIONS

Each department shall have a chairman and a vice-chairman who shall be

members of the Active Medical / Dental Staff in good standing and shall be qualified by training, experiences, and demonstrated ability in at least one of the clinical areas covered by the department.

13.2 SELECTION

Department chairman and vice-chairman shall be elected every two (2) years by those members of the department who are eligible to vote for general officers of the Medical / Dental Staff. Election of department chairmen and vice-chairmen shall be subject to ratification by the Medical Executive Committee. Vacancies due to any reason shall be filled for the unexpired term through special elections by the respective department.

13.3 TERM OF OFFICE

Each department chairman and vice-chairman shall serve a two (2) year term which coincides with the Medical / Dental Staff year or until their successors are chosen, unless they shall sooner resign, be removed from office, or lose their Medical / Dental Staff membership or clinical privileges in that department.

13.4 REMOVAL

Removal of department chairmen or vice-chairmen from office may occur for cause by a two-thirds vote of the department members eligible to vote on departmental matters who cast votes.

13.5 DUTIES

Each chairman shall have the following authority, duties, and responsibilities. The vice-chairman, in the absence of the chairman, shall assume all of them and shall otherwise perform such duties as may be assigned to him:

- 1) Act as the presiding officer at departmental meetings.
- 2) Report to the Medical Executive Committee and to the President regarding all professional and administrative activities within the department.
- 3) Generally monitor the quality of patient care and professional performance rendered by members with clinical privileges in the department through a planned and systematic process; oversee the effective conduct of the patient care review, evaluation and monitoring functions delegated to the department by the Medical Executive Committee.
- 4) Develop and implement departmental programs for retrospective patient care review, on-going monitoring of practice, credentials review and privileges delineation, medical education, utilization review, and quality assurance.
- 5) Be a member of the Medical Executive Committee, and give guidance on the overall medical policies of the Medical /Dental Staff and Hospital and make specific recommendations and suggestions regarding his department.
- 6) Transmit to the Medical Executive Committee the department's recommendations concerning appointment and classification, reappointment, criteria for clinical privileges, monitoring of specified services, and corrective action with respect to persons with clinical privileges in his department.

- 7) Endeavor to enforce the Medical / Dental Staff Bylaws, Rules & Regulations, and policies within his department.
- 8) Implement within his department appropriate actions taken by the Medical Executive Committee.
- 9) Participate in every phase of the administration of his department including cooperation with Nursing Service and the Hospital Administration in matters such as personnel, supplies, off-site sources for patient care services not offered at the hospital, special regulations, standing orders and techniques.
- 10) Assist in the preparation of such annual reports including budgetary planning, pertaining to his department, as may be required by the Medical Executive Committee.
- 11) Recommend delineated clinical privileges for each member of the department.
- 12) Perform such other duties commensurate with the office as may from time to time be reasonably requested by the President or the Medical Executive Committee.
- 13) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department.
- 14) Recommending clinical privileges for each member of the department.
- 15) Assessing and recommending off-site sources for needed patient care.
- 16) The integration of the department or service into the primary functions of the organization.
- 17) The coordination and integration of interdepartmental and intradepartmental services.
- 18) The recommendation for a sufficient number of qualified and competent health care providers.
- 19) The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment and services.
- 20) The orientation and continuing education of all persons in the department or service.
- 21) Recommending space and other resources needed by the department or service.

ARTICLE XIV

DIVISION CHIEFS

14.1 QUALIFICATIONS

Each division shall have a chairman who shall be a member of the Active Medical / Dental Staff in good standing and a member of the division which he is to head. He shall be qualified by training, experiences, and demonstrating current ability in the clinical area covered by the division.

14.2 SELECTION

Each division chief shall be selected by the chairman of the parent department of elected with such mechanism as the Medical / Dental Staff may adopt. Vacancies due to any reason shall be filled for the unexpired term by the department chairman.

14.3 TERM OF OFFICE

Each division chief shall serve a two (2) year term which coincides with the Medical / Dental Staff year or until their successor is chosen, unless he shall sooner resign, be removed from office, or lose their Medical / Dental Staff membership or clinical privileges in that division.

14.4 REMOVAL

After appointment and ratification, a division chief may be removed by the department chairman and the Medical Executive Committee.

14.5 DUTIES

Each division chief shall:

- 1) Act as the presiding officer at division meetings. Division meetings may be held on the call of the division chief or of a majority of the members of the division.
- 2) Assist in the development and implementation, in cooperation with the department chairman, of programs to carry out the quality review, evaluation, and monitoring functions assigned to the division.
- 3) Evaluate the clinical work performed in the division.
- 4) Conduct investigations and submit reports and recommendations to the department chairman regarding the clinical privileges be exercised within his division by members of or applicants to the Medical / Dental Staff.
- 5) Perform such other duties commensurate with the office as may from time to time be reasonably requested by the department chairman, the President or the Medical Executive Committee
- 6) The orientation and continuing education of all persons in the division.
- 7) Recommending space and other resources needed by the division

ARTICLE XV

CONFIDENTIALITY, IMMUNITY AND RELEASES

15.1 AUTHORIZATION AND CONDITIONS

By applying for or exercising clinical privileges within this Hospital, an applicant:

15.1-1 Authorizes representatives of the Hospital and the Medical/Dental Staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the applicant's professional ability and qualifications.

15.1-2 Authorizes persons and organizations to provide information concerning such practitioner to the Medical/Dental Staff.

15.1-3 Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative to the Medical/Dental Staff or the Hospital who acts in accordance with the provisions of this Article.

15.1-4 Acknowledges that the provisions of this Article are express conditions to an application for Medical/Dental Staff membership, the continuation to such membership, and to the exercise of clinical privileges at this Hospital.

15.2 CONFIDENTIALITY OF INFORMATION

15.2-1 GENERAL

Medical/Dental Staff, department, division, or committee minutes, files, and records, including information regarding any member or applicant to this Medical/Dental Staff shall, to the fullest

extent permitted by law, be confidential. Dissemination of such information and records shall only be made where expressly required by law, pursuant to officially adopted policies of the Medical/Dental Staff or, where no officially adopted policy exists, only with the express approval of the Medical Executive Committee or its designee.

15.2-2 CREDENTIALS FILES

The provisions of Sections 12.1 and 12.2 shall remain in conformity with the provisions of Section 13.8 of these Bylaws.

15.2-3 BREACH OF CONFIDENTIALITY

Inasmuch as effective peer review and consideration of the qualifications of Medical/Dental Staff members and applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of Medical/Dental Staff departments, divisions, or committees, except in conjunction with other hospitals, professional societies, or licensing authorities is outside appropriate standards of conduct for this Medical/Dental Staff and will be deemed disruptive to the operations to the Hospital, subject to the fair hearing procedures in Article IX. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

15.3 IMMUNITY FROM LIABILITY

15.3-1 FOR ACTION TAKEN

Each representative of the Medical/Dental Staff and Hospital shall be exempt, and have absolute immunity to the fullest extent permitted by law from liability to an applicant or member for damages or other relief for any action taken, statements, or recommendations made within the scope of his duties as a representative of the Medical/Dental Staff or Hospital, their committees, members, agents, employees, advisors, counselors, consultants, attorneys, or any other person providing committee in conjunction with evaluation of an applicant or member.

15.3-2 FOR PROVIDING INFORMATION

Each representative of the Medical/Dental Staff and Hospital and all third parties shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief by reason of providing information to a representative of the Medical/Dental Staff or Hospital concerning such person who is, or has been, an applicant to or member of the Staff

or who did, or does, exercise clinical privileges or provide services at this Hospital.

15.4 ACTIVITIES AND INFORMATION COVERED

15.4-1 ACTIVITIES

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other healthcare facility's or organization's activities concerning, but not limited to:

(a) A request for an application for admission to the Medical/Dental Staff, or an application for appointment, reappointment, or clinical privileges.

(b) Corrective action

(c) Hearing and appellate reviews.

(d) Utilization reviews.

(e) Other department, division, committee, or Medical/Dental Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

(f) Peer review organization and similar reports.

15.5 RELEASES

Each applicant or member shall, upon request of the Medical/Dental Staff or Hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XVI

GENERAL PROVISIONS

16.1 RULES AND REGULATIONS

The Medical/Dental Staff shall initiate and adopt such Rules and Regulations, as it may deem necessary for the proper conduct of its work and shall periodically review and revise its Rules and Regulations to comply with current Medical/Dental Staff practice. Recommended changes to the Rules and Regulations shall be submitted to the Medical Executive Committee for review and evaluation. Following Executive Committee approval, such Rules and Regulations shall become effective following approval of the Board. Applicants and members of the Medical/Dental Staff shall be governed by such rules and regulations as are properly initiated and adopted. If there is a conflict between these Bylaws and Rules and Regulations, the Bylaws shall prevail. The mechanism described herein shall be the sole method for initiation, adoption, amendment, or repeal of the Medical/Dental Staff Rules and Regulations. The departments may develop and revise policies subject to the approval of the Medical Executive Committee and Board of Trustees.

16.2 DUES OR ASSESSMENTS

The Medical Executive Committee shall have the power to recommend the amount of annual dues or assessments, if any, for each category of Medical/Dental Staff membership, subject to the approval of the Medical/Dental Staff, and to determine the manner of expenditure of such funds received.

16.3 CONSTRUCTION OF TERMS AND HEADINGS

The captions or headings in these Bylaws are for convenience only and are not intended to limit or ~~define~~ the scope of or affect any of the substantive provisions of these Bylaws.

16.4 AUTHORITY TO ACT

Any member or members who act in the name of this Medical/Dental Staff without proper authority shall be subject to such disciplinary action as the Medical Executive Committee may deem appropriate.

16.5 NOTICES

Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, or requests required or permitted to be mailed shall be in writing properly sealed, and shall be sent through United States Postal Service, first-class postage prepaid. An alternative delivery mechanism may be used if it is reliable, is expeditious, and if evidence of its use is obtained. Notice to the Medical/Dental Staff or officers or committees thereof, shall be addressed as follows:

Name and proper title of addressee, if known or applicable

Name of department, division, or committee

c/o Medical/Dental Staff

St. Joseph Hospital

700 Broadway

Fort Wayne, Indiana 46802

Mailed notices to a member, applicant, or other party, shall be to the addressee at the address as last appears in the ~~official~~ records

of the Medical/Dental Staff of the Hospital. When possible and applicable, a signed receipt shall be returned to the Hospital.

16.6 DISCLOSURE OF INTEREST

All nominees for election or appointment to Medical/Dental Staff offices, department chairmanships, or the Medical Executive Committee shall, if applicable, at least twenty (20) days prior to the date of election or appointment, disclose in writing to the Medical Executive Committee those personal, professional, or financial affiliations or relationships of which they are reasonable aware which could foreseeable result in a conflict of interest with their activities or responsibilities on behalf of the Medical/Dental Staff.

16.7 NOMINATION OF MEDICAL/DENTAL STAFF REPRESENTATIVES

Candidates for positions as Medical/Dental Staff representatives to local, state, and national hospital medical/dental staff sections should be selected by the President.

16.8 MEDICAL/DENTAL STAFF CREDENTIALS FILES

16.8-1 MAINTENANCE OF FILE

Except for peer review records, only one file shall be maintained on each Medical/Dental Staff member which shall be accessible to that member, the Medical/Dental Staff President, chairman of the member's clinical department, Chairman of the Credentials Committee, and the Chief Executive Officer of the Hospital. Separate files shall not be maintained by both Medical/Dental Staff and Hospital Administration on any Medical/Dental Staff member.

16.8-2 INSERTION OF ADVERSE INFORMATION

Inserting adverse information into the credentials file of a Medical/Dental Staff member requires the notification of said member. The following applies to action relating to requests for insertion of adverse information into the credentials file of a Medical/Dental Staff member.

16.8-3 REVIEW OF ADVERSE INFORMATION AT THE TIME OF REAPPRAISAL AND REAPPOINTMENT

(a) Prior to recommendation on reappointment, the Credentials Committee, as part of its reappraisal function, shall review any adverse information in the credentials file pertaining to a member.

(b) Following this review, the Credentials Committee shall determine whether documentation in the file warrants further action.

(c) With respect to such adverse information, if it does not appear that an investigation and/or adverse action on reappointment is warranted the Credentials Committee shall so inform the Medical Executive Committee.

(d) However, if an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Medical Executive Committee.

(e) Within the established reappointment period, the Medical Executive Committee shall, except as provided in (g):

(1) Initiate a request for corrective action based on such adverse information and on the Credentials Committee's recommendation relating thereto, and

(2) Cause the substance of such adverse information to be summarized and disclosed to the member.

(f) The member shall have the right to respond thereto in writing or in person.

(g) In the event that adverse information is not utilized as the basis for a request for corrective action, or disclosed to the member as provided herein, it shall be retained in the file along with the documentation supporting the decision to not pursue corrective action.

16.8-4 CONFIDENTIALITY

The following applies to records of the Medical/Dental Staff and its committees responsible for the evaluation and improvement of patient care:

(a) The records of the Medical/Dental Staff and its committees responsible for the evaluation and improvement of the quality of patient care rendered in the Hospital shall be maintained as confidential.

(b) Access to such records shall be limited to the member and to duly appointed officers and committees of the Medical/Dental Staff for the sole purpose of discharging Medical/Dental Staff responsibilities and subject to the requirement that confidentiality be maintained.

(c) Information which is disclosed to the governing body of the Hospital or its appointed representatives, in order that the governing body may discharge its lawful obligations and responsibilities, shall be maintained by that body as confidential.

(d) Information contained in the credentials file of any member may be disclosed with the member's consent to any medical staff, medical school, or underwriting committee.

(e) Request for transfer of information between health care facilities which demonstrate a legal right to information concerning Medical/Dental Staff members shall be made in writing and such information shall be privileged in accordance with Indiana Peer Review Immunity Statute.

16.8-5 REPORTING REQUIREMENTS

In accordance with the Federal Health Care Quality Improvement Act of 1986, (i.e. National Data Bank). The Board of the Hospital has the duty to report in writing to the Indiana Medical Licensing Board the results and circumstances of any final, substantive, and adverse disciplinary action taken by the Board regarding a practitioner on the Medical/Dental Staff or an applicant for the Medical/Dental Staff if the action results in the voluntary or involuntary resignation, termination, non-appointment, revocation or significant reduction of clinical privileges. The Hospital has a duty to report any review action that adversely affects the clinical privileges of a practitioner for longer than thirty (30) days, or accept the surrender of clinical privileges of a practitioner while he is under investigation or in return for not conducting an investigation.

16.8-6 WAIVER

Any qualifications in this Article, or any other Article of these Bylaws not required by law or governmental regulations, may be waived at the discretion of the Board upon determination that such waiver will serve the best interests of the patients and Hospital.

16.9 NON-CONTRACTUAL NATURE OF BYLAWS

These Bylaws shall not be deemed to be a contract of any kind between the governing body and the Medical/Dental Staff or any individual (including any Medical/Dental Staff member, applicant, or Allied Health Professional). Application for, the conditions of, and the duration of appointment to the Medical/Dental Staff, or the granting of privileges to a practitioner or to an Allied Health Professional shall not be deemed contractual in nature. The consideration of applications and the granting and continuance of any privileges at this Hospital are based solely upon the continued ability of a practitioner or AHP to justify the exercise of privileges. The granting of privileges does not obligate the practitioner or AHP to practice at the Hospital. The governing body and Medical/Dental Staff are obligated to use essential fairness in dealing with Medical/Dental Staff members, Allied Health Professionals, and applicants for those positions, and may fulfill that obligation by following the procedures specified in these Bylaws or any other procedures which are fair in the circumstance.

ARTICLE XVII

ADOPTION AND AMENDMENT OF BYLAWS

17.1 AMENDMENT PROCEDURE

Upon the request of any Medical/Dental Staff officer, the Medical Executive Committee, the Bylaws Committee, or upon timely written petition signed by at least ten percent (10%) of the members of the Medical/Dental Staff in good standing who are entitled to vote, consideration shall be given to the adoption, amendment, or repeal of these Bylaws. Such action shall be taken at a regular or special meeting. At least twenty (20) days before the next regular or special meeting at which action is to be taken, written notice shall be sent to all members entitled to vote which states that a Bylaws change will be considered at the meeting. The notice shall include the exact wording of the existing Bylaw language, if any, and the proposed change(s). Neither the Board of Trustees nor Medical Executive Committee can unilaterally amend Bylaws or Rules and Regulations.

The change shall require an affirmative vote of two-thirds (2/3) of the members voting in person or by written ballot.

Bylaw changes adopted by the Medical/Dental Staff shall become effective following approval by the Board.

17.2 TECHNICAL AND EDITORIAL AMENDMENTS

The Executive Committee shall have the power to adopt such amendments to the Bylaws as are in its judgment, technical modifications or clarifications, reorganization or renumbering of the Bylaws, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression, or inaccurate cross-references. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical/Dental Staff or the Board within ninety (90) days after adoption by the Executive Committee. After approval, such amendments shall be communicated in writing to the Staff and to the Board.

CERTIFICATION OF ADOPTION AND APPROVAL

Revisions ADOPTED by the General Staff on _____.

Medical/Dental Staff President

Secretary-Treasurer

APPROVED on behalf of the Board of Trustees on _____

Chairman, Board of Trustees

Secretary, Board of Trustees

Chief Executive Officer