PARKVIEW
LOGANSPORT HOSPITAL

MEDICAL STAFF BYLAWS

Board of Directors Approval: August 25, 2025

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ADOPTION

A. These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privileges at the hospital shall be taken under and pursuant to the requirements of these Bylaws.

B. The Rules and Regulations of the Medical Staff are hereby adopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws.

C. The Rules and Regulations and the Policies and Procedures of the Medical Staff shall be supportive of and congruent with these Medical Staff Bylaws. In the event there are conflicts, the Medical Staff Bylaws will take precedence.

- Reviewed and adopted by the Medical Staff on August 14, 2025.

Olusina Akande, M.D.
Chief of Staff

- Approved by the Board of Directors on August 25, 2025.

Jessica McClintock Glover, M.D.
Chairman of the Board

Reviewed and Approved by Medical Staff 11/3/05; 2/9/06; 4/6/06; 3/09; 3/1/12; 5/10/13, 9/12/16, 9/5/19, 6/22/22, 6/25/24, 8/14/25
Reviewed and Approved by Board of Trustees/Directors 5/15/06; 3/09; 3/26/12; 5/20/13, 9/26/16, 9/23/19, 7/25/22, 8/26/24, 8/25/25

DEFINITION OF TERMS

1. **BOARD CERTIFICATION** - Specialty certification and recertification obtained through appropriate boards of the American Board of Medical Specialties, American Osteopathic Association, American Board of Physician Specialties, American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Medicine or the American Board of Foot and Ankle Surgery.
2. **BOARD OF DIRECTORS** or **BOARD** - The governing body of Parkview Logansport Hospital, who has the overall responsibility for the conduct of the hospital.
3. **PRESIDENT** - The individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital.
4. **CHIEF MEDICAL OFFICER -** A physician, employed by or otherwise serving the hospital on a full or part-time basis, whose duties include certain responsibilities which are both administrative and clinical in nature. Clinical responsibilities are defined as those involving professional capability as a provider, such as to require the exercise of clinical judgment with respect to patient care and include the supervision of professional activities of providers under his direction.
5. **CLINICAL PRIVILEGES** or **PRIVILEGES** - The permission granted by the Board of Directors to qualified individuals to render specific diagnostic, therapeutic, medical, or surgical services, and includes other circumstances pertaining to the furnishing of medical care under which a physician or other licensed healthcare provider is permitted to furnish such care.
6. **EX OFFICIO** - Service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.
7. **HOSPITAL**- means Parkview Logansport of Logansport, Indiana.
8. **MEDICAL EXECUTIVE COMMITTEE or MEC** - the Executive Committee of the Medical Staff.
9. **MEDICAL STAFF** or **STAFF** - The formal organization of all providers with an unlimited license to practice medicine in Indiana who are given privileges to attend to patients in the hospital.
10. **ORAL MAXILLOFACIAL SURGEON** – An individual with either a D.D.S. or D.M.D., who then completes further training and is certified by the American Board of Oral and Maxillofacial Surgery, with an unlimited license to practice oral maxillofacial surgery in the state of Indiana.
11. **PHYSICIAN** - An individual with an M.D. or D.O. degree with an unlimited license to practice medicine in Indiana.
12. **PODIATRIST** – An individual with a D.P.M, who then completes further training and is certified by the American Board of Podiatric Medicine or the American Board of Foot and Ankle Surgery with an unlimited license to practice podiatry in the state of Indiana.
13. **PREROGATIVE** - A participatory right granted, by virtue of staff category or otherwise, to a staff member and exercisable subject to the conditions imposed in these bylaws and in other hospital and medical staff policies.
14. **PROVIDER** - Unless otherwise expressly limited, any physician, podiatrist, or oral maxillofacial surgeon applying for or exercising clinical privileges in this Hospital.
15. **SPECIAL NOTICE** - Written notification sent by electronic mail, certified or registered mail - return receipt requested, or by hand delivery.

Words used in these Bylaws shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

PREAMBLE

WHEREAS, Parkview Logansport Hospital is a county hospital organized under the laws of the State of Indiana; and

WHEREAS, its purpose is to serve as a general hospital providing patient care, education and research; and

WHEREAS, the Board of Directors of Parkview Logansport Hospital recognizes that each provider appointed to the Medical Staff has responsibility for the exercise of professional judgment in the care and treatment of patients; and

WHEREAS, the Board, in accordance with legal and accreditation requirements, has delegated to the Medical Staff, through its clinical service and other committees, the duties and responsibilities set forth in these Bylaws for supervising and monitoring the quality of care provided by providers and others at the hospital, and for making recommendations concerning application for appointment, for reappointment, and for clinical privileges; and

WHEREAS, the Medical Staff recognizes and accepts its role and responsibilities in the efforts of the hospital to foster prevention, amelioration and cure of illness, disease and injury, and to provide or assist in providing medical education and continuing medical education for Medical Staff Appointees, and other health care professionals, and

WHEREAS, the Medical Staff recognizes and accepts its responsibility for the quality of medical care provided to patients by the hospital, both admitted to the hospital and treated in the ambulatory departments;

THEREFORE, to discharge those duties and responsibilities, and to provide for an orderly process concerning matters of election, meetings, duties and procedures, the officers, clinical sections, and committees of the Medical Staff as described in these Bylaws assume responsibility for fulfilling those duties and functions delegated to them by the Board of Directors.

ARTICLE 1: PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

1.1 PURPOSES: The purposes of the Medical Staff are:

1.1-1 To be the formal departmentalized structure through which the benefits of appointment to the Medical Staff may be obtained by individual providers and the obligations of Staff appointment may be fulfilled.

1.1-2 To serve as the primary means for accountability to the Board for the appropriateness of the professional performance and ethical conduct of its Medical Staff Appointees and to strive toward the continual upgrading of the quality and efficiency of patient care delivered in the hospital or ambulatory setting consistent with the state of the healing arts and the resources locally available.

1.1-3 To be responsible to the Board for the quality of medical care provided to patients by the hospital.

1.1-4 To provide a means through which the Medical Staff may participate in the hospital's policy making and planning process.

1.2 RESPONSIBILITIES: The responsibilities of the Medical Staff are to:

1.2-1 Account to the Board for the quality and efficiency of patient care provided by all providers authorized to practice in the hospital or ambulatory setting through the following measures:

A. Review and evaluation of the quality of patient care through a valid and reliable peer review, OPPE and FPPE process, and periodically conduct appraisals of medical staff members, per the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

B. An organizational structure and mechanism that allows ongoing monitoring of patient care practices.

C. A credentials program, including mechanisms for appointment and reappointment and the matching of clinical privileges to be exercised or of specified services to be performed with the verified credentials and current demonstrated performance of the Applicant or Medical Staff Appointee.

D. Supervise the maintenance of continuing medical education by the medical staff through the medical staff office and credentials committee. Medical Staff shall be expected to obtain CME as designated by the board through which they are certified, or through the board which would be most similar to the field in which they practice, for those providers who are not board-certified. If the performance improvement program, the peer review program or the quality assessment program gives evidence of a specific educational need for the medical staff, an appropriate program shall be designed.

E. A utilization review program to provide for the allocation of medical and health services to patients in need of them.

1.2-2 Recommend to the Board action with respect to Medical Staff appointments, reappointments, staff category and clinical service assignments, clinical privileges, specified services and corrective action.

1.2-3 Recommend to the Board programs for the establishment, maintenance, continuing improvement and enforcement of professional standards in the delivery of health care within the hospital.

1.2-4 Account to the Board for the quality and efficiency of patient care through regular reports and recommendations concerning the implementation, operation and results of the quality program and peer review activities.

1.2-5 Initiate and pursue corrective action with respect to providers, when warranted.

1.2-6 Develop, administer, recommend amendments to and seek compliance with these Bylaws, the Rules and Regulations of the Medical Staff and other medical staff policies, and assist the hospital in developing and complying with other hospital policies.

1.2-7 Assist in identifying community health needs and in setting appropriate institutional goals and implementing programs to meet those needs.

1.2-8 Exercise the authority granted by these Bylaws as necessary to adequately fulfill the foregoing responsibilities.

ARTICLE 2: CATEGORIES OF THE MEDICAL STAFF

2.1 CATEGORIES: All appointments to the Medical Staff shall be made by the Board of Directors and shall be to one of the following categories of the staff: Active, Associate, Courtesy, Consulting, Honorary or Affiliate. All Appointees shall be assigned to at least one specific clinical section, but shall be eligible for clinical privileges in other clinical sections as applied for and recommended pursuant to these Bylaws, and approved by the Board. Failure of Medical Staff appointees to maintain qualifications and meet responsibilities listed in this article shall result in activation of investigations and/or corrective processes as defined in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

2.2 ACTIVE STAFF:

2.2-1 QUALIFICATIONS: The Active Staff shall consist of physicians who are doctors of medicine or doctors of osteopathy. It also shall include designated providers who are included in the definition in Section 1861 of the Social Security Act, and 42 CFR 482.12(c) (1), who are determined to be eligible for appointment by the Board of Directors, hereby designated to include doctors of podiatric medicine and doctors of dental surgery or of dental medicine who have successfully specialized as an oral maxillofacial surgeon. Each of these providers shall:

A. Meet the basic qualifications set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, including Section 1.1–2 A, B, C, D, and E.

B. Have served on the Associate Staff for at least one year prior to becoming eligible for advancement to the Active Staff.

C. Be located closely enough to the hospital to provide continuous care to their patients, or be hospital based. On-call providers are expected to be located within the geographic proximity of the Hospital to fulfill their Medical Staff responsibilities, to provide timely and continuous care for their patients in the Hospital, and respond in a reasonable time, as defined by specialty and/or call responsibility. This may be more specifically designated by the credentials committee or MEC in the credentialing and clinical privileging forms and in the appropriate medical staff policies.

D. Regularly attend, admit or be involved in the treatment of patients in the hospital, or provide care to patients in the ambulatory setting either on the hospital campus or in the hospital associated satellite offices.

2.2-2 PREROGATIVES: The prerogatives of an Active Staff appointee shall be to:

A. Attend, admit, and/or be involved in the treatment of patients, without limitation, unless otherwise provided in the Medical Staff Rules and Regulations, or section 2.2-4.

B. Exercise such clinical privileges as are granted to him pursuant to the Policy on Medical Staff Appointment, Reappointment, and Clinical Privileges.

C. Vote on all matters presented at general and special meetings of the Medical Staff, and of the section and committees of which he is an appointee, unless otherwise provided by resolution of the Staff, such section or committee and approved by the Medical Executive Committee and the Board of Directors.

D. Hold office in the Staff organization and in the section and committees of which he is an Appointee, unless otherwise provided by resolution of the Staff, such section or committee and approved by the Medical Executive Committee and the Board of Directors.

2.2-3 RESPONSIBILITIES: Each Appointee to the Active Staff shall:

A. Meet the basic responsibilities set forth in the Policy on Medical Staff Appointment, Reappointment, and Clinical Privileges and comply with the Medical Staff Bylaws and Rules & Regulations.

B. Retain responsibility within his area of professional competence for the continuous care and supervision of each patient in the hospital or ambulatory setting for whom he is providing services, or arrange a suitable alternative for such care and supervision. Each appointee shall also be responsible for requesting and responding to consultations when required by the patients.

C. Abide by the ethical principles of his profession as per the “Ethics Manual” of the American College of Physicians, the “Code of Ethics” of the American Osteopathic Association, the “Code of Professional Conduct” of the American College of Surgeons, the “Code of Medical Ethics” of the American Medical Association, the “Code of Ethics” of the American Podiatric Medical Association and/or the “Code of Professional Conduct” of the American Association of Oral and Maxillofacial Surgeons. Physicians and Providers will also abide by the Parkview Logansport Hospital “Code of Conduct” and “Standards of Behavior”.

D. Actively participate in performance improvement and peer review activities required by the Medical Staff, including the Quality Performance Improvement Plan. This may include committee activity, continuing education, supervising initial appointees of his same profession, participating in the obligations for providing care to an individual with an emergency medical condition in the hospital as outlined in Policy #1479, “Provision of On-Call Coverage” and, discharging such other Staff functions as may be required from time to time.

2.2-4 LIMITATIONS: Appointees to the Anesthesia, Emergency Medicine, Pathology and Radiology services shall not be granted admitting privileges, and thus shall not be permitted to admit unassigned patients to their own service while providing coverage in their respective sections.

2.3 ASSOCIATE STAFF:

2.3-1 QUALIFICATIONS: The Associate Staff shall consist of providers as defined in 2.2-1, each of whom:

A. Will be considered for advancement to the Active Staff as outlined in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

B. Satisfies the qualifications set forth in Section 2.2-1 for Active Staff.

2.3-2 PREROGATIVES: The prerogatives of an Associate Staff Appointee shall be to attend, admit and/or be involved in the treatment of patients under the same conditions as specified for Active Staff Appointees in section 2.2-2 A, B and C.

2.3-3 RESPONSIBILITIES: Each Appointee of the Associate Staff shall be required to discharge the same responsibilities as those specified in Section 2.2-3 for Appointees of the Active Staff. Failure to fulfill those responsibilities shall be grounds for denial of advancement to Active Staff status.

2.3-4 LIMITATIONS: Associate Staff Appointees shall not be eligible to hold office in this Medical Staff organization. Appointees to the Anesthesia, Emergency Medicine, Pathology and Radiology services shall not be granted admitting privileges and thus shall not be permitted to admit unassigned patients to their own service while providing coverage in their respective departments.

2.4 COURTESY STAFF:

2.4-1 QUALIFICATIONS: The Courtesy Staff shall consist of providers as defined in Section 2.2-1, and who satisfy the qualifications set forth in that section, each of whom:

A. Meets the basic qualifications set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

B. Is located closely enough (office or residence) to the hospital, or otherwise arranges, to provide continuous care to his patients.

C. Occasionally be providing care to patients in the hospital or ambulatory setting except for specialties that do not normally have admitting privileges.

D. Is an Appointee of the Active or Associate Staff of another hospital where he actively participates in evaluation and monitoring activities similar to those required of the Active Staff of this hospital.

In the event that a Courtesy Staff Appointee is not an Active or Associate Staff member at another hospital, he shall be involved in evaluation and monitoring activities at Parkview Logansport Hospital as provided for in these Bylaws.

2.4-2 PREROGATIVES: The prerogatives of a Courtesy Staff Appointee shall be:

A. Attends, admits and/or is involved in the treatment of patients to the hospital or ambulatory setting within the limitations provided in Section 2.4-1 C and under the same conditions as specified in Section 2.2-2 A and B for Active Staff Appointees.

2.4-3 RESPONSIBILITIES: Each Appointee of the Courtesy Staff shall be required to discharge the basic responsibilities specified in Section 2.2-3 A, B, and C.

2.4-4 LIMITATIONS: Courtesy Staff appointees who regularly admit patients or regularly care for patients at Parkview Logansport Hospital shall, upon review by the

Credentials Committee, be obligated to seek appointment to the appropriate Staff category.

A. Courtesy Staff Appointees shall not be eligible to vote or hold office in this Medical Staff organization.

B. Courtesy Staff Appointees in Anesthesia, Emergency Medicine, Pathology and Radiology shall have the same limitations as stated in 2.2-4 for Active Staff.

2.5 CONSULTING STAFF:

2.5-1 QUALIFICATIONS: The Consulting Staff shall consist of those providers who demonstrate competence and special skills in a specialty area; and who are appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients. Consulting providers shall:

A. Meet the basic qualifications set forth in Section 2.2–1 of these Bylaws, and in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

B. Satisfy the requirement set forth in Section 2.4-1 D.

2.5-2 PREROGATIVES:

A. To consult on patients admitted by Appointees of the Active, Associate, or Courtesy Staff.

B. Exercise such clinical privileges as are granted to him pursuant to the Policy on Medical Staff Appointment, Reappointment, and Clinical Privileges.

2.5-3 RESPONSIBILITIES: To discharge the basic responsibilities specified in Section 2.2-3 A, B. and C.

2.5-4 LIMITATIONS: Consulting Staff Appointees shall not be eligible to vote or hold office in this Medical Staff organization. Consulting Staff Appointees must consult at least occasionally on an inpatient or outpatient basis or relinquish their Consulting status.

2.6 HONORARY STAFF:

2.6.1 QUALIFICATIONS: The Honorary Staff shall consist of providers recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous long-standing service to the hospital, not necessarily residing in the community.

2.6-2 RESPONSIBILITIES: Each Appointee of the Honorary Staff shall be required to:

A. Abide by the Medical Staff Bylaws and all other lawful standards, policies and rules of the hospital.

B. Abide by the ethical principles of their profession as noted in 2.2-3 C.

2.6-3 LIMITATIONS: Honorary Staff Appointees are not eligible to admit patients to the hospital or to exercise clinical privileges in the hospital or ambulatory setting. Honorary Staff Appointees shall not be eligible to vote or hold office in this Medical Staff organization.

2.7 LIMITATION OF PREROGATIVES: The prerogatives set forth under each staff category are general in nature and may be subject to limitation by special conditions attached to a provider's Medical Staff appointment, by other Sections of these Bylaws, and by other policies of the hospital.

2.7-1 Providers Providing Contractual Professional Services:

A. Exclusivity Policy: It is the policy of the hospital medical staff that certain Hospital facilities shall be used on an exclusive basis in accordance with contracts between the Hospital and qualified providers or groups of providers. Applications for initial appointment or for Clinical Privileges related to those Hospital facilities and services will not be accepted for processing unless submitted in accordance with an existing or proposed contract with the Hospital. The Medical Staff shall be consulted on matters of medical staff contractual exclusivity.

B. Qualification: A provider who is or who will be providing specified professional services pursuant to a contract with the Hospital must meet the same appointment qualifications, must be processed for appointment, reappointment and clinical privileges in the same manner and must fulfill all of the obligations of his appointment category as any other Applicant or Medical Staff Appointee.

C. Effect of Medical Staff Appointment Termination: Because practice at the Hospital is always contingent upon continued Medical Staff appointment and is also limited by the clinical privileges granted to a provider, a provider's right to use the Hospital's facilities is automatically terminated when Medical Staff appointment expires or is terminated. Similarly, if a provider's clinical privileges are diminished or revoked, the existence of a contract does not affect such diminishment or revocation.

D. Effect of Contract Expiration or Termination:

1. The effect of expiration or other termination of a contract upon a provider's Medical Staff appointment status and clinical privileges will be governed solely by the terms of the provider's contract with the hospital.
2. If the contract is silent on the matter or if there is no written contract, then contract expiration or other termination alone will not affect the provider's Medical Staff appointment status or clinical privileges except that the provider may not thereafter exercise any clinical privileges for which exclusive contractual arrangements have been made.

ARTICLE 3: STRUCTURE OF THE MEDICAL STAFF

3.1 GENERAL:

3.1-1 MEDICAL STAFF YEAR: For the purpose of these Bylaws the medical staff year commences on the 1st day of January and ends on the 31st day of December each year.

3.1-2 DUES: All appointees to the Medical Staff shall pay dues to the hospital's medical staff account as may be required by the MEC and approved by the Board.

3.2 OFFICERS:

3.2-1 GENERAL OFFICERS: The General Officers of the Medical Staff shall be:

A. CHIEF OF STAFF

B. CHIEF OF STAFF-ELECT

C. IMMEDIATE PAST CHIEF OF STAFF

3.2-2 QUALIFICATIONS: Only those Medical Staff Appointees who satisfy the following criteria shall be eligible to serve as General Officers:

A. General Officers must be Physician Appointees of the Active Staff at the time of nomination and must remain Appointees in good standing during their term in office.

B. Have no pending adverse recommendations concerning Staff appointment or clinical privileges.

C. Have demonstrated interest in maintaining quality medical care at the hospital.

D. Have constructively participated in medical staff affairs; including peer review.

E. Possess and have demonstrated ability for harmonious interpersonal relationships.

All General Officers must possess at least the above qualifications during their office. Failure to do so shall automatically create a vacancy in the office involved.

3.2-3 DUTIES OF GENERAL OFFICERS:

A. CHIEF OF STAFF: *Provide leadership to the Medical Staff, serve as the Medical Staff Peer Review Officer, fulfill the responsibilities of the Chief of Staff job description as contained in the appropriate Medical Staff Policy.*

B. CHIEF OF STAFF-ELECT: *Aid the Chief of Staff in providing leadership to the Medical Staff, serve as the Performance Improvement and Clinical Indicator coordinator for the Medical Staff, fulfill the responsibilities of the Chief of Staff Elect job description as contained in the appropriate Medical Staff Policy.*

C. IMMEDIATE PAST CHIEF OF STAFF: The Immediate Past Chief of Staff shall be a member of the Medical Executive Committee and shall perform such other advisory duties as are assigned to him by the President, the Medical Executive Committee or the Board.

3.2-4 NOMINATIONS: The Nominating Committee shall consist of the Chief of Staff and the previous two (2) Chiefs of Staff.

A. By Nominating Committee: The Medical Staff nominating committee shall convene each year and shall submit to the Medical Executive Committee one or more qualified nominees for each office. The names of such nominees shall be reported to the Medical Staff at least 30 days prior to the annual meeting.

B. By Petition: Nominations may also be made by petition signed by at least 20% of the Appointees of the Active Staff and filed with the Medical Executive Committee at least 30 days prior to the annual meeting. As soon thereafter as reasonably possible, the names of these additional nominees shall be reported to the Medical Staff.

C. By Other Means: If, before the election, all of the individuals nominated for an office pursuant to Sections 3.2-4 A and B shall refuse, be disqualified from, or otherwise be unable to accept nomination, then the nominating committee shall submit one or more substitute nominees at the annual meeting, and nominations shall be accepted from the floor.

3.2-5 ELECTION: General Officers shall be elected at the annual meeting of the Staff in each year. Only Staff Appointees accorded the prerogative to vote for General Staff Officers under Article 2 shall be eligible to vote. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a

majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes.

3.2-6 EXCEPTIONS: Sections 3.2-4 and 3.2-5 shall not apply to the offices of Chief of Staff and Immediate Past Chief of Staff. The Chief of Staff-Elect shall, upon the completion of his term of office in that position, immediately succeed to the office Chief of Staff, and then to the office of Immediate Past Chief of Staff.

3.2-7 TERM OF ELECTED OFFICE: Each Officer shall serve a one year term, commencing on the first day of the medical staff year following his election. Each Officer shall serve until the end of his term and until a successor is elected, unless he shall sooner resign or be removed from office.

3.2-8 REMOVAL OF GENERAL STAFF OFFICERS: Except as otherwise provided, removal of a General Staff Officer may be initiated by the Board acting upon its own recommendation or by a 2/3 vote of the Appointees of the Medical Staff eligible to vote for Staff Officers. Removal may be based only upon failure to perform the duties of the position held as described in these Bylaws. If a General Staff Officer is deemed a medico-administrative officer, his removal shall be accomplished pursuant to the Board of Directors Rules and Regulations.

3.2-9 VACANCIES IN ELECTED OFFICE: Vacancies in offices, other than those of the Chief of Staff, and Chief of Staff-Elect, shall be filled by the Medical Executive Committee. If there is a vacancy in the office of Chief of Staff, the Chief of Staff-Elect shall serve out the remaining term. A vacancy of the office of Chief of Staff-Elect shall be filled by a special election conducted as reasonably soon after the vacancy occurs as possible following the general mechanism outlined in Sections 3.2-4 and 3.2-5.

3.3 OTHER OFFICIALS OF THE MEDICAL STAFF: Other officials of the Medical Staff may include Chief Medical Officer, Section Chiefs, a Director of Medical Education, Academic Chiefs and such other officials as may be selected pursuant to these Bylaws. To the extent that any such official performs any clinical functions, he must become and remain an Appointee of the Medical Staff. In all events, they are subject to these Bylaws, the Medical Staff Rules and Regulations and all other lawful policies of the hospital.

3.3-1 SECTION CHIEF:

A. Qualifications: Each Section Chief shall be a Physician Appointee of the Active Staff, shall have demonstrated ability in the clinical area covered by the section shall be board certified or possess comparable competence and shall be willing and able to faithfully discharge the functions of his office. Section Chiefs shall also satisfy the criteria as stipulated in *the Section Chief job description as contained in the appropriate Medical Staff Policy.*

B. Selection and Tenure:

1. All Medical Staff Section Chiefs shall be appointed by the Board after considering the recommendations of the clinical sections involved. Appointment of Section Chiefs shall occur prior to the first section meeting of the medical staff year. Each Section Chief shall serve for a recommended two year term or until a new Section Chief is appointed. A Section Chief shall be able to succeed their self.
2. Removal of a Section Chief during their term of office may be initiated by a two-thirds majority vote of the appointees of the staff eligible to vote in that

Section, but no such removal shall be effective unless and until it has been ratified by both the MEC and the Board.

3.4 MEETINGS OF THE MEDICAL STAFF:

3.4-1 GENERAL STAFF MEETINGS:

A. Biannual Medical Staff Meeting: Regular meetings of the Medical Staff shall be held in the second and fourth quarter of the year. Written notice of the meeting shall be sent to all Medical Staff members and conspicuously posted.

1. The agenda for the meeting during the last quarter of the year shall include a report on the activities of the Medical Staff, the election of the General Officers, and other business as may be appropriate and as may be placed on the agenda by the Chief of Staff, or by request of at least 20% of the Medical Staff members present. Written minutes of the meeting shall be prepared and recorded.
2. The order of business at the second quarter meeting shall be determined by the Chief of Staff. The agenda may include:
    a. Reading and acceptance of the minutes of the last regular and of all special meetings held since the last regular meeting.
    b. Administrative reports from the President, the Chief of Staff, sections and hospital committees.
    c. Educational program of interest to the Medical Staff.
    d. Discussions and recommendations for improving patient care within the hospital or ambulatory setting, when indicated.

B. Special Meetings: Special meetings of the Medical Staff may be called at any time by the Board, the Chief of Staff, the Medical Executive Committee or not less than 20% of the Active Staff Appointees and shall be held at the time and place designated in the meeting notice. No business shall be transacted at any special meeting except that stated in the meeting notice.

3.4-2 PROVISIONS COMMON TO ALL MEETINGS:

A. Notice of Meetings: Written, electronic or printed notice stating the place, day and hour of any general staff meeting, or any special meeting of the Medical Staff shall be delivered either personally, electronically or by mail to each person entitled to be present at least five (5) working days before the date of such meeting. Notice regarding Medical Executive Committee meeting, section meeting, committee meeting, or any other meeting, shall be delivered at least 5 working days before the date of such meeting, either as described above or orally. If mailed, the notice of the meeting shall be deemed delivered 72 hours after deposited, postage prepaid, in the United States mail addressed to each person entitled to such notice at his address as it appears on the records of the hospital. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

B. Quorum / Attendance Requirements: The Medical Staff considers it to be the responsibility of all credentialed providers to participate in medical staff functions and committee activities. Such participation will be recorded, and will be available for consideration during the reappointment process. The quorum and attendance requirements for the following meetings shall be:

1. Medical Staff Meetings: Those present and voting / Members of the Medical Staff are encouraged but not required to attend meetings of the Medical Staff.
2. Medical Executive Committee Meetings: Fifty percent (50%) of the voting members of the committee / Members of the MEC are expected to attend at least fifty percent (50%) of the meetings held.
3. Committee/Section Meetings: Those present and voting or as determined by the Section according to Medical Staff Bylaws 5.4-4 / Members of the Credentials Committee are expected to attend at least fifty percent (50%) of the meetings held. Medical Staff committees and medical staff sections are authorized to determine their own meeting attendance requirements.

C. Special Attendance Requirements:
1. Whenever a staff or department educational program is prompted by findings of quality assessment/improvement activities, the provider whose performance prompted the program will be notified of the time, date, and place of the program, the subject matter to be covered, and its special applicability to the provider's practice. Except in unusual circumstances, the provider shall be required to be present. If the Chief of Staff or Section Chief believes that it is appropriate, such quality improvement/educational activities may be designated as mandatory for the entire staff or any appropriate portion thereof.
2. Whenever a pattern of suspected deviation from standard clinical or professional practice is identified, the President, Chief of Staff, or the applicable Section Chairman may require the provider to confer with them, the MEC or an ad hoc committee in regard to the matter. The provider will be given notice of the meeting at least 5 working days before the date of such meeting. Such notice may be delivered in writing personally, electronically or by mail. Such notice will include the date, time, and location, a statement of the issue involved, and a statement that the provider's appearance is mandatory. Failure of the provider to appear at any such conference, unless excused by the MEC upon showing good cause, will result in an automatic administrative relinquishment of all or such portions of the provider's clinical privileges as the MEC may direct. Such a meeting is not a fair hearing, and no advisory or legal representation is allowed. Such a meeting may not be recorded.

D. Manner of Action: Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. Action may be taken without a meeting by a section or committee by writing setting forth the action so taken signed by each member entitled to vote thereat. Any individual, by virtue of position, attending a meeting in more than one capacity shall be entitled to only one (1) vote.

E. Rules of Order: Wherever they do not conflict with these bylaws, the currently revised "Robert's Rules of Order" shall govern all meetings and elections.

F. Minutes: Minutes of all meetings shall be prepared by the Medical Staff Office or designee of the meeting and shall include the vote taken on each matter. The minutes shall be signed by the presiding Officer, approved by the attendees, forwarded to the Medical Executive Committee and made available to the Medical Staff. A permanent file of the minutes of each meeting shall be maintained by the hospital.

ARTICLE 4: PROVIDER BILL OF RIGHTS

4.1 RIGHT TO A HEARING/APPEAL: Any provider has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan (as defined in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, ARTICLE 3: FAIR HEARING PROCESS). When any provider who is either an appointee of the medical staff or an applicant to the medical staff received notice of a proposed recommendation of the MEC, the governing body, or any committee of either, that could adversely affect the providers appointment to, application for, or status as an appointee of the medical staff, or the providers right to exercise clinical privileges as an appointee of the medical staff, the provider shall be entitled to a hearing and an appellate review as set forth in the institution's Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, Article 3.

Any of the following actions or recommended actions may constitute grounds for use of the Fair Hearing Process:

A. Denial of initial medical staff appointment;
B. Denial of requested advancement in medical staff status or category;
C. Denial of medical staff reappointment;
D. Involuntary change of medical staff category;
E. Suspension of medical staff appointment status;
F. Revocation of medical staff appointment;
G. Denial of requested initial clinical privileges excluding temporary privileges (unless such denial of temporary privileges acts as a denial of an application for appointment);
H. Denial of requested increased clinical privileges;
I. Involuntary reduction of current clinical privileges;
J. Suspension of clinical privileges for a period of longer than fourteen, (14) days;
K. Termination of all clinical privileges for a period of longer than fourteen, (14) days;
L. Involuntary imposition of significant consultation or monitoring requirements (excluding monitoring incidental to provisional staff status);
M. Any other action that the Hospital would have a duty to report pursuant to IC 16-21-2-6.

4.2 RIGHT TO BE INVOLVED IN DECISION MAKING: Providers have the right to be involved in medical staff decision making. This right may be exercised in any of the following ways:

4.2-1 Each provider on the Medical Staff has the right to request an audience with the Medical Executive Committee. The provider is required to make a diligent and good faith effort to resolve any disputes with his/her respective section chair prior to requesting to meet with the MEC. In the event a provider is unable to resolve a difficulty working with his/her respective section chair, that provider may, upon presentation of a written notice, request to meet with the MEC to discuss the issue.

4.2-2 Any provider may raise a challenge to any rule or policy established by the Medical Executive Committee. In the event that a rule, regulation or policy is felt to be inappropriate, any provider may submit a petition specifying the rule or policy to be

challenged, signed by 20% of the members of the Active Staff. When such petition has been received by the MEC, it will either: (1) provide the petitioners with information clarifying the intent of such rule, regulation, or policy and/or (2) schedule a meeting with the petitioners to discuss the issue. No business other than that in the petition may be transacted.

4.2-3 Any provider has the right to initiate a petition to call a section meeting to discuss a specific issue. The petition must request the scheduling of a section meeting and specify the business to be discussed. Upon presentation of a petition signed by 20% of the Active Staff members of the section, the section chair will schedule a section meeting for the specific purpose addressed by the petitioners. No business other than that in the petition may be transacted.

4.2-4 Any provider has the right to initiate a petition to call a general staff meeting to discuss a specific issue. The petition must request the scheduling of a general staff meeting and specify the business to be discussed. Upon presentation of a petition signed by 20% of the members of the Active Staff, the Chief of Staff will schedule a general staff meeting for the specific purpose addressed by the petitioners. No business other than that in the petition may be transacted.

4.2-5 Any provider has the right to initiate a recall election of a Medical Staff officer and/or section chairman. A petition for such recall must be presented, signed by at least 25% of the members of the Active and Associate Staff, or in the case of the section chairperson, the members of the Active and Associate staff in that section. Upon presentation of such valid petition, the MEC will schedule a special general staff meeting for purposes of discussing the issue and, if appropriate, entertain a vote. This is further discussed in the Bylaws 3.2-8 and 3.3-1B2.

ARTICLE 5: CLINICAL SECTIONS

5.1 ORGANIZATION OF CLINICAL SECTIONS: Parkview Logansport Hospital Medical Staff shall be departmentalized into four (4) clinical sections, each of which functions under the Medical Executive Committee. Each clinical section shall be organized as a separate part of the Medical Staff and shall have a Section Chief who is selected and has the authority, duties and responsibilities as specified in Article 3. When deemed appropriate, the Medical Executive Committee and the Board, by their joint action, may create a new, eliminate, subdivide or combine the clinical sections, or may reorganize the staff into a different departmentalized structure. The reduction, suspension or termination of a providers clinical privileges resulting solely from the elimination, subdivision or combination of clinical sections pursuant to this Article 5 shall not be deemed to be a professional review action or disciplinary action of any kind, and shall not give rise to any hearing or appeal rights.

5.2 LIST OF CURRENT CLINICAL SECTIONS: Because of the limited size of many specialties, certain specialties shall meet with related specialties to conduct service activities and peer review. The following specialties shall meet and conduct business as separate sections:

OB-Newborn Section – Obstetrics & the hospital-based care of newborn infants up to 28 days of age.

Surgery Section – Surgery including surgical subspecialties, Anesthesia and Pathology. This section shall also be responsible for ambulatory care provided in the surgical and surgical subspecialty offices.

Hospital Care Section – Shall be responsible for all areas of hospital-based care not included above. This shall thus include but not be limited to Pediatrics (above 28 days), Hospitalist, Emergency Medicine, Radiology, and all Consulting Specialists not included above.

Ambulatory Section – Ambulatory care provided in the Internal Medicine, Family Practice, Pediatrics, Express Medical Center, Primary Care satellite offices and office-based ambulatory care provided by members of the Medical Staff in offices on the campus of Parkview Logansport Hospital.

5.3 ASSIGNMENT TO CLINICAL SECTIONS: Each Active, Associate, Consulting and Courtesy Appointee to the Staff shall be assigned membership in one clinical "Home" section, but may be granted membership and/or clinical privileges or specified services in one or more of the other sections. The exercise of clinical privileges or the performance of specified services within any section shall be subject to the Rules and Regulations and the authority of the Section Chief. In conducting the business, including peer review activities of each section, all active and associate staff shall be eligible to vote on all matters presented. Voting rights of consulting staff, courtesy staff, Allied Health professionals such as Dentists and Optometrists, and Dependent Practitioners such as Nurse Practitioners, Certified Registered Nurse Anesthetists and Physician Assistants shall be determined by the Section, subject to approval of the Medical Executive Committee. The granting of voting rights in a section shall not be deemed to provide any individual with medical staff membership.

5.4 FUNCTIONS OF CLINICAL SECTIONS: The primary responsibility delegated to each clinical section is to implement and conduct specific peer review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the section. To carry out this responsibility, each section shall:

5.4-1 Conduct focused and ongoing professional practice evaluation (FPPE and OPPE) analysis, review and evaluation of the quality of care within the section. The number of such reviews to be conducted during the year shall be as determined by the Medical Executive Committee, but shall not be less than the number currently required by Regulatory Standards or the number required by law. Each section shall review clinical work performed under its jurisdiction whether or not any particular provider whose work is subject to such review is a member of the section. Results of such reviews and evaluations shall be provided/available to both the MEC and the Credentials Committee.

5.4-2 Each clinical section shall recommend, subject to approval and adoption by the Board, objective criteria that reflect current knowledge and clinical experience. These criteria shall be used by each section and by the hospital's performance improvement program in the monitoring and evaluation of patient care. When important problems in patient care and clinical performance or opportunities to improve care are identified, each section shall document the actions taken and evaluate the effectiveness of such action.

5.4-3 Provides input to the Board of Directors in establishing guidelines for the granting of clinical privileges and the performance of specified services within the section as noted in the Policy on Medical Staff Appointment, Reappointment, and Clinical Privileges, regarding the specific privileges each medical staff appointee or applicant may exercise.

5.4-4 Determine meeting attendance requirements and direct such requirements to the Medical Executive Committee and Credentials Committee.

5.4-5 Participate in the formation and when indicated revision of medical staff and other hospital policies and procedures.

5.4-6 Support and advise hospital administration and the medical staff office, on a continuing and concurrent basis, in regard to medical staff member adherence to:

A. Staff and hospital policies and procedures;

B. Requirements for alternate coverage and for consultations;

C. Sound principles of clinical practice; and

D. Fire and other regulations designed to promote patient safety.

5.4-7 Coordinate the patient care provided by the section's members with nursing and ancillary patient care services and with administrative support services.

5.4-8 Meet at least quarterly for the purpose of receiving, reviewing and considering patient care evaluation and monitoring activities and of performing or receiving reports on other section and staff functions.

5.4-9 Submit ongoing reports to the MEC and Board of Directors on the overall quality and efficiency of medical care provided in the hospital and other peer review, evaluation and monitoring activities.

5.4-10 Establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it.

ARTICLE 6: STANDING, MULTIDISCIPLINARY AND SPECIAL COMMITTEES OF THE MEDICAL STAFF

6.1 COMPOSITION: There shall be standing, multidisciplinary and special committees of the Medical Staff responsible to the MEC as may from time to time be necessary and desirable to perform the Medical Staff functions required by these Bylaws. Medical Staff committees established to perform one or more of the Medical Staff functions required by the Bylaws shall consist of appointees to the Active and Associate categories and may include, where appropriate, Allied Health Professionals, Dependent Practitioners and representatives from hospital administration, management, nursing, medical records, pharmacy, or case management, and such other departments as are appropriate to the function(s) to be discharged.

6.2 STANDING COMMITTEES: Certain medical staff committees shall be standing committees which carry out Medical Staff functions. They are: Medical Executive Committee, Utilization Review Committee, Credentials Committee and Joint Conference Committee.

6.2-1 The term of each standing committee shall be the medical staff year defined in Bylaws 3.1-1. Committee members shall continue to be on the committee until the end of the medical staff year, or until their successor is appointed.

6.2-2 Except as otherwise provided for in these Bylaws, members of each standing committee shall be appointed yearly by the person who shall be Chief of Staff during the medical staff year for which the committee appointment applies. There shall be no limitation in the number of terms which may be served. Any appointed medical staff member may be removed at the direction of the Chief of Staff. An administrative staff committee member may be removed by action of the President.

6.2-3 Unless otherwise specifically provided, vacancies on any Medical Staff Committee shall be filled in the same manner in which the original appointment to such committee is made.

6.2-4 The President, Chief Medical Officer and the Chief of the Medical Staff or their respective designees shall be members, ex officio, without vote, on all Medical Staff Committees except the Executive Committee.

6.2-5 Except as otherwise provided in these Bylaws, persons serving as ex officio members of a committee shall have all rights and privileges of regular members thereof, except they shall not vote or be counted in determining the existence of a quorum.

6.2-6 CHAIRPERSONS:

A. All Medical Staff Committee Chairpersons, unless otherwise provided for in these Bylaws, will be appointed by the Board after receiving and considering recommendations from the person who shall be Chief of Staff during the medical staff year for which the committee appointment applies. All Chairpersons must satisfy the same qualification criteria as the General Officers, as defined in Article 3.2-2 of these Bylaws. Such appointments will be made by the Board, at its final meeting at the end of the medical staff year, for an initial term of one (1) year, unless otherwise specified in these Bylaws. Any Medical Staff Appointee who is also a member of the Board shall not be eligible to serve as the Chairperson of any standing committee of the Medical Staff.

B. After serving an initial term, a Chairperson may be reappointed by the Board for additional yearly terms based upon the Board's receiving and considering a recommendation from the Chief Medical Officer, Chief of Staff-Elect of the Medical Staff, and the President.

6.3 MEDICAL EXECUTIVE COMMITTEE:

6.3-1 COMPOSITION: A majority of the members of the MEC must be doctors of medicine or doctors of osteopathic medicine. The Medical Executive Committee shall consist of the General Officers of the Medical Staff and the Chiefs of Surgery Section, Obstetrics-Newborn Section, Ambulatory Care Section, Hospital Care Section and the ED Medical Director. The President, Chief Medical Officer, VP of Patient Care Services, and other administrators as designated by the President shall be members of the MEC, ex officio, without vote. The Chief of Staff shall be the chairperson of the MEC.

In the event a Physician is serving as a General Officer of the Medical Staff and simultaneously serving as a Clinical Section Chief, the section will recommend to the Board a Physician from their section which satisfies the criteria stipulated in Article 3.2-2 to serve on the Medical Executive Committee. This Appointee will have the same voting privileges as the other Medical Staff members of the MEC.

6.3-2 DUTIES: The duties of the Medical Executive Committee shall be:

A. They are empowered to represent and act on behalf of the Medical Staff in the intervals between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws.

B. To review and act on reports and recommendations from Medical Staff sections/committees, Quality Council report, and other assigned activities.

C. To coordinate the activities of, and policies adopted by the Medical Staff, sections, and committees, and to implement policies of the hospital that affect the Medical Staff.

D. To recommend changes in the Medical Staff structure to the Board for their consideration/approval.

E. To review and make recommendations to the Board, regarding the individual clinical privileges, appointments, and reappointments requested by the Medical Staff, Allied Health Professionals and Dependent Practitioners.

F. To recommend the mechanisms designed to review credentials and delineated Individual clinical privileges.

G. To organize the Medical Staff's role in organization-wide performance improvement activities, and establish a mechanism designed to conduct, evaluate and revise such activities.

H. To develop the mechanism by which Medical Staff appointment may be terminated.

I. To create a mechanism designed for use in the fair hearing process.

J. To provide liaison among the Medical Staff, President and Board, and make recommendations on medico-administrative hospital management matters.

K. To keep the Medical Staff informed of the regulatory accreditation programs and the accreditation status of the hospital.

L. To participate in identifying community health needs and in setting hospital goals and implementing programs to meet those needs.

M. To review the Medical Staff Bylaws, Rules and Regulations, policies, and associated documents of the Medical Staff and recommend such changes as may be necessary or desirable but will be reviewed and approved no less than every three (3) years.

6.3-3 MEETINGS, REPORTS AND RECOMMENDATIONS: The Medical Executive Committee shall meet at least quarterly, or more often if necessary, to transact pending business, and maintain a permanent record of its proceedings and actions. The agenda shall include review of the minutes of the various clinical sections and standing committees of the Medical Staff. Copies of all minutes of the Medical Executive Committee shall be transmitted to the Medical Staff, hospital administration, and the Board of Directors. The Chairperson of the MEC shall be available to meet with the Board or its applicable committee on all recommendations that the Medical Executive Committee may make. Between meetings of the Medical Executive Committee, an ad hoc committee may be called and shall be empowered to act in situations of urgent or confidential concern where not prohibited by these Bylaws.

6.4 UTILIZATION REVIEW COMMITTEE:

6.4-1 COMPOSITION: The Utilization Review Committee shall be a standing committee of the medical staff composed of no less than two (2) medical staff members and case management team members capable of performing utilization review with the medical records director as an advisor.

6.4-2 DUTIES:

A. The Utilization Review Committee must have in effect a Utilization Review Plan that provides for review of services furnished by Parkview Logansport Hospital and by members of the Medical Staff to patients entitled to benefits under the Medicare and Medicaid program (see UR Plan). The review is not limited to Medicare and Medicaid beneficiaries. The review shall consist of the following:

1. The medical necessity of admissions;
2. The appropriateness of the setting;
3. The medical necessity of extended stays;
4. The medical necessity of professional services including drugs and biologicals.

6.4-3 MEETINGS: Meetings shall have written minutes reflecting the activities of the UR committee.

6.5 CREDENTIALS COMMITTEE:

6.5-1 COMPOSITION: The Credentials Committee shall consist of the five (5) most recent past Chiefs of Staff and the appointed Chairman of the Committee, as set forth in Article 6.2-5, who are still appointees to the Active Staff. The President, Chief Medical Officer and Medical Staff Services Manager, (or their designee) and other administrators as designated by the President shall serve ex officio, without vote.

6.5-2 DUTIES: The Credentials Committee is an investigative and recommendation generating body. The duties involved in conducting, coordinating and reviewing credentials investigations and recommendations are to:

A. Review and evaluate the qualifications of each Medical Staff applicant for initial appointment, reappointment, or modification of appointment and for clinical privileges, and in connection therewith to obtain and consider the evaluations of the appropriate Section Chiefs.

B. Review and evaluate the qualifications of each Allied Health Professional and Dependent Practitioner applying to perform specified services, and in connection therewith to obtain and consider the evaluations of the appropriate Section Chiefs.

C. Submit reports to the MEC, in accordance with the Policy on Appointment, Reappointment, and Clinical Privileges, on the qualifications of each applicant for Medical Staff appointment or particular clinical privileges and of each Allied Health Professional and Dependent Practitioner for specified services. Such reports shall be based on the thorough review of credentials including but not limited to review of FPPE/OPPE, as outlined in Administration Policy #1482 and shall include recommendations with respect to appointment, staff category, clinical service affiliation, clinical privileges or specified services, and special considerations attached thereto.

D. Review and recommend application and reapplication forms for the Medical Staff, Allied Health Professionals and Dependent Practitioners.

E. Submit reports to the MEC on the status of pending applications, including the specific reasons for any inordinate delay in processing an application or request.

6.5-3 MEETINGS, REPORTS AND RECOMMENDATIONS: The Credentials Committee shall meet at least every other month or more often if necessary to accomplish its duties, shall maintain a permanent record of its proceedings and actions and shall make a written report of its recommendations to the Medical Executive Committee

and the Board of Directors. The Chairperson of the Credentials Committee shall be available to meet with the Medical Executive Committee and/or the Board of Directors on all recommendations that the Credentials Committee may make.

6.6 CREATION OF STANDING COMMITTEES: The Medical Executive Committee may, by resolution and upon approval of the Board, without amendment of these Bylaws, establish additional committees to perform one or more medical staff functions. In the same manner, the Medical Executive Committee may, by resolution and upon approval of the Board, dissolve or rearrange committee structure, duties or composition as needed to better accomplish medical staff functions. Any function required to be performed by these Bylaws which are not assigned to a standing or special committee shall be performed by the Medical Executive Committee.

6.7 MULTIDISCIPLINARY COMMITTEES: The Medical Staff participates in a leadership role with other hospital leaders in the organizations performance improvement activities which are designed to ensure that when the performance of a process is dependent on the activities of one or more individuals with clinical privileges, the Medical Staff provides leadership for the process measurement, assessment, and improvement. This multidisciplinary approach shall be discharged by the appointment of Medical Staff Appointees to such multidisciplinary hospital committees as are established and are appropriate to perform those functions. Appointment of the Medical Staff to multidisciplinary hospital committees shall be made and such committees shall operate in accordance with the hospital corporate Bylaws and the written policies of the hospital and of the medical staff*.*

This multidisciplinary approach as outlined in the hospital's quality performance improvement plan provides for:

A. A mechanism for the collection of data on processes and outcomes and to assess performance in relation to design specifications of processes, identify opportunities for improvement and review outcomes in relation to expectations.

B. A way to communicate to appropriate Medical Staff Appointees the findings, conclusions, recommendations, and actions taken to improve organizational performance.

C. A multidisciplinary approach which is integrated with the overall organization-wide quality performance improvement program.

D. Identification of individual performance issues as a result of the assessment process. When such a determination has been made, steps for appropriate peer review are undertaken and the results are considered as part of the reappointment process.

6.7-1 These multidisciplinary committees may include:

A. PHARMACY AND THERAPEUTICS COMMITTEE:
The Pharmacy and Therapeutics Committee shall be a multidisciplinary committee, including at least 2 physicians eligible for appointment to a standing committee. The composition, duties, meeting schedule, and related factors regarding this committee shall be as designated in Pharmacy Policy #6710-010.

B. MEDICAL RECORDS COMMITTEE:
The Medical Records Committee shall be a multidisciplinary committee, with at least one medical staff representative. The composition, duties, meeting schedule, and related factors regarding this committee shall be as designated in Medical Records policy.

C. QUALITY COUNCIL:
The Quality Council is sanctioned by the Board of Directors for the primary purpose of acting on behalf of the Board in overseeing the implementation, monitoring and evaluation of the quality plan. This shall fulfill the function of a multidisciplinary committee, with at least one medical staff representative, being the Chief of Staff Elect, or a different provider if so charged in the Quality Performance Improvement Plan. Amongst other functions, this group will monitor and evaluate mortality review, infection prevention and transfusion review.

D. The medical staff may participate in other multidisciplinary committees as the MEC and administration from time to time shall deem appropriate.

6.8 SPECIAL COMMITTEES: Special committees shall be created, and their members and chairpersons shall be appointed, by the Chief of the Medical Staff with the approval of the Board as required. Such committees shall confine their activities to the purpose for which they were appointed, and shall report to the Medical Executive Committee.

ARTICLE 7: CONFIDENTIALITY, IMMUNITY AND RELEASES

7.1 SPECIAL DEFINITIONS: For the purposes of this Article, the following definitions shall apply:

A. INFORMATION means record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data and other disclosures whether in written or oral form relating to any of the subject matter specified in Section 6.5-2.

B. MALICE means the dissemination of a knowing falsehood or of information with a reckless disregard for whether or not it is true or false.

C. PROVIDER means a Medical Staff Appointee or Applicant.

D. REPRESENTATIVE means a Board and any director or committee thereof; a President or his designee; a Medical Staff Organization and any member, Officer, section or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering and disseminating functions.

E. THIRD PARTIES mean both individuals and organizations providing information to any representative.

7.2 AUTHORIZATIONS AND CONDITIONS: By applying for, or exercising, clinical privileges or providing specified patient care services within this hospital, a provider:

A. Authorizes representatives of the hospital and the Medical Staff to solicit, provide and act upon information bearing on his/her professional ability and qualifications.

B. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article.

C. Acknowledges that the provisions of this Article are express conditions to his/her application for, or acceptance of, Medical Staff appointment and the continuation of such appointment or to his/her exercise of clinical privileges or provisions of specified patient services at this hospital.

7.3 CONFIDENTIALITY OF INFORMATION: Information with respect to any provider submitted, collected or prepared by any representative of this or any other health care facility or organization or Medical Staff for the purpose of achieving and maintaining quality patient care, reducing the morbidity and mortality, or contributing to clinical research shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a representative nor be used in any way except as provided herein or

except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's file or of the general hospital records.

7.4 IMMUNITY FROM LIABILITY:

7.4-1 FOR ACTION TAKEN: No representative of the hospital or Medical Staff shall be liable to a provider for damages or other relief for any action taken or statement or recommendation made within the scope of his/her duties as a representative, if such representative acts in good faith and without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement, or recommendation is warranted by such facts. Regardless of the provisions of state law, truth shall be an absolute defense in all circumstances.

7.4-2 FOR PROVIDING INFORMATION: No representative of the hospital or Medical Staff and no third party shall be liable to a provider for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this hospital or Medical Staff or to any other health care facility or organization of health professionals concerning a provider who is or has been an Applicant to or Appointee of the Medical Staff or who did or does exercise clinical privileges or provide specified services at this hospital, provided that such representative or third party acts in good faith and without malice.

7.5 ACTVITIES AND INFORMATION COVERED: 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 health care facility or organization's activities concerning, but not limited to:

7.5-1 ACTIVITIES:

A. Applications for appointment, clinical privileges or specified services.
B. Periodic reappraisals for reappointment, clinical privileges or specified services.
C. Corrective action.
D. Hearings and appellate reviews.
E. Patient care audits.
F. Utilization reviews.
G. Other hospital, section, committee or staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

7.5-2 INFORMATION: The acts, communications reports, recommendations, disclosures and other information referred to in this Article may relate to a providers professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

7.6 RELEASES: Each provider shall, upon request of the hospital, execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this state. Execution of such releases shall not be deemed a prerequisite to the effectiveness of the Article.

7.7 CUMULATIVE EFFECT: Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof, and in the event of conflict, the applicable law shall be controlling.

ARTICLE 8: MISCELLANEOUS PROVISIONS

8.1 AUTHORITY TO ACT: Any member who acts in the name of the medical staff but without proper authority will be subject to such disciplinary action as the Medical Executive Committee may deem appropriate.

8.2 DIVISION OF FEES: Any division of fees by members of the medical staff is forbidden and any such division of fees may be considered by the Medical Executive Committee as possible cause for exclusion or expulsion from the medical staff.

8.3 DISCLOSURE OF INTEREST: All nominees for election or appointment to Medical Staff offices, section chiefs, or credentials committee shall disclose in writing to the Medical Executive Committee any existing personal, professional or financial affiliations or relationships of which they are reasonably aware which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff.

8.4 ADVANCED TRAINEES: The Hospital may participate as a host facility in a postgraduate residency and/or fellowship program, or host medical school students. Any advanced trainee (fellow, resident, or medical student) shall be supervised by a provider with appropriate clinical privileges at the Hospital (Supervising Provider). This process serves as the structure for supervision by Supervising Provider of each advanced trainee in carrying out their patient care responsibilities.

8.4-1 The Supervising Institute will provide all necessary written documentation for the Hospital as host facility to credential the advanced trainee.

8.4-2 The Sponsoring Institute will provide a written description of the roles, responsibilities, and patient care activities of the advanced trainee to the Medical Executive Committee and Credentials Committee, and to the Sponsoring Provider.

8.4-3 The written description will describe the mechanism by which the Supervising Provider and the program director of the Sponsoring Institute will make decisions about each advanced trainee.

8.4-4 The Sponsoring Provider will communicate to the Sponsoring Institute and the Medical Executive Committee about the patient care, treatment and services provided by, and related educational and supervisory needs of the advanced trainees.

8.4-5 Advanced trainees are required to abide by the Medical Staff Bylaws, Rules and Regulations, and Policies of the Hospital as well as any policies of the Sponsoring Institute. As non-members of the Medical Staff, advanced trainees are not entitled to any of the benefits of the hearing and appeals rights afforded to members of the Medical Staff, nor to other prerogative and benefits afforded solely to members of the Medical Staff.

ARTICLE 9: AMENDMENTS

9.1 RESPONSIBILITY: Both the Board of Directors and the Medical Staff shall have the authority and responsibility to formulate, adopt and recommend Medical Staff Bylaws and

amendments thereto which shall be effective when approved by the Board. Such responsibilities shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of a generally recognized professional level of quality and efficiency and in maintaining a harmony of purpose and effort with the Board and the community.

9.2 METHODOLOGY: Medical Staff Bylaws may be adopted, amended, repealed, or approved by the following combined action:

9.2-1 MEDICAL STAFF ADOPTION: The affirmative vote of a majority of the Staff Appointees eligible to vote on this matter by written ballot or by action at a meeting at which a quorum is present, provided at least thirty, (30) days written notice, accompanied by the proposed Bylaws and/or alterations, has been given of the intention to take such action (absentee or mail ballots will be permitted); and

9.2-2 BOARD APPROVAL: The affirmative vote of a majority of the Board. Provided, however, that in the event that the Staff shall fail to exercise its responsibility and authority as required by Section 9.1 and after notice from the Board to such effort including a reasonable period of time for response, the Board may resort to its own initiative in formulating or amending the Medical Staff Bylaws. In such event, Staff recommendations and views shall be taken into account by the Board during its deliberations and in its actions pursuant to this Section 9.2-2.

9.3 COMMUNICATION OF AMENDMENTS: In the event there are significant changes to the Medical Staff Bylaws, Rules and Regulations, Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, and the Policy on Allied Health Professional Appointment, Reappointment, and Clinical Privileges, the Medical Staff and other individuals who have delineated clinical privileges will be provided with revised texts of the written materials or directed to the electronic versions.

9.4 REVIEW OF DOCUMENTS: The Medical Staff Bylaws, Rules and Regulations, Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, and the Policy on Allied Health Professional-Dependent Practitioner Appointment, Reappointment and Clinical Privileges, will be reviewed and updated as necessary to assure congruence with Medical Staff practice but will be reviewed and approved no less than every three (3) years.

ARTICLE 10: OTHER MEDICAL STAFF DOCUMENTS

10.1 Subject to approval by the Board, the Medical Staff (or the Medical Executive Committee) shall adopt Rules and Regulations, a Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, a Policy on Allied Health Professional-Dependent Practitioner Appointment, Reappointment and Clinical Privileges and such other policies/documents as may be necessary to implement more specifically the general principles of conduct found in these Bylaws. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each individual exercising clinical privilege in the hospital. This shall include requirements related to histories and physicals, including the updates thereof, and any exceptions thereto. Such documents shall be part of these Bylaws, and shall be supportive of, and congruent with the Bylaws. Additionally, all other medical staff policies shall be supportive of and congruent with the Medical Staff Bylaws and Rules and Regulations. Should any conflict between the Bylaws and any other medical staff policies be judged to be present by the Medical Executive Committee or other authority, such conflict shall be resolved in the favor of the Bylaws, unless such conflict is otherwise resolved by the MEC or Medical Staff. Any

conflict between any of these four policies, and any other Medical Staff policy shall be resolved in the favor of these four policies, unless such conflict is otherwise resolved by the MEC or Medical Staff.

10.2 Medical Staff documents and policies may be amended, revised or repealed by majority vote of either the Medical Executive Committee or the Medical Staff, at any such meeting at which a quorum is present, by a majority vote of those present and eligible to vote. If the changes involve the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, or the Policy on Allied Health Professional-Dependent Practitioner Appointment, Reappointment and Clinical Privileges, then the written recommendations of the Credentials Committee shall have first been received and reviewed. Changes in the Rules and Regulations, Policy on Medical Staff Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, or the Policy on Allied Health Professional-Dependent Practitioner Appointment, Reappointment and Clinical Privileges shall become effective when approved by the board.