

BYLAWS OF THE MEDICAL STAFF
MEMORIAL HOSPITAL OF SOUTH BEND, INC.
SOUTH BEND, INDIANA

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BYLAWS OF THE MEDICAL STAFF

PREAMBLE

WHEREAS, Memorial Hospital of South Bend, Inc. ("Hospital") is a non-profit corporation organized under the laws of the State of Indiana to serve as a general community hospital providing patient care, education and research with all of its activities subject to the ultimate authority of its Board of Directors; and

WHEREAS, the laws, regulations, customs and generally recognized professional standards that govern hospitals require that all practitioners practicing at a hospital be formally organized into a collegial body of professionals constituting the hospital's medical staff ("Medical Staff"), providing for its members mutual education, consultation and clinical support;

WHEREAS, a hospital's medical staff is the organizational component to which a hospital's board must delegate responsibilities relating to, and accountability for, the quality and appropriateness of professional performance;

WHEREAS, a hospital's board and management require a source of collective advice from the professionals practicing at the hospital for purposes of institutional policy formulation and enforcement, planning, coordination of services and governance;

WHEREAS, a purpose of the Hospital is to provide a framework for patient care and otherwise fulfill professional and institutional obligations to patients, students and the community;

WHEREAS, dedication to this purpose requires a cooperative effort among the professional peers practicing in the Hospital and between them and the Hospital Board and Hospital President, with well-defined lines of communication, responsibility and authority throughout the organizational structure;

WHEREAS, it is recognized that the members of the Medical Staff are responsible for advising the Hospital Board on scientific and medical matters, including the monitoring of health care provided within the Hospital and the credentialing and delineation of privileges for all health care providers within the Hospital, except those that are Hospital employees, and that the members of the Medical Staff must accept and carry out such responsibility as the agents of the Hospital Board in cooperation with Hospital administration in order to fulfill the Hospital's obligations to its patients;

WHEREAS, the Hospital Board and the Medical Staff, in order to promote professional peer review activity designed to establish a stable and harmonious environment in which appropriate levels of patient care may be achieved, constitute themselves as professional review bodies as defined by the Health Care Quality Improvement Act of 1986, as amended (42 U.S.C. § 11101 et seq.), and the Indiana Peer Review Act (I.C. 34-30-15 et seq.); and

WHEREAS, the governing body and the Medical Staff claim all privileges and immunities afforded under the Health Care Quality Improvement Act of 1986, as amended, and the Indiana Peer Review Act.

NOW, THEREFORE, the practitioners practicing in the Hospital hereby organize themselves into a Medical Staff in conformity with these Bylaws and related manuals, the Rules and Regulations of the Medical Staff, and the Articles of Incorporation, bylaws, policies, rules and regulations of the Hospital.

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DEFINITIONS

1. **Board of Trustees** means the governing body of the Hospital, the Board of Trustees of Memorial Hospital of South Bend, Inc.
2. **Hospital** means Memorial Hospital of South Bend, Inc., South Bend, Indiana.
3. **Hospital President** or **President of the Hospital** means the individual appointed by the Board as the Chief Executive Officer to act on its behalf in the overall administrative management of the Hospital.
4. **Medical Staff** or **Staff** means the formal organization of all practitioners who are privileged to attend patients or to provide other diagnostic, therapeutic, teaching or research services at the Hospital.
5. **Practitioner** means, unless otherwise expressly provided, any physician (M.D. or D.O.) or dentist applying for or exercising clinical privileges or providing diagnostic, therapeutic, teaching or research services at the Hospital.
6. **Clinical Privileges** or **Privileges** mean the permission granted to provide those diagnostic, therapeutic, medical or surgical services specifically delineated to each practitioner.
7. **Prerogative** means a participatory right granted, by virtue of Staff category or otherwise, to a Staff member or Allied Health Professional, and exercisable subject to the conditions and limitations imposed in these Bylaws and in other Hospital and Medical Staff policies.
8. **Ex Officio** means service as a member of a body by virtue of office or position held and, unless otherwise expressly provided, means without voting rights.
9. **Special Notice** means written notification sent by certified or registered mail, return receipt requested. Notice shall be deemed given as of the date of mailing.
10. **Medical Staff Bylaws or Bylaws** means the document titled Bylaws of the Medical Staff, Memorial Hospital of South Bend, Inc., South Bend, Indiana, the related Rules and Regulations of the Medical Staff, and the related manuals of the Medical Staff titled Organizational Manual of the Medical Staff, Credentialing Procedures Manual of the Medical Staff, and Medical Staff Fair Hearing Plan ("Manuals"). The Rules and Regulations of the Medical Staff and the Manuals are incorporated into the Bylaws by reference and shall have the same force and effect of the Bylaws unless otherwise stated.

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ARTICLE ONE: NAME

The name of this organization is "The Medical Staff of Memorial Hospital of South Bend, Inc."

ARTICLE TWO: PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

2.1 PURPOSES

The purposes of this Medical Staff are:

- 2.1-1 To constitute a professional collegial body, providing for its members mutual education, consultation and professional support, to the end that patient care provided at the Hospital is consistently maintained at that level of quality and efficiency which is optimally achievable given the state of the healing arts and the available resources.
- 2.1-2 To serve as the collegial body through which individual practitioners may obtain membership prerogatives and clinical privileges at the Hospital in order to provide clinical services to patients and to engage in teaching and research.
- 2.1-3 To develop an organizational structure, reflected in Medical Staff Bylaws, Rules, Regulations and other related protocols and Manuals, which defines the responsibility and concomitant authority and accountability of every organizational component of the Staff and of its individual members and is designed to assure that Staff members will exercise responsibility and authority commensurate with their contributions to patient care and to the education and research needs of the Hospital.
- 2.1-4 To provide a mechanism for accountability to the Board, through defined Medical Staff components, for the appropriateness of patient care services, professional and ethical conduct, and teaching and research activities of each individual practitioner holding membership on the Medical Staff.
- 2.1-5 To provide a means or method by which members of the Medical Staff can formulate recommendations for the Hospital's policy-making and planning processes, and through which such policies and plans are communicated to and observed by each member of the Staff.

2.2 RESPONSIBILITIES

To effectuate the purposes enumerated above, it is the obligation and responsibility of the organized Medical Staff:

- 2.2-1 To participate in the Hospital's quality assessment and utilization review programs by conducting all required and necessary activities for assessing and improving the quality and efficiency of medical care provided in the Hospital, including without limitation:
 - A. Evaluating practitioner and institutional performance through valid and reliable measurement systems based on objective, clinically-sound criteria.
 - B. Engaging in the ongoing monitoring of critical patient care practices and enforcement of Medical Staff and Hospital policies.
 - C. Evaluating practitioner credentials for appointment and reappointment to membership in the Medical Staff organization and for the delineation of clinical privileges that may be exercised by each individual practitioner in the Hospital.
 - D. Conducting, or obtaining others to conduct, and arranging for Staff participation in education programs designed to meet the needs of staff members.
 - E. Assuring that medical and health care resources at the Hospital are appropriately employed for meeting patients' medical, social and emotional needs, consistent with sound health care resource utilization practices.

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- 2.2-2 To make recommendations to the Board concerning appointments and reappointments to the Staff, including membership category and Department assignments, clinical privileges, and corrective action.
- 2.2-3 To maintain sound professional practices and an atmosphere conducive to the diagnosis and treatment of illness, to teaching and to research.
- 2.2-4 To participate in and conduct and monitor the Hospital's medical education programs and research activities.
- 2.2-5 To enforce compliance with the Bylaws, Manuals, Rules and Regulations of the Staff and of its administrative and clinical components, and with Hospital Bylaws and Policies.
- 2.2-6 To participate in the Board's long-range planning activity, to assist in identifying community health needs, and to suggest to the Board appropriate institutional policies and programs to meet those needs.

ARTICLE THREE: MEMBERSHIP

3.1 **GENERAL QUALIFICATIONS**

Every practitioner who seeks or enjoys Medical Staff membership must, at the time of initial appointment, demonstrate to the satisfaction of the appropriate authorities of the Medical Staff and of the Board the following qualifications:

3.1-1 **LICENSURE-QUALIFICATIONS**

- A. Licensure. Have a currently valid, unrestricted license to practice in the State of Indiana.
- B. Professional Degree. Have a Doctor of Medicine, Doctor of Dental Surgery, Doctor of Dental Medicine, Doctor of Osteopathy, or Doctor of Podiatric Medicine Degree.
- C. Board Certification. An applicant must be board certified and/or subspecialty certified by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, or the American Board of Podiatric Surgery. New post-graduate training program graduates are expected to become certified within the time frame stipulated by the national certifying board pertaining to their privileges. If the applicable Board does not specify the time frame in which certification must take place, the practitioner must become board certified within five years after completion of the residency/fellowship training. (This requirement does not apply to dentists and is applicable only to those individuals who apply for initial staff appointment after 7/1/2008. Those individuals who applied for and received initial staff appointment prior to 7/1/2008, and had never been board certified will be considered grandfathered under this clause.)

3.1-2 **CLINICAL PERFORMANCE**

Professional education, training, experience and clinical results, documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency given the current state of the healing arts and consistent with available resources.

3.1-3 **ATTITUDE**

A willingness and capability, based on current attitude and evidence of performance:

- A. To work with and relate to other Staff members, members of other health disciplines, Hospital management and employees, visitors and the community in general, in a cooperative, professional manner that is essential for maintaining a hospital environment appropriate to equality and efficient patient care;
- B. To discharge the basic obligations of Staff membership and to participate equitably in the discharge of Staff obligations specific to Staff membership category; and

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- C. To adhere to generally recognized standards of medical and professional ethics, including, without limitation, the Standards of Professional Conduct as promulgated by the Indiana Medical Licensing Board

3.1-4 DISABILITY

To be free of or have under adequate control, with or without a reasonable accommodation, any physical or mental disability and any difficulty in effectively communicating verbally or in writing that interferes with, or presents a substantial probability of interfering with, the requirements of Sections 3.1-2, 3.1-3, or 3.2.

3.1-5 PROFESSIONAL LIABILITY INSURANCE

Each member of the Medical Staff shall carry professional liability insurance or other evidence of financial responsibility and each member shall comply with such other terms, provisions and conditions as determined by resolution of the Board of Trustees after consultation with the Medical Executive Committee. Unless otherwise waived by the Board of Trustees after consultation with the Medical Executive Committee, each member shall become and remain a qualified provider as defined under the Indiana Medical Malpractice Act (I.C. 27-12). Further, each member must show proof of financial responsibility during any gaps in professional liability coverage due to any lapse or change in insurance policies.

3.1-6 EFFECTS OF OTHER AFFILIATIONS

No practitioner shall be automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because of:

- A. Holding a license to practice medicine in this or in any other state;
- B. Being a member of any professional organization;
- C. Certification by any specialty board;
- D. Membership on a medical school faculty;
- E. Past or present Staff membership at this Hospital; or
- F. Past or present staff membership or privileges at another health care facility or another practice setting.
- G. Holding an academic position within the Hospital.

3.1-7 NONDISCRIMINATION

No aspect of Medical Staff membership or clinical privileges shall be denied on the basis of age, sex, race, religion, color, national origin, or handicap/disability.

3.1-8 ARBITRATION

Any dispute, claim or controversy arising from the denial or termination of Medical Staff membership or clinical privileges allegedly on the basis of an individual's age, sex, race, color, national origin, religion, or handicap/disability shall be submitted to final and binding arbitration pursuant to the rules of the American Arbitration Association and the results thereof shall be the exclusive remedy for any such dispute, claim or controversy.

3.2 BASIC OBLIGATIONS OF INDIVIDUAL STAFF MEMBERSHIP

Each member of the Medical Staff, regardless of assigned Staff category, and each practitioner exercising privileges under these Bylaws, shall:

- A. Provide patients with care at the generally recognized professional level of quality and efficiency;
- B. Abide by the Medical Staff Bylaws and by all other lawful standards, policies and rules of the Staff and Hospital.
- C. Discharge responsibility for such Staff, Committee, Department, and Hospital functions by Staff category assignment, appointment, election or otherwise;

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- D. Prepare and complete in timely fashion the medical and other required records for all patients admitted or in any way provided care to in the Hospital;
- E. Abide by generally recognized standards of Medical and professional ethics; and
- F. Accept responsibility for the supervision and performance of any Allied Health Professional employed by the member and require that such Allied Health Professional abide by the requirements of Section 5.5 of these Bylaws and the Allied Health Professional Rules and Regulations.

3.3 TERM OF APPOINTMENT AND REAPPOINTMENT

Appointments to the Medical Staff are for a period of up to two (2) years. Under certain circumstances, Medical Staff members may be required to reasonably assure the Medical Executive Committee periodically during any two-year appointment that they are able to perform the essential functions of the privileges they have been granted. The Medical Executive Committee, with the approval of the Board, may set more frequent appraisals during a two-year appointment period for individuals with disabilities which limit their ability to meet the qualifications set forth in Section 3.2.

3.4 PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

The mechanisms for evaluating applications for initial appointment and for conducting periodic reappraisals for reappointment to the Staff are outlined in the Credentialing Procedures Manual, which is incorporated herein by reference.

3.5 PRACTITIONERS PROVIDING CONTRACTUAL PROFESSIONAL SERVICES

3.5-1 QUALIFICATIONS

A practitioner who is or who will be providing specified professional services pursuant to a contract with the Hospital must meet the same membership qualifications, must be processed for appointment, reappointment and clinical privileges in the same manner, and must fulfill all of the obligations of individual membership category as any other applicant or Staff member.

3.5-2 EFFECT OF STAFF MEMBERSHIP TERMINATION OR CLINICAL PRIVILEGES RESTRICTION

Because practice at the Hospital is contingent upon continued Staff membership and is also governed by the extent of clinical privileges enjoyed, a practitioner's right to use Hospital facilities is automatically terminated when Staff membership expires or is terminated. The effect of an adverse change in clinical privileges on continuation of a contract between a practitioner (or a legal entity which employs or otherwise engages a practitioner) and the Hospital is governed solely by the terms of the contract, or if the contract is silent on the matter, will be as determined by the Board after soliciting and considering the recommendations of relevant components and officials of the Staff.

3.5-3 EFFECT OF CONTRACT EXPIRATION OR TERMINATION

- A. The effect of expiration or other termination of a contract upon a practitioner's Staff membership status and clinical privileges will be governed solely by the terms of the practitioner's contract with the Hospital, if the contract addresses the issue.
- B. If the contract is silent on the matter, then contract expiration or other termination alone will not affect the practitioner's Staff membership status or clinical privileges.

3.6 MEDICO-ADMINISTRATIVE OFFICERS

3.6-1 DEFINED

A Medico-Administrative Officer is a practitioner engaged by the Hospital either full or part-time in an administrative capacity, whose activities also include clinical responsibilities such as direct patient care, teaching or supervision of patient care activities of other practitioners under the Officer's direction.

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3.6-2 STAFF MEMBERSHIP, CLINICAL PRIVILEGES AND MEMBERSHIP OBLIGATIONS

A Medico-Administrative Officer must achieve and maintain Medical Staff membership and clinical privileges appropriate to (delineated or assigned) clinical responsibilities, and discharge Staff obligations appropriate to individual staff category, in the same manner applicable to all other Staff members.

3.6-3 EFFECT OF REMOVAL FROM OFFICE OR ADVERSE CHANGE IN MEMBERSHIP STATUS OR CLINICAL PRIVILEGES

- A. The effect of removal from the medico-administrative office on the Officer's Staff membership status and clinical privileges, and the effect of an adverse change in an Officer's Staff membership status (less than total revocation) or clinical privileges on continuance in the medico-administrative office, will be governed solely by the terms of the contract between the Officer and the Hospital, if the contract addresses those points. An adverse change in membership status or clinical privileges as specified in Section 12.2 of these Bylaws not triggered by removal from a medico-administrative office entitles the Officer to the internal remedies provided in Article Twelve and to the procedural rights contained in the Fair Hearing Plan.
- B. In the absence of a contract or where the contract is silent on the matter, removal from office alone will have no effect on membership status or clinical privileges, except that the practitioner may not thereafter exercise any clinical privileges for which exclusive contractual arrangements have been made; continuance in office following loss of Staff membership is impermissible under Section 3.6-2; the effect of an adverse change in clinical privileges on continuance in office will be as determined by the Board after soliciting and considering the recommendations of relevant components and officials of the Staff.
- C. Unless the contract provides otherwise, a practitioner who demonstrates that removal from a medico-administrative office has or will have an adverse effect on the exercise of clinical privileges in any of the respects specified in Section 12.2 of these Bylaws is entitled to the internal remedies provided in Article Twelve and to the procedural rights contained in the Fair Hearing Plan, except to the extent that the adverse effect has resulted from the granting of an exclusive contractual arrangement to another practitioner for the provision of particular clinical services.

3.7 BYLAWS NOT A CONTRACT

These Bylaws and the related Manuals shall not be deemed as a contract of any kind between the Board of Trustees and the Medical Staff or any individual member thereof. Applications for, the conditions of and the duration of appointment to the Medical Staff or the granting of privileges as an Allied Health Professional shall not be deemed contractual in nature since the continuance of any such privileges at the Hospital is based solely upon a practitioner's continued ability to justify the exercise of such privileges and do not obligate the practitioner to practice at the Hospital. The Board of Trustees is obligated to use essential fairness in dealing with Medical 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 under the circumstances.

ARTICLE FOUR: MEMBERSHIP CATEGORIES

4.1 CATEGORIES

There will be six categories of membership on the Staff: Attending, Conditional Attending, Affiliate, Consulting, Locum Tenens, and Honorary.

4.2 ATTENDING STAFF

4.2-1 QUALIFICATIONS FOR ATTENDING STATUS

An Attending Staff member must:

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- A. Be located closely enough to the Hospital to provide continuous care to patients and to assure availability within a reasonable time period when the patient's condition requires prompt attention.
- B. Have completed, except as otherwise specifically exempted, at least one (1) year of satisfactory performance on the Conditional Attending Staff.

4.2-2 PREROGATIVES OF ATTENDING STATUS

An Attending Staff member may:

- A. Admit patients without limitation, except as otherwise limited in the Medical Staff Rules and Regulations and Hospital admission policies.
- B. Vote on all matters presented at general and special meetings of the Medical Staff and of the Department and Committees of which membership is held.
- C. Hold office at any level in the Staff organization and be chairman of a Committee(s).
- D. Exercise such clinical privileges as are granted.

4.2-3 OBLIGATIONS OF ATTENDING STATUS

An Attending Staff member must, in addition to meeting the basic obligations set forth in Section 3.2:

- A. Contribute to the organizational and administrative affairs of the Medical Staff, including service in Medical Staff and Department offices and on Hospital and Medical Staff Committees, faithfully performing the duties of any office or position to which elected or appointed.
- B. Participate in the quality assessment activities required of the Medical Staff.
- C. Discharge the recognized functions of Staff membership by engaging in the Hospital's education programs, attending service or charity patients as required, providing back-up specialty coverage in the Emergency Room, giving consultation to other Staff members consistent with individual delineated privileges, supervising practitioners during the observation period, and fulfilling such other Staff functions as may reasonably be required of Staff members.
- D. Satisfy the meeting attendance and special appearance requirements set forth in Section 13.4 of these Bylaws.
- E. Pay all Staff dues and assessments promptly.

An Attending Staff member who has reached the age of 65 may request to be exempted from all of the above obligations. This staff member shall still be required to meet the basic obligations set forth in Section 3.2 A, B, D, E, and F, to attend clinical department meetings relevant to individual clinical practice, and to fulfill the special appearance requirements in Section 13.4 of these Bylaws.

4.3 CONDITIONAL ATTENDING STAFF

All practitioners seeking Medical Staff membership will be assigned to the Conditional Attending Status, with the exception of Affiliate Staff and Consulting Staff.

4.3-1 QUALIFICATIONS FOR CONDITIONAL ATTENDING STATUS

A Conditional Attending Staff member must:

- A. Meet the qualifications stated in Section 4.2-1 A for Attending Staff members.
- B. Demonstrate in the development of a practice an effort to meet the qualifications for Attending

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Staff members set forth in Section 4.2-1 B.

- C. In the ordinary course of events, after serving one (1) year on the Conditional Attending Staff, the physician must request transfer to Attending Staff status or may otherwise request transfer to Visiting Staff status or may be assigned to Affiliate Staff status.

4.3-2 PREROGATIVES OF CONDITIONAL ATTENDING STATUS

A Conditional Attending Staff member may:

- A. Admit patients in the same manner as provided in Section 4.2-2 A for Attending Staff members.
- B. Vote on all matters presented at meetings of any committee(s) on which membership is held.
- C. Exercise such clinical privileges as are individually granted. Conditional Attending Staff members are not eligible to hold office in the Staff organization, to vote at Department or Medical Staff meetings, to chair any standing committee, to serve on the Medical Executive, Medical Quality Assessment, Credentials, or Clinical Policy Committees.

4.3-3 OBLIGATIONS OF CONDITIONAL ATTENDING STATUS

A Conditional Attending Staff member must, in addition to meeting the basic obligations set forth in Section 3.2:

- A. Serve on Hospital and Medical Staff Committees as appointed.
- B. Participate as requested in the quality assessment and utilization review activities required of the Medical Staff.
- C. As determined by each Medical Staff Department, attend service or charity patients, provide back-up specialty coverage in the Emergency Room, give consultations to other Staff members consistent with individual delineated privileges and fulfill such other functions as may be reasonably required.
- D. Satisfy the meeting attendance and special appearance requirements in Section 13.4 of these Bylaws.
- E. Pay all Staff dues and assessments promptly.

Failure of a Conditional Attending Staff member to satisfy these obligations is grounds for denial of advancement to Attending Staff status.

4.4 AFFILIATE STAFF

4.4-1 QUALIFICATIONS FOR AFFILIATE STATUS

An Affiliate Staff member must:

- A. Meet the general qualifications for staff membership outlined in Section 3.1.
- B. At each reappointment time, provide evidence of clinical performance or association with the principal institution of practice in such form as may be required by the Credentials Committee or other Staff or Board authorities.

4.4-2 PREROGATIVES OF AFFILIATE STATUS

A. An Affiliate Staff member may:

- 1. Visit patients they referred for admission and review their charts.

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2. Observe procedures, including surgeries, with the specific consent of the practitioner performing such procedures.
 3. Attend medical staff and department meetings, as well as medical staff or hospital educational meetings.
 4. Serve on committees upon the special request of the Medical Executive Committee.
- B. An Affiliate Staff member may not:
1. Provide any patient care services, including performing the history and physical.
 2. Assist with procedures or surgery.
 3. Order or prescribe any care or medications.
 4. Make notations in patient charts.
 5. Vote or hold office in the medical staff organization, including in the department of which he/she is a member.

4.4-3 OBLIGATIONS OF AFFILIATE STATUS

An Affiliate Staff member must:

- A. Meet the basic obligations provided in Section 3.2. B, E.
- B. Satisfy the provisions of Section 4.5-1.
- C. Fulfill the special appearance requirements in Section 13.4-2 of these Bylaws
- D. Pay Staff dues and assessments promptly.

4.5 CONSULTING STAFF

4.5-1 QUALIFICATIONS FOR CONSULTING STATUS

A Consulting Staff member must:

- A. Have been specifically invited by the Board or Medical Executive Committee to apply for Consulting Staff status.
- B. Possess specialized skills not readily available from an Attending or Conditional Attending Staff member that are needed at the Hospital on a specific project or on an occasional basis in consultation when requested by a Department Chairman, other authorized Staff official or a member of the Staff.
- C. Demonstrate active participation in the active or associate staff of another hospital requiring quality assessment activities of a substance and character similar to those at this Hospital or agree to fulfill the obligations of Attending Staff membership specified in Section 4.2-3 B. concerning participation in quality assessment activities and Sections 4.2-3 C. and D. as they pertain to participation in clinical programs and attendance at Department and Committee meetings.

If a Consulting Staff member's appointment is for teaching only, the principal professional activity at other institutions must be teaching.

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4.5-2 PREROGATIVES OF CONSULTING STATUS

A Consulting Staff member may exercise such clinical privileges as are individually granted, but may not be the primary attending practitioner. Consulting Staff members may not admit patients and are not eligible to hold office in the Staff organization nor to vote at meetings of the Medical Staff, Departments, or Committees.

4.5-3 OBLIGATIONS OF CONSULTING STATUS

A Consulting Staff member must fulfill the basic obligations provided in Section 3.2 and the special appearance requirements of Section 13.4-2.

4.6 LOCUM TENENS STAFF

4.6-1 QUALIFICATIONS FOR LOCUM TENENS STATUS

A Locum Tenens Staff member must:

- A. Not be an applicant for medical staff membership, but there is a situation where a licensed independent practitioner is needed to cover the practice of a medical staff member.
- B. Meet the general qualifications for staff membership outlined in Section 3.1
- C. Provide evidence of clinical activity pertinent to specialty during the past two years.
- D. Be limited to a term of appointment for no longer than one year from appointment date.

4.6-2 PREROGATIVES OF LOCUM TENENS STATUS

A Locum Tenens Staff member may:

- A. Admit patient without limitation, except as otherwise limited in the Medical Staff Rules and Regulations and Hospital admission policies..
- B. Attend medical staff and department meetings, as well as medical staff or hospital educational meetings. Locum Tenens members have no voting or office-holding prerogatives.
- C. Exercise such clinical privileges as are granted

4.6-3 OBLIGATIONS OF LOCUM TENENS STATUS

A Locum Tenens staff member must meet the basic obligations provided in Section 3.2.A, B, D, and fulfill the special appearance requirements set forth in Section 13.4-2 of these Bylaws.

4.7 HONORARY STAFF

Membership on the Honorary Staff is by invitation and is restricted to two classes of practitioners:

- A. Former Staff members whom, upon retirement from practice, the Staff wishes to honor in recognition of long-standing service to the Hospital or other noteworthy contributions to its activities; and
- B. Other practitioners with outstanding professional attainments.

None of the specific qualifications, prerogatives or obligations provided for other Staff categories are applicable.

4.8 RESIDENTS

4.8-1 DEFINED

Residents are not members of the Medical Staff, but are physicians in training, and, as such, are not entitled to the procedural rights outlined in the Fair Hearing Plan. Residents are enrolled in postgraduate medical training under the supervision of the members of the Attending or Conditional Attending Staff.

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4.8-2 QUALIFICATIONS AND MATRICULATION

Residents shall have either a Temporary Medical Permit or a Medical License. The selection and enrollment of these Residents shall be made annually by procedures determined and implemented by the Residency Program(s) of the Hospital.

4.8-3 SUPERVISION

Residents in all of their training activities are under the supervision of the graduate medical education faculty, all of whom are members of the Medical Staff with appropriate clinical privileges, as is organized in the Residency Program(s). Prerogatives, obligations, instructional and disciplinary procedures are a part of the Policy and Procedure Manual of the Residency Program.

Though these physicians in training in many ways carry out the functions of Attending and Conditional Attending Staff, they cannot admit or discharge patients from the Hospital, hold office in the Medical Staff organization, vote at the Department meetings; and, though they may be assigned to Hospital and Medical Staff Committees and enter into discussions, they may not vote. The Resident's role and function is further defined by the Residency Program's Policy and Procedures as well as the Rules and Regulations of the Medical Staff.

4.9 QUALIFICATIONS GENERALLY

Every practitioner who seeks or enjoys Staff membership must satisfy, at the time of appointment and continuously thereafter, the basic qualifications set forth in Section 3.1 as well as any additional qualifications that attach to the Staff category to which appointment is sought or of which membership is held except that a member of the Honorary Staff need not be licensed in Indiana.

4.10 LIMITATION OF PREROGATIVES

The prerogatives set forth under each Staff category and for the Allied Health Professionals (AHPs) are general in nature and may be subject to limitation by special conditions attached to a practitioner's Staff membership or to an AHP's association with the Staff, by other sections of these Bylaws and the related Manuals, and by other policies of the Hospital. The prerogatives of AHPs shall be limited to those for which they have demonstrated the requisite level of medical education, training, experience and ability. In a limited circumstance and for good cause, the President of the Staff may, with the concurrence of the Hospital President, waive a limitation on prerogatives, with such waiver being limited to that specific situation.

ARTICLE FIVE: DELINEATION OF PRACTICE PRIVILEGES

5.1 EXERCISE OF PRIVILEGES

A practitioner providing clinical services at this Hospital by virtue of Medical Staff membership or otherwise may, in connection with such practices and except as otherwise provided in Section 5.6 (Emergency Privileges), exercise only those clinical privileges specifically granted by the Board. Regardless of the level of privileges granted, each practitioner must obtain consultation when necessary for the safety of a patient or when required by the Rules, Regulations or other Policies of the Staff, any of its clinical units, or the Hospital.

5.2 BASES FOR PRIVILEGES DETERMINATIONS

Clinical practice privileges are granted in accordance with prior and continuing education, training, experience, and demonstrated current competence and judgment as documented and verified in each practitioner's credentials file. The bases for privileges determinations for current Staff members in connection with reappointment or a requested change in privileges include observed clinical performance and documented results of the Staff's quality assessment activities.

5.3 PROCEDURE FOR DELINEATING PRIVILEGES

The procedures by which requests for clinical privileges are processed are provided in the Credentialing Procedures Manual.

5.4 SPECIAL CONDITIONS FOR ORAL SURGEONS AND DENTISTS

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Requests for clinical privileges from oral surgeons and dentists are processed in the same manner specified in this Article. Surgical procedures performed by oral surgeons and dentists are under the overall supervision of the Chief of Surgery. Patients admitted to the Hospital for dental care shall receive the same basic medical appraisal as patients admitted for other services whether the appraisal is performed by a physician member of the Medical Staff or an oral surgeon qualified to complete an admission history and physical examination and assess the medical risks of the procedure on the patient. When the history and physical examinations are performed or recorded by a physician, the responsible dentist shall take into account the recommendations of this consultant in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. When a significant medical abnormality is present, the final decision must be a joint responsibility of the dentist and the medical consultant. A physician member of the Medical Staff shall be responsible for the care of any medical problems that may be present upon admission or that may arise during hospitalization of dental patients. The Chief of the Department of Surgery (or the President of the Medical Staff if the Department of Surgery is involved in the matter) will decide the issue in case of dispute.

5.4-1 QUALIFICATIONS FOR ORAL SURGEONS

Oral surgeons qualified to complete an admission history and physical examination must show evidence of the following:

- A. Successful completion of a post-graduate oral surgery residency in an accredited institution recognized by the Accreditation Council for Graduate Medical Education.
- B. Evidence of current competence to conduct a history and physical to determine the patient's ability to undergo the oral surgical procedure the oral surgeon proposes to perform presented by the oral surgeon who has admitted the patient.

5.5 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONAL SERVICES

Requests to perform specified patient care services from Allied Health Professionals (AHPs) are processed in the manner specified in the Allied Health Professional Rules and Regulations. An AHP may, subject to any licensure requirements or other limitations, exercise independent judgment within the areas of individual professional competence and participate directly in the management of patients under appropriate supervision. A physician member of the Medical Staff must perform a basic medical appraisal for each patient, be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization, and determine the risk and effect of any proposed surgical or special procedure on the total health status of the patient.

5.6 EMERGENCY PRIVILEGES

5.6-1 CONDITIONS

- A. In an emergency, any Medical Staff member with clinical privileges is permitted to provide any type of patient care, treatment, and services necessary as a life-saving measure or to prevent serious harm -- regardless of his or her medical staff status or clinical privileges -- provided that the care, treatment, and services provided are within the scope of the individual's license. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange for appropriate follow-up care.
- B. Disaster privileges may be granted when the emergency management plan has been activated and the hospital is unable to handle the immediate patient needs. The Hospital President or Medical Staff President or their designee(s) has the option to grant disaster privileges. Such privileges shall terminate once the disaster situation subsides.

5.7 TEMPORARY PRIVILEGES

5.7-1 CONDITIONS

Temporary admitting and/or clinical privileges may be granted only in the circumstances described in Section 5.7-2, only to an appropriately licensed practitioner, only when the information available reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability and judgment to exercise the privileges requested, and only after the practitioner has satisfied

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the professional liability insurance requirement of these Bylaws. Special requirements of consultation and reporting may be imposed by the Chief of the Department responsible for supervision. All practitioners exercising temporary privileges are subject to the special appearance requirements of Section 13.4-2 of these Bylaws. Under usual circumstances, the practitioner requesting temporary privileges should agree in writing to abide by the Bylaws, Manuals, Rules, Regulations and Policies of the Staff and Hospital in all matters relating to these temporary privileges. In the absence of such written agreement, the practitioner will be presumed to have so agreed. Such temporary privileges shall not confer medical staff membership on the practitioner.

5.7-2

CIRCUMSTANCES

The Hospital President or designated representative, upon recommendation of either the applicable clinical department chairperson or the President of the Medical Staff, may grant temporary privileges in the following circumstances:

Temporary privileges are granted by the Hospital President or authorized designee on the recommendation of the medical staff president or authorized designee and are granted for no more than 120 days. The circumstances for which the granting of temporary privileges is acceptable are as follows:

A. To Fulfill An Important Patient Care, Treatment, and Service Need

Temporary privileges may be granted upon receipt of a written request for specific temporary privileges from a practitioner who is not an applicant for Staff membership when there is an important patient care need that mandates an immediate authorization to practice, provided there is verification of 1) current licensure and 2) current competence. Such privileges may be revoked at any time.

B. Pendency of Application

Temporary privileges for new applicants may be granted while awaiting review and approval by the organized medical staff upon verification of the following:

- Current licensure
- Relevant training or experience
- Current competence
- Ability to perform the privileges requested
- Other criteria required by medical staff bylaws
- A query and evaluation of the NPDB information
- A complete application
- No current or previously successful challenge to licensure or registration
- No subjection to involuntary termination of medical staff membership at another organization
- No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges

5.7-3

TERMINATION

The Hospital President and the President of the Staff, or their designees, acting as a peer review committee, must, on the discovery of information or the occurrence of any event of a nature which raises question about a practitioner's professional qualifications or ability to exercise any or all of the temporary privileges granted, and after consultation with the Chairman responsible for supervision, terminate any or all of a practitioner's temporary privileges, provided that where the life or well-being of a patient is determined to be endangered, the termination may be affected by any person entitled to impose summary suspensions under these Bylaws. In the event of any such termination, the practitioner's patients then in the Hospital will be assigned to another practitioner by the Chairman responsible for supervision. The wishes of the patient will be considered, where feasible, in choosing a substitute practitioner.

5.7-4

RIGHTS OF THE PRACTITIONER

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The practitioner is not entitled to the procedural rights afforded by the Bylaws or the Fair Hearing Plan because a request for temporary privileges is refused or because all or any portion of the temporary privileges are terminated or suspended.

ARTICLE SIX: OBSERVATION PERIOD

6.1 APPLICABILITY AND DURATION

All new appointments to the Staff and all grants of initial or increased clinical privileges to new appointees or existing Staff members are subject to observation for a period of one (1) year. In unusual circumstances, as recommended by the Medical Staff Executive Committee, the Board may waive or extend this requirement.

6.2 NO EFFECT ON MEMBERSHIP OR EXERCISE OF PRIVILEGES

During the observation period, a practitioner must demonstrate all of the qualifications, may exercise all of the prerogatives, and must fulfill all of the obligations of individual Staff category; and may exercise all of the clinical privileges as granted.

6.3 PURPOSE

During the observation period, a practitioner's performance will be specifically observed and evaluated by the Chairman of the Department of primary affiliation and by the Chairman of each of the other Departments in which initial or increased privileges are exercised or by other Attending Staff members specifically delegated these tasks by such Chairman.

6.4 PROCEDURE FOR CONCLUDING THE OBSERVATION PERIOD

The mechanisms for extending and concluding the observation period are outlined in the Credentialing Procedures Manual.

ARTICLE SEVEN: GENERAL STAFF OFFICERS

7.1 GENERAL OFFICERS OF THE STAFF

7.1-1 IDENTIFICATION

The general officers of the Staff are:

- A. President
- B. Vice President
- C. Secretary-Treasurer
- D. Immediate Past President

7.1-2 QUALIFICATIONS

Each general officer must:

- A. Be a member of the Attending Staff at the time of nomination and election and must remain a member in good standing during the term of office.
- B. Be certified by an appropriate specialty board, or affirmatively establish comparable competence through the credentialing process.
- C. Have demonstrated executive and administrative ability and be recognized for a high level of clinical competence.
- D. Willingly and faithfully discharge the duties of the office held and work with the other general and departmental officers of the Staff and with the Hospital President, Board and its committees.

7.2 TERM OF OFFICE

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The term of office of general Staff officers is two (2) Medical Staff years. Officers assume office on the first day of the Medical Staff year following their election, except that an officer elected or appointed to fill a vacancy assumes office immediately upon election or appointment. Each officer serves until the end of the term or until a successor is elected, except for resignation or removal from office.

7.3 ATTAINMENT OF OFFICE

7.3-1 IMMEDIATE PAST PRESIDENT

The Immediate Past President attains office by automatic succession from the office of President.

7.3-2 PRESIDENT, VICE PRESIDENT, AND SECRETARY-TREASURER

A. Nomination

A Nominating Committee, composed of three (3) Attending Staff members, shall convene in September of the election year for the purpose of nominating one (1) or more qualified candidates for the offices of President, Vice President and Secretary-Treasurer. The Nominating Committee shall finalize its list of candidates to be posted the first week of October. Additional nominations will be accepted for 14 days following posting of the slate and may be made by contacting any member of the Nominating Committee in writing.

B. Election

A ballot listing the names of all nominees will be mailed to each member of the Attending Staff the first week of November. The deadline for return of the ballot will be stated, but will be no less than three weeks from the date of mailing. Return of 30% of the mailed ballots shall constitute a quorum for the purpose of this election. Any candidate receiving a majority vote on the first ballot shall be elected. If no candidate receives a majority vote, a second ballot will be mailed containing the names of the two candidates receiving the highest number of votes. The deadline for return of the second ballot will also be no less than three weeks from the date of mailing.

Should there be a return of fewer than 30% of the mailed ballots, the President of the Medical Staff will call a special meeting of the Attending Staff for the purpose of electing officers.

7.4 VACANCIES

7.4-1 OFFICE OF PRESIDENT

A vacancy in the office of President is filled by succession of the Vice President who serves the remainder of the unexpired term.

7.4-2 OFFICE OF VICE PRESIDENT OR SECRETARY-TREASURER

A vacancy in the office of Vice President or Secretary-Treasurer is filled by appointment of an acting officer by the Medical Executive Committee. The acting officer serves pending the outcome of a special election to be conducted as expeditiously as possible in accord with Section 7.3-2, except that the MEC may determine not to call a special election if regular elections are to be held in the near future.

7.4-3 OFFICE OF IMMEDIATE PAST PRESIDENT

A vacancy in the office of Immediate Past President remains vacant pending the succession of the current President to that office.

7.5 ELIGIBILITY FOR RE-ELECTION

Each general staff officer is eligible for re-election.

7.6 RESIGNATION AND REMOVAL FROM OFFICE

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7.6-1 **RESIGNATION**

Any general Staff officer may resign at any time by giving written notice to the Medical Executive Committee. Such resignation takes effect on either the date of receipt by the Medical Executive Committee or on the date specified in the resignation.

7.6-2 **REMOVAL OF GENERAL STAFF OFFICER**

Within the Medical Staff organization, removal of a general Staff officer may be effected by a two-thirds (2/3) majority vote by secret ballot of the members in good standing of the Attending Staff, such vote being taken at a special meeting called for that purpose. Permissible bases of removal of a general Staff officer include:

- A. Failure to perform the duties specified in these Bylaws and any action or duties which may be requested by the Medical Executive Committee or the Board of Trustees.
- B. Failure to act or carry out responsibilities in such a way as to enable the medical staff to operate in an orderly manner.
- C. Any reduction, suspension or revocation of the clinical privileges of the person involved.

Any dismissal or removal from office shall in no way affect the officer's clinical privileges, nor would the officer be afforded any rights on account of such removal under the Fair Hearing Plan.

7.7 **DUTIES OF OFFICERS**

The responsibilities and authority, including specific functions and tasks, of general Staff officers are set forth in the Medical Staff Organization Manual, which is incorporated herein by reference. The overall duties of the general Staff officers are as provided in this section.

7.7-1 **DUTIES OF THE PRESIDENT OF THE MEDICAL STAFF**

- A. The President is the primary officer of the Medical Staff, the Chief Administrative Officer of the Staff, and the Staff's representative in its relationships with others within the Hospital.
- B. In the absence of another practitioner fulfilling the duties of the Chairperson of the Medical Staff Quality Assessment Committee, the President, in conjunction with the Medical Executive Committee, shall fulfill these duties by assisting the Hospital President with internal and external coordination of the Hospital's clinical services, coordinating and overseeing the Staff's quality assessment activities, supervising the clinical organization of the Staff, and advising the Hospital President and Board on these matters.

7.7-2 **DUTIES OF THE VICE PRESIDENT**

Whenever the President is unable to fulfill the duties of this office by reason of illness, absence or other temporary or permanent incapacity, the Vice President will exercise all of the responsibilities and authority of the President. The Vice President chairs the Medical Staff Quality Assessment Committee and is also responsible for those duties so delegated by the President or Medical Executive Committee.

7.7-3 **DUTIES OF THE SECRETARY-TREASURER**

The Secretary-Treasurer is responsible for issuing notice and keeping accurate and complete minutes of all Medical Staff and Medical Executive Committee (MEC) meetings. Responsibilities also include collecting Medical Staff dues and assessments and maintaining and accounting for all funds of the Medical Staff organization. The Secretary-Treasurer performs such other duties as are so delegated by the President or MEC.

7.7-4 **DUTIES OF THE IMMEDIATE PAST PRESIDENT**

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The Immediate Past President serves as an advisor to the President of the Staff and to other officers and Committees of the Staff. This includes performance of such other duties as are delegated by the President or the Medical Executive Committee.

7.8 SPECIAL STAFF OFFICERS

7.8-1 DESIGNATION

A special Staff officer is a practitioner serving full or part-time under contract or other working arrangement with the Hospital to perform medico-administrative or education functions. The current special officer positions include: Director of Medical Education, Associate Directors of Medical Education, Departmental Education Directors, Program Director/Family Practice Residency, and Vice President of Medical Affairs.

7.8-2 QUALIFICATIONS, SELECTION AND TERM

A. Vice President of Medical Affairs

The Vice President of Medical Affairs will:

1. Report to the President and Chief Executive Officer of the Hospital and is charged with the duties of promoting, stimulating and cultivating a climate that is supportive of the highest level of quality patient care and medical education.

Be responsible for overseeing all of the professional and medical activities of the Hospital and acting as an advocate for quality of care.

2. These activities will be carried out in conjunction with the Medical Staff Officers and Department Chiefs.

When a Vice President of Medical Affairs is to be selected, an ad hoc Search Committee will be constituted for the purpose of recommending one or more qualified nominees for the office.

It is recommended that the Search Committee include members of the Attending Staff in good standing, appointed by the President of the Medical Staff, the Hospital President, and the Chairman of the Board.

B. Director and Associate Directors of Medical Education

The Director and Associate Directors of Medical Education must:

1. Have demonstrated executive and administrative ability to supervise and organize various types of continuing medical education and student training activities.
2. Willingly and faithfully discharge the duties of the office held and work with the other officers of the Staff, Hospital Administration, and the Board. The Director and Associate Directors are appointed by the Hospital President with the approval of the Medical Executive Committee. Their terms are continuous, unless they sooner resign or are removed from office.

C. Departmental Education Directors

The Departmental Education Directors must:

1. Be a member of the Attending Staff of their applicable Departments.
2. Be recognized for their superior clinical and teaching abilities.
3. Willingly and faithfully discharge the duties of the office held and work with the other officers of the Staff, Hospital Administration, and the Board.

A Departmental Education Director is appointed for a one-year term by the Director of Medical Education, subject to the approval of the Medical Executive Committee. This Director may

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serve succeeding terms until a successor is duly appointed unless of resignation or removal from office.

D. Program Director/Family Practice Residency

The Program Director must:

1. Be or become a member of the Department of Family Practice.
2. Be board certified in family practice.
3. Be recognized for superior clinical and teaching abilities.
4. Have demonstrated executive and administrative ability to organize and supervise a residency program in family practice.
5. Willingly and faithfully discharge the duties of the office held and work with the other Staff officers, Hospital Administration and the Board.

When a Program Director for the Family Practice Residency is to be selected, an ad hoc Search Committee will be constituted for the purpose of recommending one or more qualified nominees for the office. The Search Committee will include at least three members of the Attending Staff in good standing appointed by the President of the Staff, the Hospital President, and the Chairman of the Board. The Search Committee transmits its written report and nominations, together with supporting documentation, to the Medical Executive Committee (MEC). After review, the MEC transmits its written report and recommendation to the Board for action. Any minority views are also to be reported. If the Board does not approve the nomination, the nomination process will be repeated by the same or a newly designated Search Committee as the Board may direct. The Program Director's term of office will be as specified in contract with the Hospital.

7.8-3 RESIGNATION AND REMOVAL

A. Resignation

Any special Staff officer may resign his/her office at any time by giving written notice to the authority designated below. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later time specified therein.

1. Director and Associate Directors of Medical Education to Hospital President
2. Departmental Education Directors to Director of Medical Education
3. Program Director/Family Practice Residency to the Hospital President
4. Vice President for Medical Affairs

B. Removal

Removal of the Director or Associate Directors of Medical Education may be effected by the Hospital President, or by the Medical Executive Committee (MEC) if such removal is ratified by the Board. A Departmental Education Director may be removed by the Director of Medical Education if such removal is ratified by the MEC. Removal of the Program Director/Family Practice Residency shall be governed by the terms of a contract with the Hospital. Removal of the Vice President for Medical Affairs shall be governed by the terms of the contract with the Hospital, as ratified by the Board, after consultation with the MEC. Grounds for removal of a special Staff officer include:

1. Failure to perform the duties of the position held in a timely and appropriate manner.
2. Failure to continuously satisfy the qualifications for the position.

7.8-4 RESPONSIBILITY AND AUTHORITY

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The Director of Medical Education (DME) is responsible to the Hospital President and Medical Executive Committee for developing and supervising the policies and programs of the Department of Medical Education, providing overall direction and coordination for the Hospital's continuing Medical Education program and its medical student training activities, and performing such other duties as are provided in the job description with the Hospital. The Associate Directors have such responsibilities as are assigned them by the Director and by their job descriptions with the Hospital. The Departmental Education Directors are responsible for coordination and planning the continuing education needs and activities of the Departments with the DME and participating in and supervising the teaching of medical students. The Program Director/Family Practice Residency has such responsibilities and authority as are provided in the contract with the Hospital. Responsibility is to the Hospital President and to the Medical Executive Committee.

ARTICLE EIGHT: CLINICAL DEPARTMENTS AND MEDICAL EDUCATION

8.1 DESIGNATION

8.1-1 CURRENT CLINICAL DEPARTMENTS

The current clinical departments are:

- A. Anesthesiology
- B. Emergency Medicine
- C. Family Practice
- D. Medicine
- E. Obstetrics-Gynecology
- F. Ophthalmology
- G. Oral and Dental Surgery
- H. Orthopedics
- I. Otolaryngology -- Head and Neck Surgery
- J. Pathology
- K. Pediatrics
- L. Radiology
- M. Surgery

8.1-2 FUTURE CLINICAL DEPARTMENTS

The Medical Executive Committee (MEC) will periodically review this structure and recommend to the Board what action is desirable in creating new or combining Departments or creating distinct sections within a Department in order to promote organizational efficiency and patient care. A group of practitioners who believe they satisfy the criteria for Departmental or Section designation set forth below may at any time petition the MEC in writing and with appropriate supporting documentation for such designation. The MEC will consider the request and forward its recommendation to the Board for its final decision.

8.1-3 CRITERIA TO QUALIFY AS A CLINICAL DEPARTMENT

The following criteria and such others as may be deemed appropriate will be used by the Medical Executive Committee and Board in making recommendations and taking action under Section 8.1-2 with respect to Departmental designations:

- A. The area of practice represents a major general, distinct field of medical practice at the Hospital, or a field that crosses clinical disciplines.
- B. A sufficient number of practitioners, actively engaged in that area of practice, are available to participate in accomplishing the functions assigned to Departments.
- C. The level of clinical activity is substantial enough to warrant imposing the responsibility to accomplish those functions on a routine basis.

8.1-4 CRITERIA TO QUALIFY AS A SPECIALTY SECTION

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The following criteria and such others as may be deemed appropriate will be used by the Medical Executive Committee and Board in making recommendations and taking action under Section 8.1-2 with respect to Section designations:

- A. The area of practice is an established, professionally- recognized specialty/subspecialty field within the general field of the Department and is a significant area of practice within the Department at this Hospital. ("Significant" means that specialists in that area devote most of their time to that specialty rather than having a broader-based practice and the numbers and/or activity level in that area are such to require a Chief specifically responsible for coordination of services, quality control and day-to-day problem resolution.)
- B. A sufficient number of practitioners, actively engaged primarily in that area, are available to participate in accomplishing the functions assigned to Sections.
- C. The level of clinical activity is substantial enough to warrant imposing the responsibility to accomplish those functions on a routine basis.

8.2 REQUIREMENTS FOR AFFILIATION WITH DEPARTMENTS

- A. Each Department is a separate organizational component of the Medical Staff, and every Staff member must have a primary affiliation with and membership in the Department and Section, where applicable, which most closely reflects individual professional training and experience and the clinical area in which the majority of one's practice is concentrated.
- B. A practitioner may be granted specific clinical privileges over and above those granted within the membership Department.
- C. Exercise of clinical privileges subject to the Rules and Regulations of the Department in which privileges are received and the authority of the Department Chief.

8.3 FUNCTIONS OF CLINICAL DEPARTMENTS

8.3-1 GENERALLY

The Clinical Departments fulfill certain clinical, administrative, quality assessment/assurance, and collegial and education functions. Through election to Staff-wide offices and participation by Department representatives on committees, the Staff members affiliated with each Department perform these same functions on a multidisciplinary, Staff-, and Hospital-wide basis.

8.3-2 CLINICAL FUNCTIONS

Each Department will:

- A. Establish, with appropriate approvals, implement and monitor its members' adherence to clinical standards, policies, procedures and practices relevant to the various clinical disciplines under its jurisdiction;
- B. Provide an inter-Departmental forum for matters of clinical concern and for resolving clinical issues arising out of the interface between the activities of the Department members and the activities of other patient care and administrative services;
- C. Develop consistency in patient care data, standards, policies, procedures and practices within the Department; and
- D. Develop, with assistance from the various specialists and subspecialists, criteria for use in making credentials recommendations on initial appointments, reappointments, grants of clinical privileges to ensure quality patient care, concluding the provisional period, and other credentialing matters, and make recommendations on these matters as required by the Credentialing Procedures Manual.

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8.3-3 ADMINISTRATIVE FUNCTIONS

Each Department will:

- A. Assure that its members contribute their professional views and insights to the formulation of the Departmental, Medical Staff and Hospital policies and plans;
- B. Communicate formulated policies and plans back to its members for implementation;
- C. Coordinate the professional services of its members with those of other Departments and with Hospital and Medical Staff support services; and
- D. Make recommendations to the Medical Executive Committee, Hospital President and other components, as appropriate, concerning the short- and long-term allocation and acquisition of resources to and provision of services by the Hospital and Department.

8.3-4 QUALITY ASSESSMENT/ASSURANCE FUNCTIONS

Each Department will:

- A. Review quality assessment and utilization data and findings pertinent to the Department, and make recommendations or take action as appropriate; and
- B. Conduct special studies of inputs, processes and outcomes of care, perform specified monitoring activities, including mortality reviews, and otherwise participate as required in the quality assessment program.

8.3-5 COLLEGIAL AND EDUCATION FUNCTIONS

Each Department will serve as the most immediate peer group for:

- A. Providing clinical and emotional support among and between peers;
- B. Teaching, continuing education, and sharing new knowledge relevant to the practice of Department members; and
- C. Providing consultative advice in its area to members of other Departments.

8.4 DEPARTMENT OF MEDICAL EDUCATION

The Department of Medical Education is an administrative, not a clinical department. Its functions are limited to organization, teaching and administration of the Medical Education Programs.

ARTICLE NINE: OFFICERS OF CLINICAL DEPARTMENTS

9.1 DESIGNATION AND QUALIFICATIONS OF OFFICERS

Each Department will have a Chief and Vice-Chief, each of whom must:

- A. Be a member of the Attending Staff and of the applicable Department and remain in good standing throughout the term.
- B. Be certified by an appropriate specialty board, or affirmatively establish comparable competence through the credentialing process.
- C. Be recognized for current clinical ability in one of the clinical areas covered by the Department.
- D. Have demonstrated executive and medico-administrative abilities through training and/or experience.
- E. Willingly and faithfully discharge the functions of the office and work with the other officers of the Staff, the Hospital President, the Board and its Committees.

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9.2 ATTAINMENT OF OFFICE OF THE DEPARTMENT CHIEF AND VICE-CHIEF

9.2-1 NOMINATION AND APPOINTMENT

Each Department will be responsible for providing a nominee for Chief and for Vice-Chief, elected by the Department, to the Medical Executive Committee no later than the Medical Executive Committee's November meeting. If the MEC approves the nominees, the names of the Department Chief and Vice-Chief will be forwarded to the Board of Trustees. The MEC may also refer the matter back to the Department for reconsideration and recommendation in time for the MEC to forward its approval to the Board's December meeting.

9.3 TERM OF OFFICE AND ELIGIBILITY FOR RE-ELECTION

The term of office for the Department Chief and Vice-Chief is one-year commencing at appointment and continuing until a successor takes office, unless the Chief or Vice-Chief resigns or is removed from office. The Department Chief and Vice-Chief assume office on the first day of the Medical Staff year following appointment, except that an officer appointed to fill a vacancy assumes office immediately upon appointment. The Department Chief and Vice-Chief are eligible for re-election and re-appointment.

9.4 RESIGNATION AND REMOVAL

9.4-1 RESIGNATION

A Department Chief may resign at any time by giving written notice to the Medical Executive Committee. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later time specified therein.

9.4-2 REMOVAL

Within the Medical Staff organization, removal of a Department Chief may be effected by a two-thirds (2/3) majority vote of the Attending Staff members of the Department in good standing if ratified by the Medical Executive Committee.

Permissible basis of removal of a Chief include:

- A. Failure to perform the duties specified in these Bylaws and any action or duties which may be requested by the Medical Executive Committee or the Board of Trustees.
- B. Failure to act or carry out responsibilities in such a way as to enable the medical staff to operate in an orderly manner.
- C. Any reduction, suspension or revocation of the clinical privileges of the person involved.

Any dismissal or removal from office shall in no way affect the officer's clinical privileges, nor would the officer be afforded any rights on account of such removal under the Fair Hearing Plan.

9.5 VACANCIES

A vacancy is filled by the Medical Executive Committee by appointment of the Vice Chief who serves pending the outcome of a special selection process to be conducted generally in the same manner as provided in Section 9.2.

9.6 RESPONSIBILITY, AUTHORITY AND REPORTING OBLIGATIONS OF DEPARTMENT CHIEF

9.6-1 RESPONSIBILITY AND AUTHORITY

The Department Chief has the responsibility and authority to do everything necessary to carry out the functions delegated to him and to the Department by the Board, the Medical Executive Committee, these Bylaws and related Manuals. The Vice Chief may exercise all the responsibilities and authorities in the temporary absence of the Department Chief and will serve as a member of the Quality Assessment Committee.

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9.6-2 REPORTING OBLIGATIONS

Each Department Chief will report:

- A. At all regularly scheduled Medical Executive Committee, Department and Medical Staff meetings on the Department's activities.
- B. Whenever necessary or requested to the President of the Staff on matters of some immediacy where action to coordinate clinical services, to maintain quality, or to assure patient safety is at issue.
- C. To the Hospital President on issues relating to administrative duties for supervision of Hospital personnel, proper functioning of equipment and efficient scheduling.
- D. To the Medical Executive Committee, the Hospital President, and the Board, on issues relating to the allocation to and acquisition of resources for the various Departments, budgetary items and similar concerns.

9.6-3 SPECIFIC DUTIES AND OBLIGATIONS

The specific duties and obligations of Department Chiefs are detailed in the Medical Staff Organization Manual.

ARTICLE TEN: FUNCTIONS AND COMMITTEES

10.1 FUNCTIONS OF THE STAFF

The required functions of the Medical Staff are as specified in this Section and as more fully described in Part Two of the Medical Staff Organization Manual. They shall be accomplished as indicated in these Bylaws and said Manual through assignment to the Staff as a whole, to Departments, to other clinical units, to Staff Committees, to Staff Officers or other individual Staff members, or to interdisciplinary Hospital Committees with participation of Medical Staff members.

- A. Govern, direct and coordinate the Staff organization and its various functions.
- B. Plan, conduct, coordinate and evaluate the Medical Staff components of the Hospital's quality assessment programs.
- C. Conduct, coordinate and evaluate the effectiveness of monitoring activities, including:
 - 1. Tissue, blood usage, mortality, morbidity and antibiotic and other drug use reviews;
 - 2. analysis of autopsy reports, and analysis of unexpected clinical occurrences;
 - 3. fulfillment of consultation requirements; and
 - 4. compliance with the Bylaws, Manuals, Rules, Regulations, Policies and Procedures of the Staff and Hospital.
- D. Conduct, coordinate and evaluate the effectiveness of, or oversee the conduct of, utilization review programs.
- E. Conduct, coordinate and evaluate the effectiveness of special studies of the inputs, processes and outcomes of care.
- F. Monitor and evaluate care provided in and develop clinical policy for:
 - 1. intensive care units;
 - 2. coronary and other special care units;
 - 3. patient care support services, such as respiratory therapy and physical therapy; and
 - 4. emergency and other ambulatory care services.
- G. Conduct, coordinate and act on credentials investigations and recommendations regarding Staff

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membership, grants of clinical privileges, corrective action, and specified services for Allied Health Professionals.

- H. Provide and evaluate continuing education opportunities that are responsive, when appropriate, to quality assessment program findings and to new state-of-the-art developments pertinent to clinical practice at the Hospital.
- I. Plan, conduct, coordinate and evaluate the training of students and residents.
- J. Provide medical direction to the Hospital's professional library services.
- K. Develop and review policies and practices on, and maintain surveillance over the completeness, timeliness and clinical pertinence of patient medical and related records.
- L. Develop and maintain surveillance of drug utilization policies and practices.
- M. Participate in preventing, investigating and controlling hospital-acquired infections and monitoring the infection control program.
- N. Participate in planning for response to fire and other disasters, for the growth and development of the Hospital, and for the provisions of services required to meet the needs of the community.
- O. Direct Staff organizational activities, including Staff Bylaws review and revisions, Staff Officer and Committee nominations, liaison with the Board and Administration, and review and maintenance of the Medical Staff-related aspects of accreditation and other required licenses and certificates.
- P. Coordinate the care provided by practitioners with the care provided by the nursing and support services and with the activities of other patient care and administrative services.

10.2 **PRINCIPLES GOVERNING COMMITTEES**

10.2-1 **MEDICAL EXECUTIVE COMMITTEE AND OTHER COMMITTEES**

There will be a Medical Executive Committee (MEC) and such other Standing and Special Committees of the Staff, responsible to the MEC or to a designated Staff officer or other Staff Committee, as are necessary and desirable to perform any of the functions listed in Section 10.1 and elsewhere in these Bylaws. The composition and purpose of the MEC and any Standing Committees that exist at any given time are set forth in the Medical Staff Organization Manual.

10.2-2 **SUBSTITUTION**

By resolution and upon approval of the Board, the MEC may, at any time it deems it necessary and desirable for the proper discharge of the functions required of the Staff by these Bylaws and the Bylaws and Policies of the Hospital, establish, eliminate or merge Staff Committees, change the functions of a Staff Committee, or assign the function to another organizational component.

10.2-3 **REPRESENTATION ON HOSPITAL COMMITTEES**

Staff functions and responsibilities relating to liaison with the Board and Administration, Hospital accreditation/licensure/certification, disaster planning, facility and services planning, financial management, and functional and physical plant safety which require participation of, rather than direct oversight by, the Staff may be discharged in part by various officers and organizational components of the Staff as described in these Bylaws and the related Manuals and in part by Medical Staff representation on Hospital Committees established to perform such functions.

10.2-4 **EX OFFICIO MEMBERS**

The Hospital President or designee is a member of the Medical Executive Committee and of all other Standing and Special Committees of the Staff, ex officio and without vote.

10.2-5 **ACTION THROUGH SUBCOMMITTEES**

MEDICAL STAFF BYLAWS

Any Standing Committee may elect to perform any of its specifically designated functions by constituting any number of its members as a Subcommittee for that purpose, reporting such action to the Medical Executive Committee in writing. Any such Subcommittee may include individuals in addition to members of the Standing Committee. Such additional members are appointed by the Committee Chairman after consultation with the President of the Staff and with the Hospital President when administrative staff appointments are to be made.

10.2-6 COMPOSITION

A Staff Committee created by these Bylaws or by the Organization Manual is composed as stated in the description of the Committee. Any other Committees that may be established pursuant to Section 10.2-2 to perform one or more of the Staff functions required by these Bylaws will be composed of members of the Attending and Conditional Attending Staffs, and of the Visiting and Consulting Staffs, as required respectively under Section 4.4 or 4.5, and may include, where appropriate, Allied Health Professionals and representation from Administration, Nursing Services, Medical Records Service, and such other Hospital Departments as are appropriate to the function(s) to be discharged.

10.2-7 APPOINTMENT

Except as otherwise expressly provided, the President of the Staff appoints Committee members and Chairmen, subject to Medical Executive Committee approval. Non-Medical Staff appointees are subject to the approval of the Hospital President.

10.2-8 TERM, PRIOR REMOVAL AND VACANCIES

A Committee member serves a one-year term, unless resignation or removal from the Committee or the Staff occurs.

A Committee member, except one serving ex officio, may be removed for failure to maintain good standing as a member of the Staff, for failure to satisfy the attendance requirements specified in these Bylaws, or by action of the Medical Executive Committee or Board. A vacancy in any Committee is filled for the unexpired portion of the term in the same manner in which original appointment is made. Any ex officio membership on a Staff Committee ceases when the designated position, which is the basis of ex officio membership, ceases.

ARTICLE ELEVEN: CORRECTIVE ACTION

11.1 CRITERIA FOR INITIATING ROUTINE CORRECTIVE ACTION

Whenever a practitioner with membership or clinical privileges engages in, makes or exhibits acts, statements, demeanor or professional conduct, either within or outside the Hospital, and the same:

- A. Is, or
- B. Is reasonably likely to be,

either detrimental to patient safety or to the delivery of quality or efficient patient care in the Hospital or disruptive to Hospital operations such that the quality or efficiency of patient care services is or may reasonably be adversely affected, corrective action against the practitioner may be initiated by any of the following:

1. Any general Staff officer;
2. The Chief of any Department in which the practitioner holds membership or exercises privileges;
3. Any standing committee or subcommittee of the Staff, or a Chairman thereof;
4. The Hospital President;
5. The Board.

The specific procedures for initiating and processing a routine corrective action matter are contained in Section 1.1 of the Fair Hearing Plan.

11.2 DISCRETIONARY INTERVIEW PRIOR TO CORRECTIVE ACTION

MEDICAL STAFF BYLAWS

Prior to initiating or proceeding with corrective action against a practitioner, the initiating or acting party may afford the practitioner an interview at which the circumstances prompting the corrective action are discussed and the practitioner is permitted to present relevant information. An interview may be initiated by special notice to the practitioner, with copies transmitted to the President of the Medical Staff and the Hospital President. A written record reflecting the substance and conclusion of the interview should be made and transmitted to the practitioner, the President of the Medical Staff, the Hospital President, and the practitioner's credentials file. The President of the Staff and the Hospital President or designee may, at their option, be present as observers at an interview. If the practitioner fails to respond to the special notice or declines to participate in the interview, corrective action may immediately proceed in accordance with Section 1.1 of the Fair Hearing Plan. The interview provided in this Section 11.2 is not a procedural right of the practitioner and need not be conducted according to the procedural rules provided in Article Twelve of the Bylaws and in the Fair Hearing Plan. The practitioner has no right to have legal counsel present at this interview.

11.3 **SUMMARY SUSPENSION**

Whenever a practitioner's conduct requires that immediate action be taken to protect the life of any patient(s) or to reduce the likelihood of injury or damage to the health or safety of any patient, employee or other person present in the Hospital, any two (2) of the following individuals, acting as a Peer Review Committee, (i.e., the President of the Staff, the applicable Department Chairman, the Hospital President, or their respective designated representatives, or the Medical Executive Committee or Board) has the authority to summarily suspend the Medical Staff membership status or all or any portion of the clinical privileges of such practitioner. A summary suspension is effective immediately upon imposition, and the Committee imposing the suspension is to follow it up promptly by giving special notice of the suspension to the practitioner. The procedure for further action on summary suspension is set forth in Section 1.2 of the Fair Hearing Plan. A suspended practitioner's patients then in the Hospital must be assigned to another practitioner by the applicable Department Chairman, or designee, considering the wishes of the patient, where feasible, in choosing a substitute practitioner.

11.4 **AUTOMATIC SUSPENSION**

11.4-1 **LICENSE**

A. **Revocation**

Whenever a practitioner's license to practice medicine in the State of Indiana is revoked, individual Staff membership and clinical privileges are immediately and automatically revoked.

B. **Restriction**

Whenever a practitioner's license to practice medicine in the State of Indiana is partially limited or restricted in any way, those clinical privileges which have been granted that are within the scope of the limitation or restriction are similarly limited or restricted, automatically. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.

C. **Suspension**

Whenever a practitioner's license to practice medicine in the State of Indiana is suspended, Staff membership and clinical privileges are automatically suspended effective upon and for at least the term of the suspension. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.

D. **Probation**

Whenever a practitioner is placed on probation by a licensing authority, voting and office-holding prerogatives are automatically suspended effective upon and for at least the term of the probation. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.

11.4-2 **DRUG ENFORCEMENT ADMINISTRATION (DEA)**

MEDICAL STAFF BYLAWS

- A. Revocation**
Whenever a DEA or other controlled substance number is revoked, individual Staff membership and clinical privileges are immediately and automatically revoked. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.
- B. Restriction**
Whenever a practitioner's use of a DEA or other controlled substance number is partially restricted or limited, those clinical privileges which have been granted that are within the scope of the limitation or restriction are similarly limited or restricted, automatically. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.
- C. Suspension**
Whenever a DEA or other controlled substance number is suspended, Staff membership and clinical privileges are automatically suspended, effective upon and for at least the term of the suspension. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.
- D. Probation**
Whenever a practitioner is placed on probation insofar as the use of the DEA or other controlled substances number is concerned, voting and office-holding prerogatives are automatically suspended effective upon and for at least the term of the probation. Procedures for further action on the matter are contained in Section 1.3 of the Fair Hearing Plan.

11.4-3 MEDICAL RECORDS

Timely Completion

After written warning of delinquency of failure to complete medical records in a timely fashion, a practitioner's clinical privileges are automatically suspended effective on the date specified in the written warning and continuing until the delinquent medical records are completed or until such other time as provided in the Medical Staff Rules and Regulations.

11.4-4 PROFESSIONAL LIABILITY INSURANCE

For failure to maintain the minimum amount of professional liability insurance required under Section 3.1-5 of these Bylaws and for failure to remain qualified under the Indiana Medical Malpractice Act (I.C.27-12), a practitioner's Medical Staff membership and clinical privileges are immediately suspended. The procedure for further action is set forth in Section 5.3-4 of the Credentialing Procedures Manual.

11.4-5 LOSS OR SUSPENSION OF MEDICARE OR MEDICAID PROVIDER NUMBER

If a practitioner's Medicare or Medicaid provider number is revoked or suspended, his or her privileges, including admitting privileges, shall immediately and automatically be suspended or revoked until such suspension or revocation of the Medicare or Medicaid provider number is lifted and the applicable provider number is restored. Such suspension or revocation does not preclude further corrective action from being initiated.

A practitioner is required to immediately advise the CEO in writing of any revocation, suspension, or change in status of the practitioner's Medicare or Medicaid provider number. Failure to notify the CEO in a timely manner may be grounds for corrective action.

11.4-6 RIGHTS ON AUTOMATIC SUSPENSION

There shall be no hearing or appeal from an automatic suspension except on the ground that the reason for such suspension did not exist or that the reason no longer exists, and that any waiting period for reinstatement has expired.

ARTICLE TWELVE: PROCEDURAL RIGHTS

MEDICAL STAFF BYLAWS

12.1 NECESSITY FOR ADVERSE ACTION

12.1-1 BY MEDICAL EXECUTIVE COMMITTEE

Upon receipt of special notice of an adverse recommendation made by the Medical Executive Committee (MEC) pursuant to the Fair Hearing Manual of the Medical Staff, a practitioner is entitled, upon timely and proper request, to a hearing before an ad hoc hearing Committee of the Medical Staff. If the MEC's recommendation following the hearing is still adverse to the practitioner, timely and proper request allows for appellate review by the Board before it acts on the MEC's recommendation.

12.1-2 BY THE BOARD

Upon receipt of special notice of an adverse decision made by the Board pursuant to the Fair Hearing Manual of the Medical Staff, a practitioner is entitled, upon timely and proper request, to a hearing by an ad hoc hearing Committee appointed by the Board. If the hearing does not result in a favorable recommendation, the practitioner is then entitled, upon timely and proper request, to an appellate review by the Board before a final decision is made.

12.1-3 BOARD AND ADVERSE DECISION

The Board shall report in writing, to the Indiana Medical Licensing Board, and to any other agencies designated under applicable state and federal laws and regulations:

- A. The results and circumstances of any final, substantive adverse disciplinary action taken by the Board regarding a physician on the Medical Staff, or an applicant for the Medical Staff, if the action results in voluntary or involuntary resignation, termination, nonappointment, revocation or significant reduction of clinical privileges or Staff membership. Such report shall not be made for non-disciplinary resignations nor for minor disciplinary action taken regarding physicians. For purposes of this reporting requirement, any action which adversely affects the clinical privileges of a physician for a period longer than thirty (30) days must be reported.
- B. Any physician for whom the Hospital has accepted the surrender of his clinical privileges;
 1. While the physician is under investigation by the Hospital relating to possible incompetence or improper professional conduct, or
 2. in return for not conducting such an investigation or proceeding.
- C. The report shall include the name of the physician, a description of the action or omissions or other reasons for the action or for the surrender and such other information respecting the circumstances of the action or surrender as the Secretary of HHS and/or the Indiana Medical Licensing Board deems appropriate.
- D. This report shall also be made to satisfy the Hospital's reporting obligations under the federal Health Care Quality Improvement Act and its implementing regulations.

12.1-4 PROCESS FOR HEARINGS AND APPELLATE REVIEWS

All hearings and appellate reviews will be conducted in accordance with the procedures and safeguards set forth in the Fair Hearing Plan. A practitioner is entitled to no more than one (1) evidentiary hearing and no more than one (1) appellate review with respect to any adverse recommendations defined in the Fair Hearing Plan.

ARTICLE THIRTEEN: MEETINGS

MEDICAL STAFF BYLAWS

- 13.1 MEDICAL STAFF YEAR**
For purposes of the business of the Medical Staff, the business year will commence on February 1 of each year and expire January 31 of the following year.
- 13.2 MEDICAL STAFF MEETINGS**
- 13.2-1 REGULAR MEETINGS**
There will be an annual meeting of the Medical Staff.
- 13.2-2 SPECIAL MEETINGS**
A special meeting of the Medical Staff may be called by the President of the Staff, the Medical Executive Committee, or by petition of twenty percent (20%) of the members of the Attending Staff in good standing.
- 13.3 CLINICAL DEPARTMENT AND COMMITTEE MEETINGS**
- 13.3.1 REGULAR MEETINGS**
Clinical Departments and Committees may, by resolution, provide the time for holding regular meetings and no notice other than such resolution is then required. A Department must meet at least annually. The frequency of Committee meetings is as required by the Organizational Manual for each Committee.
- 13.3-2 SPECIAL MEETINGS**
A special meeting of any Department or Committee may be called by the Chief thereof, the Medical Executive Committee, the President of the Medical Staff, or one-third of the group's current members in good standing but not less than two (2).
- 13.4 ATTENDANCE REQUIREMENTS**
- 13.4-1 GENERALLY**
In addition to satisfying the special appearance requirements of Section 13.4-2, each member of the Staff is encouraged to attend meetings of Departments and Committees to which assigned.
- 13.4-2 SPECIAL APPEARANCES OR CONFERENCES**
- A. A practitioner whose patient's clinical course of treatment is scheduled for discussion at a Staff, Department, or Committee meeting should be so notified and invited to present the case.
- B. Whenever a Staff or Department education program or clinical conference is prompted by findings of review, evaluation and monitoring activities, the practitioners whose patterns of performance prompted the program will be notified of the time, date and place of the program, of the subject matter to be covered, and of its special applicability to the practitioner's practice. Attendance is mandatory.
- C. Whenever a pattern of apparent or suspected deviation from standard clinical practice is identified within a practitioner's practice, the President of the Staff or the applicable Department Chairman may require the practitioner to confer individually with a standing or ad hoc Committee that is considering the matter. The practitioner will be given special notice of the conference at least five (5) days prior to it, including the date, time and place, a statement of the issue involved, and that the practitioner's appearance is mandatory. Failure of a practitioner to appear at any such conference, unless excused by the Medical Executive Committee (MEC) upon a showing of good cause, will result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the MEC may direct. A suspension under this Section will remain in effect until the matter is resolved by subsequent action of the MEC or the Board.

MEDICAL STAFF BYLAWS

13.5 MEETING PROCEDURES

Notice, quorum, minutes and agenda requirements for meetings are set forth in Part Three of the Organizational Manual.

ARTICLE FOURTEEN: CONFIDENTIALITY, IMMUNITY AND RELEASES

14.1 SPECIAL DEFINITIONS

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

- A. **Information** means records of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosures or communications, whether in written or oral form, relating to any of the subject matter specified in Section 14.5.
- 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. **Representative** means a board of a hospital and any director or Committee thereof; a hospital chief executive officer or designee; registered nurses and other hospital employees of a hospital; a medical staff organization and any member, officer, clinical unit or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.
- D. **Third Parties** means both individuals and organizations providing information to any representative.

14.2 AUTHORIZATIONS AND CONDITIONS

By submitting an application for Staff membership or by applying for or exercising clinical privileges or providing specified patient care services at the Hospital, a practitioner:

- A. Authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing on individual 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 application for, or acceptance of, Staff membership and the continuation of such membership and to exercise of clinical privileges or provision of specified patient services at the Hospital.

14.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected or prepared by any representative of this of any other health care facility or organization or Medical Staff for the purpose of evaluating and improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, determining that health care services are professionally indicated or were performed in compliance with the applicable standard of care, or establishing and enforcing guidelines to keep health care costs within reasonable bounds 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. All activities of the Medical Staff, the Board, and any committees of either will be governed by the Indiana Peer Review Act and the federal Health Care Quality Improvement Act when such activities relate to peer review matters.

14.4 IMMUNITY FROM LIABILITY

MEDICAL STAFF BYLAWS

14.4-1 FOR ACTION TAKEN

No representative of the Hospital or Medical Staff shall be liable to a practitioner for damage or other relief for any decision, opinion, action, statement or recommendation made within the scope of duties as a representative, if such representative acts in good faith and without malice within the scope of a function, has made a reasonable effort to obtain the facts of the matter and acts in the reasonable belief that the action is warranted by such facts.

14.4-2 FOR PROVIDING INFORMATION

No representative of the Hospital or Medical Staff and no third party shall be liable to a practitioner 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 practitioner who is or has been an applicant to or member of the 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 within the scope of this function and has made a reasonable effort to obtain the facts of the matter for this information and provided further that such information is related to the performance of the duties and functions of the recipient and is reported in a factual manner.

14.5 ACTIVITIES AND INFORMATION COVERED

14.5-1 ACTIVITIES

The confidentiality and immunity provided by this Article applies to all information or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

- A. Applications for appointment, clinical privileges or specified services,
- B. Periodic reappraisals for reappointment, clinical privileges or specified services,
- C. Corrective or disciplinary action,
- D. Hearings and appellate reviews,
- E. Quality assessment program activities,
- F. Utilization reviews,
- G. Claims reviews,
- H. Profiles and profile analysis,
- I. Malpractice loss prevention, and
- J. Other Hospital, Committee, Department, or Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

14.5-2 INFORMATION

The information referred to in this Article may relate to a practitioner's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect the quality or efficiency of patient care provided at the Hospital.

14.6 RELEASES

Each practitioner shall, upon request of the Hospital, execute general and specific releases in accordance with

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the tenor and import of this Article, subject to such requirements, including those of good faith and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under relevant Indiana laws. Execution of such releases is not a prerequisite to the effectiveness of this Article.

14.7 CUMULATIVE EFFECT

Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability are in addition to other protections provided by relevant Indiana laws and not in limitation thereof.

14.8 MEDICAL MALPRACTICE PAYMENTS

The Hospital will report to the National Practitioner Data Bank and to the Medical Licensing Board any payments which it makes for the benefit of a licensed health care practitioner in accordance with federal regulations governing such obligations.

ARTICLE FIFTEEN: GENERAL PROVISIONS

15.1 STAFF RULES AND REGULATIONS

Subject to approval by the Board, the Medical Executive Committee shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found in these Bylaws. The procedures outlined in Article Sixteen of these Bylaws shall be followed in the adoption and amendment of the Rules and Regulations.

15.2 DEPARTMENT POLICIES

Subject to the approval of the Medical Executive Committee and the Board, each Department will formulate its own written policies for the conduct of its affairs and the discharge of its responsibilities, all of which must be consistent with these Bylaws, the supporting Manuals, the general Staff Rules and Regulations, and Hospital Policies.

15.3 STAFF DUES

The Medical Executive Committee (MEC) will establish the amount and manner of disposition of annual dues, if any. Dues are payable at initial appointment and reappointment. Failure, unless excused by the MEC for good cause, to render payment, shall, after special notice of the delinquency, result in summary suspension of Staff membership and clinical privileges until the delinquency is remedied. The MEC, applicable Department Chiefs, and organizational components on which the delinquent practitioner holds membership will be notified of the suspension.

15.4 CONSTRUCTION OF TERMS AND HEARINGS

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

ARTICLE SIXTEEN: ADOPTION AND AMENDMENT

16.1 MEDICAL STAFF AUTHORITY AND RESPONSIBILITY

The Board has delegated to the Medical Staff the authority and responsibility to initiate and recommend to the Board the Bylaws and related protocols and Manuals establishing the Staff's organizational structure, and governing its process and manner of acting, subject to that authority and responsibility being exercised in good faith and in a reasonable, timely and responsible manner. Except as provided in Section 16.5-2, the adoption and amendment of these Bylaws require the actions specified in Sections 16.2 and 16.5, and neither the Board nor the Medical Staff shall have the authority to unilaterally amend these Bylaws and Medical Staff Rules and Regulations. The principles expressed herein shall also apply to the adoption and amendment of the protocols and related Manuals developed to implement, and cross referenced in, various sections of these Bylaws.

16.2 MEDICAL STAFF ACTION

Amendment of the Medical Staff Bylaws requires the following Medical Staff action:

- A. The proposed change must be approved by a majority vote of the Medical Executive Committee.

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- B. The proposed change is posted in the Doctor's Lounge, the Surgical Lounge, and other appropriate places.
- C. Within thirty days following approval by the Medical Executive Committee, the proposed changes, along with a ballot, are mailed to all members of the Attending Medical Staff.
- D. Ballots are returned to the Medical Staff Office and all returned ballots are tallied thirty days following the mailing.
- E. Ballots received from at least 30% of the members of the Attending Medical Staff is required to constitute a quorum.
- F. A positive majority of the votes received from a quorum of Attending Medical Staff members is required to pass an amendment to the Bylaws.

16.3 **URGENT MEDICAL STAFF ACTION**

The President of the Medical Staff may, with the concurrence of a majority of the members of the Medical Executive Committee and the Bylaws Committee, call a Special meeting of the General Medical Staff to vote on a proposed Amendment to the Bylaws, only if following the procedure/guidelines in 16.2 would be contrary to the best interests of the Medical Staff.

Adequate time will be assured to notify members of the Attending Medical Staff of the proposed meeting.

A positive majority vote of the usual 30% quorum of the Attending Medical Staff is required to pass an amendment to the Bylaws.

16.4 **MEDICAL STAFF AFFIRMATIVE ACTION**

The Medical Staff's affirmative action is forwarded to the Board for its action. Other Staff action is transmitted to the Board for its information.

16.5 **BOARD ACTION**

16.5-1 **WHEN FAVORABLE TO MEDICAL STAFF RECOMMENDATION**

Medical Staff recommendations are approved upon the affirmative vote of a majority of the Board. The effective date of said recommendations is on the date approved or at such later date as the Board may specify.

16.5-2 **WHEN CONTRARY TO OR WITHOUT BENEFIT OF MEDICAL STAFF RECOMMENDATION**

A. **Notice to Staff**

Whenever the Board believes that the Staff recommendations are deficient in one or more respects or that the Staff has failed to exercise its responsibility and authority in a timely and responsible manner as specified in Section 16.1, it shall, by written notice to the President of the Staff, inform the Staff of its concerns, of the reasons therefore, and of the date by which the Staff's response is requested.

B. **Action Following Staff Response**

If that response satisfies the Board's concerns, the Board shall act upon the matter in accordance with Section 16.5-1. If the Staff's response fails to satisfy the Board's concerns or if no Staff response is received within the specified time frame, the matter will be submitted to a joint conference, composed of three (3) members each from the Medical Staff and the Board appointed respectively by the President of the Staff and the Chairman of the Board, for review and recommendation.

C. **Action Following Joint Conference Review**

If this joint conference recommendation is different from the Staff's first response above, it will

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be communicated to the Staff for consideration and response to the Board within a specified time period. Board action after receiving the Staff's response or after expiration of the response period without a Staff response is effective as its final decision, and the documents or amendments it approved are effective as of the date of the action or at such later date as it may specify. If the joint conference recommendation accords with the Staff's response, if any, it is submitted to the Board for action. Such action has the same effect as stated earlier above in this paragraph.

16.6 **MEDICAL STAFF NOTIFICATION**

Whenever significant changes are made to the Bylaws or related protocols and Manuals, the medical staff will be notified that revised copies will be available in the Medical Staff Office.

16.7 **RELATED PROTOCOLS AND MANUALS**

For the purpose of the adoption and amendment of the related protocols and Manuals provided in these Bylaws, "Medical Staff action" as used in this Article means action by the Medical Executive Committee.

MEDICAL STAFF BYLAWS

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Medical Staff

President of the Medical Staff
Memorial Hospital of South Bend, Inc.

July 27, 2000
Date

Approved by the Board of Trustees

Chairman, Board of Trustees
Memorial Hospital of South Bend, Inc.

July 27, 2000
Date

BYLAWS OF THE MEDICAL STAFF

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