

MEDICAL STAFF BYLAWS
OF THE
PARKVIEW ORTHO CENTER, LLC,
AMBULATORY SURGERY CENTER

(Effective 4/20/22)

Review Dec 2024

PREAMBLE

The Bylaws, which originate with the Medical Staff, are adopted in order to provide for the organization of the Medical Staff at Parkview Ortho Center. They provide a framework for self-governance in order to permit the Medical Staff to discharge its responsibilities in matters involving quality medical care. They provide the professional and legal structure for Medical Staff operations as well as organized Medical Staff relations with the Board of Managers. They also provide for Medical Staff relations with applicants to, as well as members of, the Medical Staff. These Bylaws, when approved by the Board of Managers, create a system of mutual rights and responsibilities between members of the Medical Staff and Parkview Ortho Center.

ARTICLE I DEFINITIONS

1. The term "ASC" shall mean the Parkview Ortho Center, LLC Ambulatory Surgery Center.
2. The term "Medical Staff" shall mean all licensed physicians who are privileged by the ASC to attend to patients in the ASC.
3. The term "Allied Health Professionals" shall mean all individually licensed non-physician health care providers (e.g., nurse practitioners, physician assistants, certified registered nurse anesthetists) who qualify to exercise specified privileges within the ASC.
4. The term "Governing Body" shall mean the Board of Managers of the ASC. The Governing Body of the ASC shall serve and function as the supreme authority of the ASC. The Governing Body of the ASC has the responsibility and exact accountability for the quality and appropriateness of patient care and professional performance, for determining, implementing, and monitoring policies governing the ASC's total operation, and for ensuring that these policies are followed so as to provide quality health care in a safe environment.
5. The term "Chief Operating Officer" of the ASC means the individual appointed by the Governing Body of the ASC who shall have the authority, duties, and responsibilities as set forth pursuant to ASC policy as prepared and approved by the Governing Body; the Chief Operating Officer of the ASC shall also carry out the duties as set forth herein and in 410 IAC 15-2.4-1(c) or any successor provision thereto.
6. The term "Medical Director" means the individual appointed by the Governing Body of the ASC who shall be responsible for carrying out the established policies of the ASC and for providing overall direction in the continuing performance of its services. The Medical Director shall be the liaison between the Medical Staff and the Governing Body.
7. Quorum - A quorum for the purpose of doing business shall be a majority of the members of the Medical Staff. A majority of any standing or special committee shall constitute a quorum except where otherwise provided by these Bylaws. If necessary to constitute a quorum, a member can be counted as present if through means of telecommunication said member may hear and be heard by all other members present at such meetings. The act of the majority of the individuals present at a meeting at which a quorum is present shall be the act of the Medical Staff or committee except where otherwise provided by law or by these Bylaws.

ARTICLE II PURPOSES, RESPONSIBILITIES, DUTIES/OBLIGATIONS OF THE MEDICAL STAFF OF THE ASC

Section 2.01. Purposes. The purposes of the Medical Staff of the ASC are as follows:

- (a) **Formation of Collegial Body of Professionals.** To formally organize as a collegial body of professionals to provide for its members' mutual education, consultation, and clinical support to attain and maintain quality patient care at the ASC.

- (b) **Clinical Privileges.** To carry out the function of peer review as the agents of the Governing Body of the ASC by reviewing the credentials of all persons who wish to provide health care to patients of the ASC, to recommend delineations of privileges for each such individual to the Governing Body of the ASC, and to monitor the quality of patient care and safety within the ASC.
- (c) **Develop Organizational Structure.** To develop organizational structure and exercise the authority reflected in these Medical Staff Bylaws, the ASC/Medical Staff Rules and Regulations, and related manuals, which define responsibility, authority, and accountability of every organizational component.
- (d) **Provide Mechanism for Accountability.** Through defined Medical Staff components, a mechanism for accountability will be provided for accountability of the Medical Staff of the ASC to the Governing Body of the ASC. Such components will assure appropriateness of patient care, as well as professional and ethical conduct.
- (e) **Provide means for Recommendations.** To provide a method by which members of the Medical Staff of the ASC can recommend policies and planning processes to the Governing Body of the ASC.

Section 2.02. Responsibilities/Duties/Obligations. Based on the above purposes, it is the responsibility, duty, and obligation of the Medical Staff of the ASC to:

- (a) **Participate in Quality Assurance and other Peer Review Programs.** Participate in the ASC's Quality Assurance and other Peer Review programs by conducting all necessary and required activities for the accessing and improving of medical/surgical care.
- (b) **Make Recommendations to the Governing Body.** Make recommendations to the Governing Body of the ASC concerning appointments, reappointments, and clinical privileges on the Medical Staff.
- (c) **Monitor Education Needs.** Develop, participate in, and monitor the ASC's educational program(s).
- (d) **Exercise Authority Granted.** Exercise the authority granted by these Medical Staff Bylaws and the ASC/Medical Staff Rules and Regulations as necessary to fulfill these responsibilities in a proper and timely manner.

Section 2.03. Duties and Obligations. Based on the Purposes and Responsibilities set forth in Sections 2.01 and 2.02 above, the Medical Staff of the ASC shall have the following duties and obligations:

- (a) Conduct outcome-oriented performance evaluations of its members at least biennially.
- (b) Examine credentials of candidates for appointment and reappointment to the Medical Staff of the ASC by using sources in accordance with ASC policy and applicable state and federal law. Credentials examined shall include, and not be limited to, a request for clinical privileges, current licensure, training and professional education, documented experience, and supporting references of competence.

- (c) Make recommendations to the Governing Body of the ASC on the appointment or reappointment of the applicant for a period not to exceed two (2) years. The Governing Body of the ASC will thereafter take final appropriate action.
- (d) Maintain a separate and reasonably accessible hard copy or electronic file for each member of the Medical Staff of the ASC, which includes, but is not limited to, the following:
 - (1) A completed, signed application.
 - (2) The date and year of completion of all Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs, if applicable.
 - (3) A current copy of the individual's credentials as follows:
 - (i) Indiana license showing date of licensure and number or available data provided by the health professions bureau. A copy of practice restrictions, if any, shall be attached to the license issued by the health professions bureau through the appropriate licensing board.
 - (ii) Indiana controlled substance registration showing number, as applicable.
 - (iii) Drug Enforcement Agency registration showing number, as applicable.
 - (iv) Documentation of experience in the practice of medicine.
 - (v) Documentation of specialty board certification, as applicable.
 - (vi) Documentation of privilege to perform surgical procedures in at least one hospital, within the county or an Indiana county adjacent to the county in which the ASC is located, in accordance with IC 16-18-2-14(3)(C) or any successor provision thereto.
 - (4) Category of Medical Staff appointment and delineation of privileges approved.
 - (5) A signed statement to abide by the rules of the ASC.
 - (6) Documentation of current health status as established by ASC and Medical Staff policy and procedure as well as federal and state requirements.
 - (7) Other items specified by the Governing Body of the ASC and/or the Medical Staff of the ASC.
- (d) These Medical Staff Bylaws and the ASC/Medical Staff Rules and Regulations shall be reviewed by the Medical Staff of the ASC at least triennially and approved by the Governing Body. At a minimum, these Medical Staff Bylaws shall require or provide for the following:
 - (1) A description of the Medical Staff organization structure. See Articles X, XI and XII.
 - (2) Meeting requirements of the Medical Staff of the ASC to include, at a minimum, the following:

(i) Frequency, at least quarterly.

(ii) Attendance.

See Article XII.

- (3) A provision for maintaining records of all meetings of the Medical Staff of the ASC and its committees. See Article X.
- (4) A procedure for designating an individual practitioner with current privileges as chief, president, or chairperson of the Medical Staff of the ASC. See Article X.
- (5) A statement of duties and privileges for each category of the Medical Staff of the ASC. See Articles III and IV.
- (6) A description of the Medical Staff applicant qualifications. See Articles III and IV.
- (7) Criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. See Articles III-VI.
- (8) A process for review of applications for medical staff membership, delineation of privileges in accordance with the competence of each practitioner, and recommendations on appointments to the Governing Body of the ASC. See Articles III-VI.
- (9) A process for reporting practitioners who fail to comply with state professional licensing law requirements as found in IC 25-22.5 (or any successor provision thereto), and for documenting enforcement actions against practitioners who fail to comply with the ASC rules, the Medical Staff Bylaws and/or the ASC/Medical Staff Rules and Regulations. See Article VIII.
- (10) Physician services shall be reviewed and analyzed at specified intervals at regular meetings for the following:
 - (i) Appropriateness of diagnoses and treatments rendered related to a standard of care and anticipated or expected results.
 - (ii) Performance evaluation based on clinical performance indicated in part by the results or outcome of surgical intervention.
 - (iii) Scope and frequency of procedures.
- (11) A process for appeals of decisions regarding Medical Staff membership and privileges.
- (12) A provision, pursuant to ASC policy, for physician coverage of emergency care that addresses at least the following:
 - (i) A definition of emergency care.
 - (ii) A timely response.

- (13) Consistent with ASC policy, medical history and physical examination shall be performed as follows:
 - (i) In accordance with Medical Staff requirements on history and physical examination consistent with the scope and complexity of the procedure to be performed.
 - (ii) On each patient admitted by a physician who has been granted such privileges by the Medical Staff of the ASC or by another member of the Medical Staff of the ASC.
 - (iii) Within the time frame specified by the Medical Staff of the ASC prior to date of admission and documented in the record with a durable, legible copy of the report and with an update and changes noted in the record on admission in accordance with ASC policy.
- (14) All practitioner orders are to be in writing or acceptable computerized form and shall be authenticated by a responsible practitioner as allowed by Medical Staff policies and within the time frames specified by the Medical Staff and ASC policy not to exceed thirty (30) days.
- (15) A provision, pursuant to ASC policy, for personnel authorized to take a verbal order.
- (16) A requirement, pursuant to ASC policy and procedure, that the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.
- (17) Any patient care responsibilities by practitioners other than physicians shall be established pursuant to ASC policies and procedures and approved by the Governing Body of the ASC in regards to responsibilities and duties for overseeing and evaluating the non-physician practitioners.
- (18) A requirement, pursuant to ASC policy, that a physician shall be available to the ASC during the period any patient is present in the ASC.
- (e) The Medical Staff shall provide anesthesia services that meet the needs of the patient, within the scope of the services offered, in accordance with acceptable standards of practice, and such services must be under the direction of a licensed physician with specialized training or experience in the administration of anesthetics. The Medical Staff shall write and implement policies and procedures, as approved by the Governing Body of the ASC, which include, but are not limited to, the following:
 - (1) A requirement that a licensed physician with specialized training or experience in the administration of an anesthetic supervise the administration of the anesthetic to a patient and remain present in the ASC during the surgical procedure, except when only a local infiltration anesthetic is administered.
 - (2) The use of the following:
 - (i) Monitored anesthesia care (MAC).
 - (ii) General anesthesia.

- (iii) Regional anesthesia.
 - (iv) Local anesthesia.
 - (v) Topical anesthesia (sprays).
 - (vi) Intravenous anesthesia.
- (3) Personnel permitted to administer anesthesia. Anesthesia shall only be administered by an individual privileged by the Medical Staff of the ASC and who is a:
- (i) qualified physician with appropriate training, experience, and privileges;
 - (ii) practitioner holding a current permit to administer a specific form of anesthesia or otherwise authorized to administer topical, local, regional, or general anesthesia by state law or rule; or
 - (iii) certified registered nurse anesthetist acting under the direction of and in the immediate presence of the operating physician or other physician and who holds a certificate of completion of a course in anesthesia approved by the American Association of Nurse Anesthetists or a course approved by the appropriate licensing board.
- (4) Safety rules to be followed.
- (5) Safety training required of personnel.
- (6) The delineation of preanesthesia, intra-operative, and postanesthesia responsibilities. See ASC/Medical Staff Rules and Regulations and/or ASC Policies.
- (f) The licensed physician with specialized training or experience in the administration of anesthetics and privileged by the Medical Staff of the ASC shall ensure that anesthesia equipment is checked for operational readiness and safety prior to patient administration; documentation to that effect shall be included in the patient's medical record.
- (h) Surgical services must be organized according to scope of the services offered, to meet the needs of the patient, in accordance with acceptable standards of practice and safety.

ARTICLE III MEDICAL STAFF MEMBERSHIP

Section 3.01. Nature of Medical Staff Membership. The granting of privileges as a member of the Medical Staff or as an Allied Health Care Professional is a privilege and may be extended by invitation from the Governing Body of the ASC only to professionally competent physicians and Allied Health Care Professionals. It is the duty of the Credentials Committee (as the agent of the Medical Staff of the ASC), to examine the credentials of all practitioners who wish to be granted privileges and to recommend to the Governing Body of the ASC specific delineations of privileges as appropriate. Additional information on the procedures to be followed for the credentialing of Medical Staff members and Allied Health Care Professionals is set forth in the Credentialing Committee Policy of the ASC. It is the duty of each member of the Medical Staff or Allied Health

Care Provider to continuously demonstrate the appropriate level of competence, skill, training, and aptitude that would justify the continuance of privileges, if granted. The failure of any Medical Staff member or Allied Health Care Provider to demonstrate the requisite level of skill, health, and cooperative attitude in providing patient care will necessitate the conditioning, suspension, or termination of any privileges which that Medical Staff member or Allied Health Care Provider may have been granted.

Section 3.02. Qualifications for Medical Staff Membership. Except as to the Radiology Director, every Medical Staff member must be associated with Orthopaedics Northeast, P.C. Other practitioners must seek and receive the express approval of the Governing Body to apply for Medical Staff Membership. In addition, all Medical Staff members shall, at the time of appointment and continuously thereafter, satisfy the following:

- (a) **Licensure, Performance, Attitude.** Only applicants licensed by the State of Indiana, who can document their education, training experience, and demonstrated competence, as well as adhere to their professional ethics, maintain a good reputation, and work well with others, shall be considered. Applicants shall be required to provide evidence that they are legally authorized to perform procedures in at least one (1) hospital within the county or a county adjacent to the county in which the ASC is located.
- (b) The applicant's application for and acceptance of Medical Staff membership shall constitute the Medical Staff member's agreement to:
 - (1) Abide strictly by the principles of ethics of the appropriate medical/surgical boards or colleges.
 - (2) Provide patients with the acceptable standard of care offered in the community.
 - (3) Abide by the Medical Staff Bylaws, the ASC/Medical Staff Rules and Regulations, and policies and procedures of the ASC.
 - (4) Assist in and attend committees and other functions for which he/she is responsible due to assignment, appointment, or election.
 - (5) Accurately complete medical and other required records in a timely fashion.
 - (6) Comply with the requirement that all Medical Staff members shall show evidence of training in resuscitation techniques in the last 5 years. Evidence shall include:
 - a. Graduation from an accredited medical school.
 - b. Other evidence submitted to and found acceptable by the Credentials Committee.
- (c) **Nondiscrimination.** No applicant will be denied membership on the Medical Staff of the ASC on the basis of race, creed, color, ethnic origin, nationality, sex, or handicap, or on the basis of any other criterion unrelated to the delivery of quality patient care in the ASC, or to professional ability and judgment.

- (d) **Disability.** Medical Staff members shall be free of, or have under control, all physical or behavioral disabilities which might interfere with the qualifications set forth herein or interfere in any way with appropriate patient care.
- (e) **Disclosure of Financial Interests.** Medical Staff members shall comply with applicable federal and state laws regarding referrals of patients to the ASC and disclosure of financial interests. In particular, Medical Staff members who have any ownership or financial interest in the ASC shall, before referring an individual to the ASC, disclose in writing to the individual that the Medical Staff member has a financial interest in the ASC and inform the individual in writing that the individual may choose to be referred to another health care facility. Medical Staff members shall require that individuals acknowledge receipt of the notice and Medical Staff members shall keep a copy of the signed notice.

Section 3.03. Qualifications for Allied Health Care Professionals. Certified registered nurse anesthetists, nurse practitioners and physician assistants who are licensed to practice in the State of Indiana, who can document their education, training, experience, and demonstrated competence, their adherence to the ethics of their profession, their good reputation, their ability to work with others in the provision of patient care, and their good health, with sufficient adequacy to assure the Credentials Committee, the Medical Staff of the ASC, and the Governing Body of the ASC that any patient treated by them in the ASC will be given an appropriate level of medical care, may qualify for privileges as Allied Health Care Professionals.

- (a) The applicant's application for and acceptance of privileges as an Allied Health Care Professional shall constitute the Allied Health Care Professional's agreement to:
 - (1) Abide strictly by all applicable principles of ethics.
 - (2) Provide patients with the acceptable standard of care offered in the community.
 - (3) Abide by the Medical Staff Bylaws, the ASC/Medical Staff Rules and Regulations, and policies and procedures of the ASC.
 - (4) Assist in and attend committees and other functions for which he/she is responsible due to assignment, appointment, or election.
 - (5) Accurately complete medical and other required records in a timely fashion.
 - (6) Show evidence of training in resuscitation techniques in the last 5 years. Evidence shall include:
 - a. Graduation from an accredited college or professional school.
 - b. Other evidence submitted to and found acceptable by the Credentials Committee.
- (b) **Nondiscrimination.** No applicant will be denied status as an Allied Health Care Professional on the basis of race, creed, color, ethnic origin, nationality, sex, or handicap or on the basis of any other criterion unrelated to the delivery of quality patient care in the ASC, or to professional ability and judgment.

- (c) **Disability.** Allied Health Care Professionals shall be free of, or have under control, all physical or behavioral disabilities which might interfere with the qualifications set forth herein or interfere in any way with appropriate patient care.

Section 3.04. Conditions and Duration of Appointment.

- (a) **Appointment and Reappointment.** Appointment and reappointment to the Medical Staff of the ASC and granting of privileges to Allied Health Care Professionals shall be done by the Governing Body upon recommendation of the Medical Staff of the ASC.
- (b) **Appointment and Reappointment Periods.** Appointments shall be effective until the next regularly scheduled time for reappointments for membership and privileges. Reappointments shall occur on a biennial basis and therefore appointments shall be for a period of two (2) Medical Staff years.
- (c) **Privileges Granted in Accordance with Bylaws.** Appointment to the Medical Staff or the granting of privileges to an Allied Health Care Professional shall confer on the appointee only such privileges granted in accordance with these Medical Staff Bylaws and shall be reviewed at each reappointment.
- (d) **Acknowledgment Contained in the Application.** Every application shall be signed by the applicant and shall acknowledge his/her obligation to abide by the Medical Staff Bylaws, the ASC/Medical Staff Rules and Regulations, the Governing Body Bylaws, and ASC policies and procedures approved by the Governing Body of the ASC, as well as other laws or regulations applicable to practicing his/her specialty.
- (e) **Malpractice Insurance.** All persons desiring membership on the Medical Staff of the ASC or privileges as an Allied Health Care Professional must provide evidence at the time of application and reappointment that he/she is certified and qualified as a "health care provider" under the Indiana Medical Malpractice Act.
- (f) **Evaluation of Applications.** Guidelines for evaluating applications are outlined in the Credentials Committee Procedure.

ARTICLE IV MEDICAL STAFF CATEGORIES

Section 4.01. Categories of the Medical Staff. There shall be only one (1) category of membership on the Medical Staff of the ASC: Active.

Section 4.02. Active Staff.

- (a) An Active Medical Staff Member must:
 - (1) Be available to the ASC to provide continuing care to his/her patients or designate an alternate.
 - (2) Satisfy requirement of Article III of these Medical Staff Bylaws.
 - (3) Regularly utilize the ASC for patient care and attend assigned meetings.

- (b) Prerogatives of the Active Medical Staff Member:
 - (1) Attend to patients in surgery as provided in the ASC/Medical Staff Rules and Regulations.
 - (2) Exercise granted clinical privileges.
 - (3) Vote on matters at meetings.
 - (4) Hold an office of the Medical Staff of the ASC.
 - (5) Attend meetings of the Medical Staff of the ASC.

ARTICLE V
PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT TO THE
MEDICAL STAFF OF THE ASC

Section 5.01. Application for Appointment.

- (a) All applications for appointment to the Medical Staff of the ASC shall be in writing, shall be signed by the applicant, and shall be submitted on the form(s) approved by the Medical Staff and the Governing Body of the ASC.
- (b) The applicant shall provide detailed information concerning professional qualifications, and shall include the name and address of at least three (3) professional persons who have had extensive experience observing/working with the applicant and who can provide adequate references pertaining to the applicant's professional competence and ethical character.
- (c) The applicant shall include: information as to previous and current membership status and clinical privileges, whether or not they have ever been revoked, suspended, reduced, or not renewed at any hospital or institution; the past/present status of his/her license to practice any profession in any jurisdiction and his/her narcotic license (if applicable), and whether or not they have ever been suspended or terminated; documentation of current health status as established by ASC and Medical Staff policy and procedure and federal and state requirements.
- (d) The applicant shall have the burden of producing adequate information to allow a proper evaluation of his/her application and for resolving any doubts about his/her qualifications.
- (e) The completed application shall be submitted to the Chairperson of the Credentials Committee of the ASC (or his or her designee), who shall collect all materials deemed pertinent. All information will then be transmitted to the Credentials Committee for analysis. After review, the Credentials Committee shall make its recommendation to the Governing Body of the ASC. The Governing Body of the ASC shall make the final determination. Additional details are set forth in the Credentialing Committee Policy of the ASC.
- (f) By applying for appointment to the Medical Staff of the ASC, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application;

authorizes the Chief Operating Officer of the ASC, members of the Credentials Committee, the Medical Staff of the ASC, the Governing Body of the ASC, and all other agents of the ASC (collectively "Representatives of the ASC") to consult with members of the staffs of other hospital/institutions with which the applicant has been associated and with others who may have information bearing on his/her competence, character, mental and emotional stability, and ethical qualifications; consents to the Representatives of the ASC's inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests, as well as of his/her moral and ethical qualifications for Medical Staff membership; releases from any liability all Representatives of the ASC and their staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials; and releases from any liability all individuals and organizations who provide information to the ASC in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for Medical Staff appointment and clinical privileges, including otherwise privileged or confidential information.

- (g) The applicant, by completing the application form, acknowledges that he/she has received, read, and understands the Medical Staff Bylaws, the ASC/Medical Staff Rules and Regulations, and ASC policies and procedures, and that he/she agrees to be bound by the terms thereof if granted membership and clinical privileges, and to be bound by the terms thereof in regard to all matters relating to consideration of this application.

Section 5.02. Appointment Process.

- (a) Within ninety (90) days after the receipt of the completed application and collection of all pertinent materials, the Credentials Committee of the ASC shall evaluate the application and pertinent information. The evaluation by the Credentials Committee of the ASC shall include an examination of the evidence of the character, professional competence, qualifications, and ethical standing of the applicant and shall determine, through information contained in references and other sources (including an appraisal of privileges), whether the applicant has established and meets all necessary qualifications for Medical Staff membership and the clinical privileges requested. The Credentials Committee of the ASC shall recommend that the applicant be appointed, rejected, or that the application be deferred for further consideration. The recommendation of the Credentials Committee of the ASC shall be directed and conveyed to the Governing Body of the ASC.
- (b) At the Governing Body's next meeting after receipt of the application, report, and recommendation of the Credentials Committee, the Governing Body of the ASC shall act on the matter. If the Governing Body decision is adverse in respect to appointment or clinical privileges, the Chair of the Governing Body of the ASC shall promptly so notify the applicant.
- (c) Following adverse findings, the applicant shall exercise or be deemed to have waived his/her right to an appellate review as provided in Article IX of these Medical Staff Bylaws.

- (d) At the Governing Body's next regular meeting after all of the applicant's rights under Article IX have been exhausted or waived, the Governing Body shall act on the matter. The Governing Body's decision shall be conclusive to appoint or reject.
- (e) When the Governing Body's decision is final it shall send a notice through the Chair of the Governing Body of the ASC to the Medical Staff and to the applicant.

Section 5.03. Reappointment Process.

- (a) The Credentials Committee shall review all pertinent information available on each Medical Staff member to recommend reappointments to the Medical Staff and for granting of clinical privileges for the biennial period. The Credentials Committee shall transmit its recommendations, in writing, to the Governing Body. When non-reappointment or a change in clinical privileges is recommended, reasons for such recommendations shall be stated and documented.
- (b) Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon such Medical Staff member's professional competence and clinical judgment in the treatment of patients, his/her ethics and conduct, his/her attendance at Medical Staff meetings and participation in Medical Staff affairs, his/her compliance with the ASC's policies and procedures, the Medical Staff Bylaws, and the ASC/Medical Staff Rules and Regulations, his/her cooperation with the personnel, his/her use of the ASC's facilities and the ASC's scheduling and capacity for his/her patients, and his/her general attitude toward patients, the ASC, and the public.
- (c) Reappointment policies must include the periodic appraisal of the professional activities of each Medical Staff member of the ASC. Such periodic appraisal should include consideration of physical and mental capabilities of the Medical Staff member. A written record of all matters considered problematic in each Medical Staff member's periodic reappointment appraisal must be made a part of the permanent files of the ASC.
- (d) Thereafter the procedures specified in Section 5.02 shall apply and be followed.

ARTICLE VI DELINEATION OF PRACTICE PRIVILEGES

Section 6.01. Restrictions on Practice Privileges.

- (a) Every Medical Staff member providing clinical services at this ASC shall, in connection with such practice, be entitled to exercise only those clinical privileges granted to him or her by the Governing Body, except as allowed for in Section 6.02 of this Article VI. Regardless of the level of privileges granted, each Medical Staff member must obtain consultation when required by the rules, regulations, or other policies. Consultation between Medical Staff members is required in cases when the diagnosis is obscure or the best therapeutic measures are in doubt.
- (b) All applications for appointment to the Medical Staff of the ASC must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant's education, training, experience, demonstrated

competence, references, and other relevant information, including an appraisal by the Medical Director of the ASC. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges he/she requests.

- (c) Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of patients treated, documented results of the Quality Improvement and Peer Review program activities, and evidence of continuing education, training, and/or experience of each Medical Staff member.

Section 6.02. Emergency Privileges. In the case of an emergency, which is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger, any Medical Staff member, to the degree permitted by his/her license, shall be permitted and assisted to do everything possible to save the life or prevent serious harm, utilizing all facilities, consultation available, and good judgment.

ARTICLE VII ALLIED HEALTH CARE PROFESSIONALS

Section 7.01. Professionals Who May Qualify as Allied Health Care Professionals. Qualifications for Allied Health Care Professionals are set forth in Section 3.03 of these Medical Staff Bylaws. Such persons shall be governed by these Medical Staff Bylaws and shall be subject to the credentialing and peer review functions of the Medical Staff, but shall not be considered members of the Medical Staff, shall have no vote in Medical Staff elections, and are not required to attend Medical Staff meetings or to serve on committees.

Section 7.02. Due Process Rights. Allied Health Care Professionals are granted the same rights to due process in applications, corrective actions, hearings, and appeals as provided under these Medical Staff Bylaws for Medical Staff members.

Section 7.03. Evaluating Clinical Activities.

Semi-Independent Allied Health Professionals ("AHP"). On a biennial basis, each Semi-Independent AHP will undergo a re-affiliation assessment that reflects the same processes as those for Medical Staff. In all cases, statements from the Semi-Independent AHP sponsor and from a peer regarding the Semi-Independent AHP's performance will be required. When the re-affiliation application is deemed complete, it will be forwarded to the appropriate leadership of the Medical Staff for review and recommendation, if any, followed by the Credentials Committee review and approval by the Board within the time frames defined by the Medical Staff.

ARTICLE VIII CORRECTIVE ACTION

Section 8.01. Procedure.

- (a) Whenever the activities or professional conduct of any Medical Staff member or Allied Health Care Professional with clinical privileges are considered to be lower than the

standards or aims of the Medical Staff of the ASC or considered to be disruptive to the operations of the ASC, corrective action against such Medical Staff member or Allied Health Care Professional should be requested by the President of the Medical Staff of the ASC, by the Medical Director of the ASC, by the Chief Operating Officer of the ASC, or by the Governing Body. All requests shall be in writing to the Chair of the Governing Body, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request. Upon receipt of such request, the Governing Body of the ASC shall appoint an ad hoc committee to investigate the matter.

- (b) Within fourteen (14) days after receipt, the ad hoc committee shall make a report of the investigation to the Governing Body of the ASC. The report shall document that the Medical Staff member or Allied Health Care Professional for whom corrective action has been requested has been informed of the general nature of the charges against him or her and was invited to discuss, explain, or refute them (with documentation of his/her response), and shall document any other pertinent information, committee minutes, interviews, or analysis found during the investigation. The report shall also contain a recommendation of action(s) to be taken.
- (c) Upon receipt of the report, the Governing Body shall take action. The action may be to reject or modify the request for corrective action, to issue a warning, a letter of admonition, or a letter of reprimand, to impose terms of probation or a requirement for consultation, to make a reduction, suspension, or revocation of clinical privileges, to determine that an already imposed summary suspension of clinical privileges be terminated, modified, or sustained, or to determine that the Medical Staff member's membership or Allied Health Care Professional's privileges be suspended or revoked.
- (d) Any decision by the Governing Body of the ASC for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff or as an Allied Health Care Professional shall entitle the affected Medical Staff member or Allied Health Care Professional to the procedure rights provided in Article IX of these Medical Staff Bylaws.

Section 8.02. Summary Suspension.

- (a) Whenever immediate action is deemed to be necessary in the interest of patient care and safety in the ASC, all or any portion of the clinical privileges of a Medical Staff member or Allied Health Care Professional may be summarily suspended by any two of the following: any member of the Governing Body, the Medical Director of the ASC, the President of the Medical Staff or the Chief Operating Officer of the ASC. Such summary suspension shall become effective immediately upon imposition.
- (b) Notice may be given verbally in the presence of any two of the above individuals and the Medical Staff member or Allied Health Care Professional and/or by certified mail (return receipt requested) from the Chair of the Governing Body. The notice of summary suspension shall include a statement of the reason for summary suspension and shall advise the Medical Staff member or Allied Health Care Professional of the procedural

rights provided in Article IX of these Medical Staff Bylaws. The summary suspension shall remain in effect until it is terminated or modified by action of the Governing Body.

- (c) At the time of the imposition of a summary suspension, the Medical Staff member's or Allied Health Care Professional's patients in the ASC shall be assigned to another qualified Medical Staff member or Allied Health Care Professional by the Medical Director of the ASC. The wishes of the patient shall be considered, where feasible, in choosing a substitute.

Section 8.03. Automatic Suspension and/or Restrictions.

- (a) **License.** Should a Medical Staff member's or Allied Health Care Professional's license to practice in Indiana be revoked, his/her Medical Staff membership and/or all clinical privileges are immediately and automatically revoked. Should a Medical Practice member's or Allied Health Care Professional's license be partially limited or restricted in any way, those clinical privileges which are within the scope of the limitation or restriction are similarly limited or restricted automatically. Should a Medical Staff member's or Allied Health Care Professional's license be suspended, his/her Medical Staff membership and/or clinical privileges are automatically suspended effective upon and for at least the term of the suspension of his/her license. Should a Medical Staff member be placed on probation by the licensing authority, his/her voting and office-holding prerogatives as a member of the Medical Staff of the ASC are automatically suspended effective upon and for at least the term of the probation.
- (b) **Drug Enforcement Administration.** Should a Medical Staff member's or Allied Health Care Professional's Drug Enforcement Administration or other controlled substances license (if applicable) be revoked, he/she is immediately and automatically divested of his/her right to prescribe medications covered by this license. Should a Medical Staff member's or Allied Health Care Professional's use of his/her DEA or other controlled substance license (if applicable) be partially limited or restricted in any way, his/her right to prescribe medications covered by the license are similarly limited or restricted automatically. Should a Medical Staff member's or Allied Health Care Professional's DEA or other controlled substance license be suspended, he/she is divested of at least his/her right to prescribe medications covered by the license, effective upon and for at least the term of the suspension. Should a Medical Staff member or Allied Health Care Professional be placed on probation insofar as the use of his/her DEA or other controlled substances license is concerned, automatically his/her use of and access to these controlled substances shall be in accordance with the probationary requirements, effective upon and for at least the term of the probation.
- (c) **Professional Liability Insurance.** Should a Medical Staff member or Allied Health Care Professional fail to maintain the minimum amount of professional liability insurance required by the ASC, his/her Medical Staff membership and/or clinical privileges shall be automatically suspended for at least the time he/she is without adequate coverage.
- (d) **Hospital Privileges.** Should a physician member of the Medical Staff of the ASC fail to maintain his/her privileges at least one hospital within the county in which the ASC is located or in an adjacent county, his/her Medical Staff membership and clinical privileges

shall be automatically suspended for at least the time such privileges are not maintained at such a hospital.

- (e) **Medical Records.** Should a Medical Staff member or Allied Health Care Professional fail to complete all or any part of the ASC's medical records within the specified time frames, automatically and effective until all medical records are completed, the Medical Staff member or Allied Health Care Professional may not admit patients, consult on patients, perform surgery or other special procedures, administer anesthesia, or vote and hold office at the ASC. Should a Medical Staff member or Allied Health Care Professional receive three (3) warnings within any twelve (12) month period for failure to complete or prepare medical records, the Medical Staff member's membership status or Allied Health Care Professional's privileges will be reviewed by the Credentials Committee.

ARTICLE IX PROCEDURAL RIGHTS

Section 9.01. Right of Hearing.

- (a) Any practitioner who: has received an adverse recommendation by any review committee, been refused an initial appointment, been refused a reappointment, had clinical privileges reduced, received a notice of suspension, or been subject to summary suspension; may request a hearing before the Governing Body of the ASC by submitting a written request for such hearing to the Chair of the Governing Body within seven (7) days after receipt of such notice.
- (b) Should the practitioner fail to request a hearing under 9.01(a) within seven (7) days after receipt of notice, such failure shall constitute a waiver of the practitioner's right to such hearing.

Section 9.02. Notice of Hearing. Within seventy-two (72) hours of a request for a hearing, the Governing Body shall give written notice to the practitioner, indicating the date, time, and location of the hearing. The practitioner's copy shall be sent by the Chair of the Governing Body of the ASC to the practitioner by registered mail (return receipt requested). The hearing shall be scheduled within fifteen (15) days of the request.

Section 9.03. Conduct of the Hearing.

- (a) The practitioner requesting the hearing shall be present at the hearing, and his/her failure to appear, or failure to arrive within fifteen (15) minutes of the scheduled starting time, shall constitute a waiver of his/her rights.
- (b) All members of the Governing Body shall be present at the hearing unless excused by the Chair of the Governing Body. Any witnesses or other parties deemed essential by the Governing Body shall also be present. The hearing shall be closed to all others, except agents of the Governing Board.
- (c) The Chair of the Governing Body shall preside and shall determine the order of proceedings during the hearing. It shall be the responsibility of the Chair to maintain

order and to assure that all participants have a reasonable opportunity to present relevant oral and documented evidence.

- (d) A stenographic or electronic reproduction, or other such mutually agreed upon method shall be used to record the proceedings.
- (e) The practitioner shall have the right to present written and oral evidence on his/her behalf, to rebut any evidence, to call and to cross-examine witnesses, to be fully advised of all matters and evidence to be considered by the Governing Body, and to be represented by legal counsel. Any written memoranda submitted prior to or during the hearing, as well as all verbal presentations, shall become part of the hearing record.
- (f) The hearing need not be conducted strictly according to rules of law or evidence. Any relevant matter upon which reasonable persons customarily rely in the conduct of serious affairs shall be considered. Any dispute or objection concerning matters offered as evidence at the hearing shall be ruled on by the Chair.
- (g) The Governing Body, at its sole discretion, may recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation.

Section 9.04. Report and Decision of the Governing Body.

- (a) After the presentation of all evidence, the hearing will be closed and the Governing Body (except for the practitioner if he/she is a member of the Governing Body) shall conduct its deliberations in private.
- (b) The Governing Body may decide to confirm, modify, or reject the original request for denial of appointment or reappointment, or suspension or summary suspension, or it may recommend the issuance of a warning or reprimand, a requirement for consultation or probation, or any other action which it deems appropriate.
- (c) Within fifteen (15) days after the conclusion of the hearing, the Governing Body shall prepare a written notice containing its final decision on the case and the record of the hearing shall be maintained as a record of the Governing Body. The Governing Body shall instruct the Chief Operating Officer of the ASC to send a copy of its final decision to the practitioner. The Governing Body decision is final and shall not be subject to further hearing or reviews. No practitioner shall be entitled to more than one hearing on any matter which shall have been the subject of action by the Governing Body.

Section 9.05. Miscellaneous.

- (a) All proceedings, minutes, records, reports, testimony, and information of the committees, Medical Staff, and Governing Body shall be considered confidential and protected in accordance with applicable Indiana Statutes pertaining to peer review and related activities.
- (b) The cost of recording, transcribing, and preparing the record of the hearings before the Governing Body shall be borne by the practitioner if the Governing Body considers the

request for review to be without reasonable cause or in bad faith. If it is found and determined by the Governing Body that the request for review was brought with reasonable cause, the ASC shall bear such costs.

- (c) The Governing Body shall report, in writing, to the appropriate Indiana Licensing Board, the results and circumstances of any final, substantive, and adverse disciplinary action taken by the Governing Body regarding a practitioner on the Medical Staff or an applicant for Medical Staff membership according to such laws and regulations governing the Governing Body. The Governing Body, its employees, agents, consultants, and attorneys shall have absolute immunity from civil liability for all communications, discussions, actions taken, and reports made concerning disciplinary action or investigation taken or contemplated, in accordance with laws and regulations governing the same.

ARTICLE X OFFICERS OF THE MEDICAL STAFF

Section 10.01. Officers of the Medical Staff.

- (a) **President**
- (b) **Qualifications.** The President must be a member of the Medical Staff of the ASC and must remain in good standing during his/her term. The President may be re-elected.

Section 10.02. Election Process.

- (a) The President shall be elected at the annual meeting of the Medical Staff. Only members of the Medical Staff of the ASC shall be eligible to vote and hold office.
- (b) Voting shall be by secret ballot or by show of hands, at the preference of the President. A majority vote of all eligible Medical Staff members present at a meeting in which a quorum is present shall be required for election.
- (c) At the annual meeting of the Medical Staff, the President of the Medical Staff shall call for nominations from the floor for the Office of President. Voting will be held to fill the position.

Section 10.03. Term of Office. The President shall serve a one (1) year term, beginning on the first day of the Medical Staff year and ending on the last day of the Medical Staff year, or until a successor takes office, unless the office holder sooner dies, resigns, or is removed. An officer elected to fill a vacancy assumes office immediately upon election and serves for the remaining unexpired term.

Section 10.04. Vacancies in Office. A vacancy in the office of President is filled by holding a special election at the next Medical Staff meeting.

Section 10.05. Resignation and Removal from Office.

- (a) **Resignation.** The President may resign at any time by submitting written notice to the Chief Operating Officer or his/her designee, who shall see that the Medical Staff is notified to fill the position in the appropriate manner.
- (b) **Removal Process.** A two-thirds vote by ballot of the Medical Staff members at a specially called meeting of the Medical Staff in which a quorum is present will remove the President.
- (c) **Causes of Removal.** Basis for removal include:
 - (1) Failure to perform duties of the position held.
 - (2) Failure to continuously meet the qualifications for the position.

Section 10.06. Duties of President.

- (a) The duties of the President are as follows:
 - (1) To act in coordination and cooperation with the Chief Operating Officer, the Governing Body of the ASC, and the Medical Director in all matters of mutual concern.
 - (2) To call, preside at, and be responsible for the agenda of the meetings of the Medical Staff.
 - (3) To be responsible for the enforcement of the Medical Staff Bylaws, rules, and regulations and for implementations of sanctions where indicated.
 - (4) To represent the views, policies, needs, and grievances of the Medical Staff to the Governing Body.
 - (5) To interpret to the Medical Staff the policies given by the Governing Body.
 - (6) To appoint committee members to all Medical Staff committees and serve as ex officio member of all Medical Staff committees.

ARTICLE XI COMMITTEES AND THEIR FUNCTIONS

Section 11.01. Information. The Medical Staff shall have standing and ad hoc committees as designated in these Medical Staff Bylaws or as may be established from time to time. The functions of the committees are specified herein or as identified by the Medical Staff. The President of the Medical Staff shall appoint committee members, designate a chair, and establish their meeting frequency, unless otherwise specified in these Medical Staff Bylaws. Standing Committee members will be identified by the President of the Medical Staff. For the purposes of these bylaws, the Medical Staff year commences with the first day of January and ends on the thirty-first day of December each year. Ad hoc committees may be established at the time of need.

Committee members are required to attend at least 50% of scheduled meetings. Committee agendas shall be: Call to Order; Attendance; Review and Acceptance of Previous Minutes; Reports; New Business; and Adjournment. All committees will keep accurate and complete minutes of their meetings and will file original copies of the minutes with the President of the Medical Staff. The

committees of the Medical Staff shall be professional review bodies as defined by the Health Care Quality Improvement Act and the Indiana Peer Review Act. The Governing Body, the Medical Staff, and committee members claim all privileges and immunities afforded them by federal and state law.

Section 11.02. Bylaws/Credentials Committee.

- (a) The Bylaws/Credentials Committee shall be a standing committee meeting as often as needed to accomplish the duties set forth below at the call of the President of the Medical Staff.
- (b) Membership shall include three (3) Medical Staff members appointed by the President. A majority will constitute a quorum.
- (c) The duties of the Bylaws/Credentials Committee shall be:
 - (1) To review at least triennially the Medical Staff Bylaws, ASC/Medical Staff Rules and Regulations, and/or Policies of the ASC and make recommendation to the Governing Body.
 - (2) To review the credentials of all applicants and make recommendations for membership, reappointment, and clinical privileges and otherwise perform such functions set forth in these Medical Staff Bylaws.
 - (3) To perform such other duties relating to the Medical Staff Bylaws or credentials as may be requested by the President of the Medical Staff.

Section 11.03. Infection Control Committee.

- (a) The Infection Control Committee shall be a standing committee meeting quarterly or at the call of the President of the Medical Staff.
- (b) Membership shall include:
 - (1) A person directly responsible for the ongoing infection control activities and the development and implementation of policies governing control of infections and communicable diseases (the "Infection Preventionist") of the ASC;
 - (2) The Director of Operations of the ASC;
 - (3) The President of the Medical Staff; and
 - (3) Two (2) members of the Medical Staff.
- (c) The duties of the Infection Control Committee shall include the development and maintenance of an ongoing program designed to prevent, control, and investigate infections and communicable diseases at the ASC. The program shall include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. The program shall be under the direction of the Infection Control Committee, which shall include members who have training in infection control. The program shall be an integral part of the ASC's quality assessment and performance improvement program. In addition, the duties of the Infection Control Committee shall include:

- (1) To provide surveillance of the ASC's infection potential, to review and analyze actual infections, and to recommend corrective and preventative measures to minimize infection hazards.
- (2) To develop standards for sanitation and medical asepsis at the ASC, including standards for the provision of a functional and sanitary environment for the provision of surgical services at the ASC by adhering to professionally acceptable standards of practice.
- (3) To authorize the Chief Operating Officer of the ASC to take corrective and preventative action and measures as necessary and appropriate to prevent infection problems.
- (4) To review surgical cases for indications for surgery and variations in pre and post-operative diagnoses.
- (5) To review reports on all tissues removed and submitted to the Pathologist for examination.
- (6) To recommend further studies or reviews to be performed and corrective actions to be taken.
- (7) To comply with all responsibilities as set forth in the ASC/Medical Staff Rules and Regulations regarding the Infection Control Committee.
- (8) To generally provide a plan of action for preventing, identifying, and managing infections and communicable diseases and for implementing corrective and preventative measures that result in improvement.

Section 11.04. Quality Improvement Committee. The ASC Medical Staff shall have a quality assessment and improvement program which shall incorporate and address ASC-wide quality assessment and improvement matters. The Quality Improvement Committee ("QIC") shall document any action taken regarding ASC quality assessment and improvement matters; the QIC shall also document the outcome of such action taken, to include effectiveness, follow-up, and/or impact on patient care. Any and all QIC matters related to the ASC shall be reviewed and approved by the Governing Body of the ASC. The duties of the QIC regarding the ASC shall include all matters set forth in the ASC/Medical Staff Rules and Regulations, including, without implied limitation, the evaluation of:

- (a) All services, including services furnished by a contractor.
- (b) All functions, including, but not limited to, the following:
 - (1) Discharge and transfer.
 - (2) Infection control.
 - (3) Medication errors.
 - (4) Response to patient emergencies.
- (c) All services performed in the ASC with regard to appropriateness of diagnoses and treatments related to a standard of care and anticipated or expected outcomes.

Section 11.05. Risk Management Committee

- (a) The Risk Management Committee shall be a standing committee meeting quarterly or at the call of the President of the Medical Staff.
- (b) Membership shall include three (3) Medical Staff members appointed by the President, with a majority constituting a quorum.
- (c) The duties of the Risk Management Committee:
 - (1) Establish criteria for patient and employee safety.
 - (2) Oversee the monitoring of all safety checks for equipment used, as well as the monitoring of physical plan activities.
 - (3) Establish and monitor protocols to ensure patient and employee safety.
 - (4) Forward all Committee reports/findings to the Quality Improvement Committee.

ARTICLE XII MEETINGS OF THE MEDICAL STAFF

Section 12.01. Medical Staff Year. The business year for the Medical Staff will be the calendar year, commencing on January 1 and expiring on December 31 of each year. The annual meeting for the Medical Staff is the first regularly scheduled meeting each year.

Section 12.02. Medical Staff Meetings.

- (a) Regular Meetings. Medical Staff meetings shall occur no less frequently than quarterly.
- (b) Special meetings of the Medical Staff can be called by the President.

Section 12.03. Attendance and Quorum Requirements; Voting. Each member of the Medical Staff must attend at least 25% of the Medical Staff meetings, unless excused by the President of the Medical Staff for reason of illness, absence from the city, or medical/personal emergency. Failure to meet the attendance requirements may be grounds for corrective action leading to suspension of Medical Staff membership. A majority of all Medical Staff members shall be present at a meeting to constitute a quorum for business. Except as otherwise provided herein, all matters to be decided by the Medical Staff of the ASC shall be decided by the affirmative vote of a majority of the Medical Staff members present at a meeting in which a quorum is present.

Section 12.04. Agenda.

- (a) The agenda for regular Medical Staff meetings shall be:
 - (1) Call to Order
 - (2) Attendance
 - (3) Review and Acceptance of Previous Medical Staff Meetings
 - (4) Reports
 - (5) New Business

(6) Adjournment

(b) The agenda for special Medical Staff meetings shall be:

- (1) Call to Order
- (2) Attendance
- (3) Transaction of Business for which the Meeting was called
- (4) Adjournment

**ARTICLE XIII
IMMUNITY FROM LIABILITY**

The following shall be express conditions to any applicant's application for, or exercise of, clinical privileges at the ASC:

First, that any act, communication, report, recommendation, or disclosure, with respect to any such applicant, performed or made in good faith and without malice and at the request of any authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

Second, that such privilege shall extend to members of the ASC's Medical Staff and of its Governing Body and officers, its other practitioners, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article XIII, the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of the Governing Body or of the Medical Staff.

Third, that there shall be to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Fourth, that such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities, related, but not limited to: (1) application for appointment or clinical privileges, (2) periodic reappraisals for reappointment or clinical privileges, (3) corrective action, including summary suspension, (4) hearings and appellate reviews, (5) medical care evaluations, (6) quality assurance reviews, and (7) other ASC service or committee activities related to quality patient care and interprofessional conduct.

Fifth, that the acts, communications, reports, recommendations, and disclosures referred to in this Article XIII may relate to an applicant's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Sixth, that in furtherance of the foregoing, each applicant shall, upon application for membership, automatically release the ASC in accordance with the tenor and import of this Article XIII in favor of the individuals and organizations specified above, subject to such requirements, including those of good faith, absence of malice, and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State.

Seventh, that the consents, authorizations, releases, rights, privileges, and immunities provided by Article IX of these Medical Staff Bylaws for the protection of ASC's Medical Staff members, other appropriate ASC officials and personnel, and third parties, in connection with applications for initial appointment, shall also be fully applicable to other activities and procedures covered by this Article XIII.

ARTICLE XIV RULES AND REGULATIONS

The Medical Staff shall adopt ASC/Medical Staff Rules and Regulations as may be necessary to implement more specifically the general principles found within these Medical Staff Bylaws, which ASC/Medical Staff Rules and Regulations shall be subject to approval by the Governing Body. The ASC/Medical Staff Rules and Regulations shall relate to the proper conduct of the Medical Staff and organizational activities, as well as embody the level of practice to be required of each Member of the Medical Staff of the ASC. The ASC/Medical Staff Rules and Regulations shall be a part of these Medical Staff Bylaws, except that they may be amended or repealed at any regular meeting at which a quorum of the Medical Staff is present. Such changes shall be effective when approved by the Governing Body.


ARTICLE XV AMENDMENTS

These Medical Staff Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. The proposed amendment (upon approval by the Medical Staff) shall be referred to the Medical Staff Bylaws Committee for review. The Medical Staff Bylaws Committee shall then report on it at the next regular or specially called meeting for such purpose. To be adopted, an amendment to these Medical Staff Bylaws shall require a two-thirds approval vote by the Medical Staff members present. Amendments so made shall be effective when approved by the Governing Body of the ASC.

ARTICLE XVI ADOPTION

These Medical Staff Bylaws together with the appended ASC/Medical Staff Rules and Regulations shall be adopted by the active Medical Staff and shall become effective when approved by the Governing Body of the ASC.

Recommended and Adopted by the Medical Staff of the ASC:



Sarah LaSalle, DO
President of the Medical Staff

Effective: 4/20/22

Approved by the Governing Body of the ASC:

Julie Fleck
Julie Fleck
Chair of the Governing Body

Effective: 4/20/22

