

MEDICAL STAFF BYLAWS
OF THE
FOUNDATION SURGERY AFFILIATE OF FORT WAYNE, LLC
PARKVIEW SOUTHWEST SURGERY CENTER

(Effective 1/21/22)

(Approved 1/21/22)

TABLE OF CONTENTS

PREAMBLE	3
ARTICLE I. Definitions	4
ARTICLE II. Purposes, Responsibilities, Duties/Obligations of the Medical Staff	4
Section 2.01. Purposes	4
Section 2.02. Responsibilities	5
Section 2.03. Duties/Obligations	5
ARTICLE III. Medical Staff Membership	9
Section 3.01. Nature of Medical Staff Membership	9
Section 3.02. Qualifications for Medical Staff Membership	10
Section 3.03. Qualifications of Allied Health Care Professionals	11
Section 3.04. Conditions and Duration of Appointment	12
ARTICLE IV. Medical Staff Categories	12
Section 4.01. Categories of the Medical Staff	12
Section 4.02. Active Medical Staff	12
Section 4.03. Courtesy Staff	13
Section 4.04. Consulting Staff	13
ARTICLE V. Procedure for Appointment and Reappointment to the Medical Staff	13
Section 5.01. Application for Appointment	13
Section 5.02. Appointment Process	15
Section 5.03. Reappointment Process	15
ARTICLE VI. Delineation of Practice Privileges	16
Section 6.01. Restrictions on Practice Privileges	16
Section 6.02. Emergency Privileges	17
ARTICLE VII. Allied Health Care Professionals	17
Section 7.01. Professionals Who May Qualify as Allied Health Care Professionals	17
Section 7.02. Due Process Rights	17
Section 7.03. Evaluating Clinical Activities	17
ARTICLE VIII. Corrective Action	17
Section 8.01. Procedure	17
Section 8.02. Summary Suspension	18
Section 8.03. Automatic Suspension and/or Restrictions	18
ARTICLE IX. Procedural Rights	19
Section 9.01. Right of Hearing	19
Section 9.02. Notice of Hearing	20
Section 9.03. Conduct of Hearing	20
Section 9.04. Report and Decision of the Governing Body	21

Section 9.05.	Miscellaneous	21
ARTICLE X.	Officers of the Medical Staff	21
Section 10.01.	Officers of the Medical Staff	21
Section 10.02.	Election Process	22
Section 10.03.	Term of Office	22
Section 10.04.	Vacancies in Office	22
Section 10.05.	Resignation and Removal from Office	22
Section 10.06.	Duties of Medical Director	22
ARTICLE XI.	Committees and Their Functions	23
Section 11.01.	Information	23
Section 11.02.	Bylaws/Credentials Committee	23
Section 11.03.	Infection Control Committee	24
Section 11.04.	Quality Improvement Committee	25
Section 11.05.	Risk Management Committee	25
ARTICLE XII.	Meetings of the Medical Staff	26
Section 12.01.	Medical Staff Year	26
Section 12.02.	Medical Staff Meetings	26
Section 12.03.	Attendance and Quorum Requirements; Voting	26
Section 12.04.	Agenda	26
ARTICLE XIII.	Immunity from Liability	27
ARTICLE XIV.	Rules and Regulations	28
ARTICLE XV.	Amendments	28
ARTICLE XVI.	Adoption	28

PREAMBLE

The Bylaws, which originate with the Medical Staff, are adopted in order to provide for the organization of the Medical Staff at Parkview Southwest Surgery Center. They provide a framework for self-governance in order to permit the Medical Staff to discharge its responsibilities in matters involving quality medical and surgical care. They also provide the professional and legal structure for: (1) Medical Staff operations and (2) organized Medical Staff relations with the Board of Directors, applicants and members of the Medical Staff. These Bylaws, when approved by the Board of Directors, create a system of mutual rights and responsibilities between members of the Medical Staff and Parkview Southwest Surgery Center.

ARTICLE I DEFINITIONS

1. PSSC- "PSSC" shall mean the Inverness Surgery Center, which is an Ambulatory Surgery Center or ASC under 42 CFR 416.2.
2. Medical Staff- "Medical Staff" shall mean all licensed physicians who are privileged by the PSSC to attend to patients in the PSSC.
3. Allied Health Professionals- "Allied Health Professionals" shall mean all individually licensed non-physician health care providers (e.g., nurse practitioners, physician assistants, certified registered nurse anesthetists, and certified anesthesiology assistants) who qualify to exercise specified privileges within the PSSC.
4. Board of Directors of the PSSC- "Board of Managers of the PSSC" or "Board" shall mean the governing body of the PSSC. The Board of Directors of the PSSC shall serve and function as the supreme authority of the PSSC. The Board 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 PSSC's total operation, and for ensuring that these policies are followed so as to provide quality health care in a safe environment.
5. Medical Director- "Medical Director" means the individual appointed by the Board, who shall be responsible for carrying out the established policies of the PSSC 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 Board. The Medical Director will also serve as President of the PSSC and shall have the authority, duties, and responsibilities as set forth pursuant to PSSC policy as prepared and approved by the Board; the Chief Operating Officer (or equivalent) of the PSSC 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. Quorum - A quorum, unless otherwise specifically provided for herein, 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 PSSC

Section 2.01. Purposes. The purposes of the Medical Staff of the PSSC 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 PSSC.
- (b) **Clinical Privileges.** To carry out the primary function of the PSSC, which is to provide high quality, ambulatory surgical and procedural care to patients. To carry out peer review as agents of the Board by reviewing the credentials of all persons who wish to provide health care to patients of the PSSC, to recommend delineations of privileges for each such individual to the Board, and to continually monitor the quality of patient care and safety within the PSSC.
- (c) **Develop Organizational Structure.** To develop organizational structure and exercise the authority reflected in these Medical Staff Bylaws, the PSSC/Medical Staff Rules and Regulations, and related manuals and policies, 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 PSSC to the Board. 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 PSSC can recommend policies and planning processes to the Board.

Section 2.02. Responsibilities/Duties/Obligations. In accordance with the above-stated purposes, it is the responsibility, duty, and obligation of the Medical Executive Committee:

- (a) **Participate in Quality Assurance and other Peer Review Programs.** Participate in the PSSC'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 Board of Directors.** Make recommendations to the Board concerning appointments, reappointments, and clinical privileges of applicants to and members of the Medical Staff.
- (c) **Monitor Education Needs.** Develop, implement, participate in, and monitor the PSSC's educational program(s).
- (d) **Exercise Authority Granted.** Exercise the authority granted by these Medical Staff Bylaws and the PSSC/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 PSSC 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 PSSC by using sources in accordance with PSSC 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 Board on the appointment or reappointment of the applicant for a period not to exceed two (2) years. The Board 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 PSSC, 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 Indiana Professional Licensing Agency ("PLA"). A copy of practice restrictions, if any, shall be attached to the license issued by the PLA 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 PSSC 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 PSSC.
 - (6) Documentation of current health status as established by PSSC and Medical Staff policy and procedure as well as federal and state requirements.
 - (7) Other items specified by the Board and/or the Medical Staff of the PSSC.
- (d) These Medical Staff Bylaws and the PSSC/Medical Staff Rules and Regulations shall be reviewed by the Medical Staff of the PSSC at least triennially and approved by the Board. 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 of the Medical Executive Committee (“MEC”) and Medical Staff of the PSSC:
 - (i) Frequency, encouraged once per year for non-executive members.
 - (ii) Voting and Attendance.See Article XII.
- (3) A provision for maintaining records of all meetings of the Medical Executive Committee and Medical Staff of the PSSC. See Article X.
- (4) A procedure for designating an individual practitioner with current privileges as medical director or chairperson of the Medical Staff of the PSSC. See Article X.
- (5) A statement of duties and privileges for each category of the Medical Staff of the PSSC. 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 Board. 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 PSSC rules, the Medical Staff Bylaws and/or the PSSC/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 appeal of decisions regarding Medical Staff membership and privileges.
- (12) A provision, pursuant to PSSC 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 PSSC 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 PSSC or by another member of the Medical Staff of the PSSC.
 - (iii) Within the time frame specified by the Medical Staff of the PSSC 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 PSSC policy.
- (14) All practitioner orders are to be in writing or acceptable computerized form and shall be authenticated by a responsible practitioner as soon as reasonably possible as allowed by Medical Staff policies and within the time frames specified by the Medical Staff and PSSC policy not to exceed thirty (30) days.
- (15) A protocol, pursuant to PSSC policy, for personnel authorized to take a verbal order.
- (16) A requirement, pursuant to PSSC 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 PSSC policies and procedures and approved by the Board in regards to responsibilities and duties for overseeing and evaluating the non-physician practitioners.
- (18) A requirement, pursuant to PSSC policy, that a physician shall be available to the PSSC during the period any patient is present in the PSSC.
- (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 either performed by, or 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 Board, 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 perform or supervise the administration of the anesthetic to a patient and remain present in the PSSC 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 PSSC and who is a:
- (i) qualified physician with appropriate training, experience, and privileges;
 - (ii) practitioner holding a current license or 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) Delineation of pre-anesthesia, intra-operative, and post-anesthesia responsibilities. See PSSC/Medical Staff Rules and Regulations and/or PSSC Policies.
- (f) The licensed physician with specialized training or experience in the administration of anesthetics and privileged by the Medical Staff of the PSSC 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.
- (g) 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 Board only to professionally competent physicians and Allied Health Care Professionals. It is the duty of the Medical Executive Committee to ensure that Enterprise Credentialing and Methods (as the agent of the Medical Staff of the PSSC) acquires documentation of all practitioners who wish to be granted privileges and to forward such documentation to the Medical Executive Committee, which will recommend to the Board 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 Policy of the PSSC. 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, physical and mental health, behavior, and aptitude to 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 competence, skill, training, health, behavior, and/or aptitude 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 radiology, every Medical Staff member must, at the time of appointment and continuously thereafter, satisfy the following:

- (a) **Licensure, Performance, Attitude.** Only applicants licensed by the State of Indiana, who prove their education, training experience, and demonstrated competence, as well as adhere to 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 PSSC 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 relevant medical/surgical board(s) or college(s).
 - (2) Provide patients with the acceptable standard of care offered in the community.
 - (3) Abide by the Medical Staff Bylaws, the PSSC/Medical Staff Rules and Regulations, and policies and procedures of the PSSC.
 - (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 PSSC on the basis of age, race, creed, color, ethnic origin, nationality, sex, gender identity, sexual orientation, or disability, or on the basis of any other legally protected characteristic or criterion unrelated to the delivery of quality patient care in the PSSC, 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 the delivery of appropriate patient care.

Section 3.03. Qualifications of Allied Health Care Professionals. Certified registered nurse anesthetists, nurse practitioners, anesthesia assistants, 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 PSSC, and the Board that any patient treated by them in the PSSC will be given an appropriate level and standard 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 PSSC/Medical Staff Rules and Regulations, and policies and procedures of the PSSC.
 - (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:
 - (i) Graduation from an accredited college or professional school.
 - (ii) Other evidence submitted to and found acceptable by the Credentials Committee.
- (b) **Nondiscrimination.** No applicant will be denied membership on the Medical Staff of the PSSC on the basis of age, race, creed, color, ethnic origin, nationality, sex, gender identity, sexual orientation, or disability, or on the basis of any other legally protected characteristic or criterion unrelated to the delivery of quality patient care in the PSSC, 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 the delivery of appropriate patient care.

Section 3.04. Conditions and Duration of Appointment.

- (a) **Appointment and Reappointment.** Appointment and reappointment to the Medical Staff of the PSSC and granting of privileges to Allied Health Care Professionals shall be done by the Board upon recommendation of the Medical Staff of the PSSC.
- (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 PSSC/Medical Staff Rules and Regulations, and PSSC policies and procedures approved by the Board, 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 PSSC 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 three (3) categories of membership on the Medical Staff of the PSSC: Active, Consulting, and Temporary.

Section 4.02. Active Staff.

- (a) An Active Medical Staff Member must:
 - (1) Be available to the PSSC to provide continuing care to his/her patients or designate an alternate.
 - (2) Satisfy the requirements of Article III of these Medical Staff Bylaws.
 - (3) Regularly utilize the PSSC 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 PSSC/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 PSSC.
- (5) Attend meetings of the Medical Staff of the PSSC.

Section 4.03. Courtesy Staff.

The Courtesy staff shall consist of those practitioners who can demonstrate that they are on the Active staff of a licensed hospital within the PSSC's service area, and that hospital requires participation in quality management activities consistent with those of the PSSC. The Courtesy staff shall consist of those practitioners authorized by the Board to receive training, proctoring, or mentoring on a short-term basis not to exceed three (3) months. For good cause shown, this term may be extended by the Board upon written request by the practitioner granted such Courtesy privileges.

A Practitioner in the Courtesy Category may be determined as "Low or No Volume" who performs minimal patient encounters, defined as care involving admission, procedure, treatment, or consult. Verifications and/or case logs from facilities where the applicant demonstrates clinical activity, as well as peer references, may be obtained as evidence of current competence in accordance with the PSSC's Quality Plan.

Courtesy Staff shall have no rights or responsibilities except as outlined here and described in other Articles of these Bylaws, including the right to exercise delineated privileges.

Section 4.04. Consulting Staff.

Consulting staff shall consist of those practitioners who performs minimal patient encounters, defined as care involving admission, procedure, treatment, or consult. Verifications and/or case logs from facilities where the applicant demonstrates clinical activity, as well as peer references, may be obtained as evidence of current competence in accordance with the PSSC's Quality Plan.

Consulting staff shall have no rights or responsibilities except as outlined here and described in other Articles of these Bylaws.

A Practitioner in the Consulting Category may be determined as "Low or No Volume".

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

Section 5.01. Application for Appointment.

- (a) All applications for appointment to the Medical Staff of the PSSC 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 Board of the PSSC.
- (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 PSSC 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 Medical Executive Committee of the PSSC (or his or her designee), who shall collect all materials deemed pertinent from the Enterprise Credentialing and Methods or on its own. All information will then be transmitted to the MEC for analysis. After review, the MEC shall make its recommendation to the Board. The Board shall make the final determination. Additional details are set forth in the Credentialing Policy of the PSSC.
- (f) By applying for appointment to the Medical Staff of the PSSC, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application; authorizes the Chief Operating Officer, members of the Credentials Committee the Medical Staff, or the Board, and all other agents of the PSSC (collectively "Representatives of the PSSC") 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 PSSC'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 PSSC 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 PSSC 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 PSSC/Medical Staff Rules

and Regulations, and PSSC 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 PSSC shall evaluate the application and pertinent information. The evaluation by the Credentials Committee of the PSSC 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 PSSC 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 PSSC shall be directed and conveyed to the Board.
- (b) At the Board's next meeting after receipt of the application, report, and recommendation of the Credentials Committee, the Board shall act on the matter. If the Board decision is adverse with respect to appointment or clinical privileges, the Chair of the Board 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 Board's next regular meeting after all of the applicant's rights under Article IX have been exhausted or waived, the Board shall act on the matter. The Board's decision shall be conclusive to appoint or reject.
- (e) When the Board's decision is final, it shall promptly send a notice of the decision through the Chair of the Board 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 Board. 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 PSSC's policies and procedures, the Medical Staff Bylaws, and the PSSC/Medical Staff Rules and

Regulations, his/her cooperation with the personnel, his/her use of the PSSC's facilities and the PSSC's scheduling and capacity for his/her patients, and his/her general attitude toward patients, the PSSC, and the public.

- (c) Reappointment policies must include the periodic appraisal of the professional activities of each Medical Staff member of the PSSC. Such periodic appraisal will 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 PSSC.
- (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 PSSC shall, in connection with such practice, be entitled to exercise only those clinical privileges granted to him or her by the Board, 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 PSSC 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 PSSC. 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 Assessment and Performance 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 PSSC or considered to be disruptive to the operations of the PSSC, corrective action against such Medical Staff member or Allied Health Care Professional should be requested by the Medical Director of the Medical Staff of the PSSC, by the Medical Director of the PSSC, by the Chief Operating Officer of the PSSC, or by the Board. All requests shall be in writing to the Chair of the Board, 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 PSSC 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 Board. 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 Board 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 Board 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 PSSC, all or any portion of the clinical privileges of a Medical Staff member or Allied Health Care Professional may be summarily suspended by either: any member of the Board or the Medical Director of the PSSC. 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 Board. 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 Board.
- (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 PSSC shall be assigned to another qualified Medical Staff member or Allied Health Care Professional by the Medical Director of the PSSC. 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 PSSC 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 PSSC, 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 PSSC fail to maintain his/her privileges at least one hospital within the county in which the PSSC 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 PSSC'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 PSSC. 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 Board by submitting a written request for such hearing to the Chair of the Board 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 Board 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 Board 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 Board shall be present at the hearing unless excused by the Chair of the Board. Any witnesses or other parties deemed essential by the Board shall also be present. The hearing shall be closed to all others, except agents of the Board.
- (c) The Chair of the Board 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 Board, 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 Board, 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 Board of Directors.

- (a) After the presentation of all evidence, the hearing will be closed and the Board (except for the practitioner if he/she is a member of the Board) shall conduct its deliberations in private.
- (b) The Board 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 Board 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 Board. The Board shall instruct the Chief Operating Officer of the PSSC to send a copy of its final decision to the practitioner. The Board 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 Board.

Section 9.05. Miscellaneous.

- (a) All proceedings, minutes, records, reports, testimony, and information of the committees, Medical Staff, and the Board of Directors 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 Board shall be borne by the practitioner if the Board considers the request for review to be without reasonable cause or in bad faith. If it is found and determined by the Board that the request for review was brought with reasonable cause, the PSSC shall bear such costs.
- (c) The Board of Directors shall report to the appropriate regulatory and/or reporting bodies, the results and circumstances of any final, substantive, and adverse disciplinary action taken by the Board regarding a practitioner on the Medical Staff or an applicant for Medical Staff membership according to such laws and regulations. The Board, 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) **Medical Director**

- (b) **Qualifications.** The Medical Director must be a member of the Medical Staff of the PSSC and must remain in good standing during his/her term.

Section 10.02. Election Process or Appointment. The Medical Director shall be appointed by the Board.

Section 10.03. Term of Office. The Medical Director 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 appointed to fill a vacancy assumes office immediately upon appointment and serves for the remaining unexpired term.

Section 10.04. Vacancies in Office. A vacancy in the office of Medical Director is filled by board appointment.

Section 10.05. Resignation and Removal from Office.

- (a) **Resignation.** The Medical Director 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 Medical Director.
- (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 Medical Director.

The duties of the Medical Director are as follows:

- (1) To act in coordination and cooperation with the Chief Operating Officer, the Board of Directors of the PSSC, and the Medical Executive Committee 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 Board.
- (5) To interpret to the Medical Staff the policies given by the Board.
- (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 Medical Director 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 Medical Director. 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 Medical Director. 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 Board, the Medical Staff, and committee members claim all privileges and immunities afforded them by federal and state law.

Section 11.02. Bylaws/Credentials Committee. The functions of the Bylaws/Credentials Committee may be performed by the Medical Executive Committee in lieu of establishing a separate 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 Medical Director.
- (b) Membership shall include three (3) Medical Staff members appointed by the Board. 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, PSSC/Medical Staff Rules and Regulations, and/or Policies of the PSSC and make recommendation to the Board.
 - (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 Medical Director.

Section 11.03. Infection Control Committee.

- (a) The Infection Control Committee shall be a standing committee meeting quarterly or at the call of the Medical Director.

- (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 PSSC;
 - (2) The Manager of the PSSC;
 - (3) The Medical Director; and
 - (3) One (1) member 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 PSSC. The program shall include documentation that the PSSC 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 PSSC's quality assessment and performance improvement program. In addition, the duties of the Infection Control Committee shall include:
- (1) To provide surveillance of the PSSC'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 PSSC, including standards for the provision of a functional and sanitary environment for the provision of surgical services at the PSSC by adhering to professionally acceptable standards of practice.
 - (3) To authorize the Chief Operating Officer of the PSSC 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 PSSC/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 & Safety Committee. The PSSC Medical Staff shall have a Quality Assessment and Performance Improvement program, which shall incorporate and address PSSC-wide quality assessment and improvement matters. The Quality Assessment and

Performance Improvement program ("QAPI") shall document any action taken regarding PSSC quality assessment and improvement matters; the QAPI shall also document the outcome of such action taken, to include effectiveness, follow- up, and/or impact on patient care. Any and all QAPI matters related to the PSSC shall be reviewed and approved by the Board. The duties of the QAPI regarding the PSSC shall include all matters set forth in the PSSC/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 PSSC with regard to appropriateness of diagnoses and treatments related to a standard of care and anticipated or expected outcomes.

Section 11.05. Risk Management

- (a) Any and all Risk Management events that occur at the PSSC will be entered into MIDAS. An "event" shall be defined as any unusual occurrence outside of the expected or normal operating procedures or processes of the PSSC. The Medical Executive Committee will compile significant MIDAS events into a list to be reviewed by the MEC with the assistance of the PSSC's assigned Risk Manager. At least annually, a Risk Manager will report MIDAS events to the Medical Executive Committee.
- (b) Membership shall include the Risk Manager, the PSSC manager, and at least one (1) Medical Staff member appointed by the Medical Director.
- (c) The duties of the Risk Management Committee:
 - (1) Establish criteria for entry and follow-up of MIDAS events and reporting to the Board and the Indiana State Department of Health.
 - (2) Establish criteria for patient and employee safety.
 - (3) Oversee the monitoring of all safety checks for equipment used, as well as the monitoring of physical plan activities.
 - (4) Establish and monitor protocols to ensure patient and employee safety.
 - (5) Forward all Committee reports/findings to the Quality and Safety 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 Executive Committee and Medical Staff Meetings.

- (a) Regular Meetings. Medical Executive Committee meetings shall occur quarterly.
- (b) All Medical Staff members will be invited to the MEC meetings.
- (c) Minutes will be taken and available to the Medical Staff members.
- (b) Special meetings of the Medical Staff can be called by the Medical Director as needed.

Section 12.03. Attendance and Quorum Requirements; Voting.

Each member of the Medical Staff is encouraged to attend at least one meeting of the Medical Staff per year and to regularly review meeting minutes. Any vote of the Medical Staff is hereby delegated to the Medical Executive Committee with a quorum for business of 50% or more. Except as otherwise provided herein, all matters to be decided by the Medical Executive Committee of the PSSC shall be decided by the affirmative vote of a majority of the Medical Executive Committee present with approval of the Board.

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 PSSC:

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 PSSC's Medical Staff and of its the Board 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 Board 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 PSSC service or committee activities related to quality patient care and inter-professional 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 PSSC 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 PSSC's Medical Staff members, other appropriate PSSC 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 will adopt Medical Staff Rules and Regulations as necessary to implement the general principles of these Medical Staff Bylaws, subject to approval by the Board. The 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 required of each Member of the Medical Staff. The Medical Staff Rules and Regulations shall be a part of these Medical Staff Bylaws, except that they may be amended or repealed by the MEC with changes effective when approved by the Board.

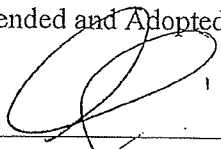
ARTICLE XV AMENDMENTS

These Medical Staff Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the MEC. The proposed amendment will be submitted to the MEC for review. The MEC 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 majority vote by the Medical Staff members present. Amendments will be effective when approved by the Board.

ARTICLE XVI ADOPTION

These Medical Staff Bylaws together with the appended Medical Staff Rules and Regulations shall be adopted by the active Medical Staff and shall become effective when approved by the Board.

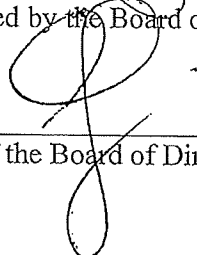
Recommended and Adopted by the Medical Staff of the PSSC:



, M.D.
Medical Director

Effective: 1/21/2022

Approved by the Board of Directors of the PSSC:



Chair of the Board of Directors

Effective: 1/21/2022