



**BYLAWS OF THE MEDICAL STAFF
MEDICAL STAFF COMMITTEE LIST, EXHIBIT "2"**

Revised: 11/17/1999; 03/21/2000; 06/20/2000; 06/21/05; 11/21/06; 06/20/07; 09/03/10; 04/23/15,
9/15/15, 10/17/17, 11/13/2018. 2/2019, 9/2020
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The following committees are approved as Medical Staff Committees and are governed by the Medical Staff Bylaws, specifically Articles 3 and 5.

1. TRANSFUSION COMMITTEE

- 1.1. Composition. The Blood Bank Committee shall consist of Active members of the Medical Staff appointed by the Chief of Staff annually, with representatives from Internal Medicine with admitting Privileges or Family Medicine with admitting privileges, General Surgery, Orthopedic Surgery, Obstetrics/Gynecology, and Pathology. Non-voting ad hoc members should be from the Laboratory, the Blood Bank, IV Therapy, Nursing, Administration, and Medical Staff Quality Review.
- 1.2. Duties. The Committee as a Peer Review Committee shall provide a mechanism that ensures the review of blood transfusions for proper utilization. The review shall be carried out as frequently as necessary and documented. Particular attention shall be given to the use of component blood elements. The review may be through a retrospective audit mechanism, medical record review, or any other patient-specific review. Each actual or suspected transfusion reaction shall be evaluated and a report completed. The evaluation of blood use should include a review of the amount of blood requested, the amount used, the amount of wastage, and the ratio of cross-matches to transfusions.
- 1.3. Reports. The Committee shall forward all recommendations and reports to the Medical Executive and Medical Staff Quality Improvement Committees.

2. BOARD JOINT CONFERENCE COMMITTEE

- 2.1. Composition.
 - 2.1.1. If the conflict or dispute is between or among the Medical Staff, Board, and/or Hospital Administration, the Joint Conference Committee shall consist of three (3) members of the Board and three (3) members of the Active Staff as selected by the Chief of Staff. In such event, the Chairperson of the Joint Conference Committee shall be the Chairperson of the Governing Board.
 - 2.1.2. If the conflict or dispute is between the Medical Staff and the MEC, the Joint Conference Committee shall consist of the three (3) members of the MEC as selected by the Chief of Staff and three (3) members of the Active Staff as designated by the Active Staff member submitting the petition. In such event, the Chairperson of the Committee shall be the Chief of Staff.
 - 2.1.3. The Hospital President shall serve as an ex-officio member of any Joint Conference Committee without vote.
- 2.2. Duties. The Joint Conference Committee shall be an ad hoc forum for the discussion of matters of hospital policy and practice, especially those pertaining to efficient and effective patient care, and shall provide medico-administrative liaison with the medical staff and MEC, or with MEC and the Board, should existing mechanisms for communication and action fail.

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- 2.3. Meetings, Reports and Recommendations. The Joint Conference Committee shall meet only as needed and shall transmit written reports of its activities to the Board, the Medical Executive Committee, the Medical Staff, and to the President.
3. **BYLAWS REVIEW COMMITTEE.**
- 3.1. Composition The Bylaws Review Committee shall consist of five (5) members of the Active Staff who, as much as practical shall be from different departments, and, if practical, shall not be serving simultaneously as either chairman of a department or officer of the staff.
- 3.2. 3.2 Duties To review the Medical Staff Bylaws bi-annually and make recommendations to the Medical Staff Executive Committee and the Medical Staff for amendments and revisions. The Bylaws will be reviewed for compliance with federal, state and local guidelines, accreditation standards, and to address any concerns of physicians and/or Administration.
- 3.3. 3.3 Meetings, Reports and Recommendations. The Bylaws Review Committee shall meet as necessary but not less than bi-annually, and shall maintain a permanent record of its proceedings and actions and shall report its recommendations to the Medical Executive Committee.
4. **CANCER COMMITTEE**
- 4.1. Composition. The Cancer Committee shall be a multidisciplinary standing committee that shall consist of at least one (1) board certified representative from the active Medical Staff from each of the following areas: surgery, medical oncology, diagnostic radiology, palliative care, radiation oncology, and pathology, and must include the Cancer Liaison physician. Required non-physician members are cancer program administrator, oncology nurse, social worker or case manager, certified tumor registrar (CTR), palliative care professional, and genetics professional.
- 4.2. Duties.
- 4.2.1. Develops and evaluates the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer;
- 4.2.2. Promotes a coordinated, multidisciplinary approach to patient management;
- 4.2.3. Ensures that educational and consultative cancer conferences cover all major sites and related issues;
- 4.2.4. Ensures that an active supportive care system is in place for patients, families, and staff;
- 4.2.5. Monitors quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes;
- 4.2.6. Promotes clinical research;
- 4.2.7. Supervises the cancer registry and ensures accurate and timely abstracting, staging, and follow-up reporting in conjunction with the ACoS CoC guidelines;
- 4.2.8. Performs quality control of registry data;
- 4.2.9. Encourages data usage and regular reporting;
- 4.2.10. Ensures content of the annual report meets requirements;
- 4.2.11. Publishes the annual report by year end of the following year;
- 4.2.12. Upholds medical ethical standards.
- 4.2.13. Meetings, Reports and Recommendations. The Cancer Committee shall meet as necessary, but not less than quarterly, and shall maintain a permanent record of its proceedings and actions and shall report its recommendations to the Medical Executive Committee.”
5. **INFECTION PREVENTION COMMITTEE**
- 5.1.1. Composition. The Infection Control Committee shall consist of one (1) or more members of each clinical department and one (1) representative each from the

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nursing service and from hospital management. The Infection Control Nurse shall be a member of this Committee and shall act as its Secretary. All non-Medical Staff members of the Committee shall have voting privileges.

- 5.1.2. Duties. The Infection Control Committee shall
- 5.1.3. develop and implement an Infection Control Plan for the Hospital;
- 5.1.4. annually review the Hospital Infection Control Plan, and revise as necessary;
- 5.1.5. furnish written reports to the Medical Staff and governing body of the Committee's activities and findings;
- 5.1.6. institute, at any time, control measures to protect patients, employees, visitors, and other persons;
- 5.1.7. evaluate and make recommendations regarding any change in chemical solutions for sterilization and other cleaning procedures;
- 5.1.8. review nosocomial infections at each meeting;
- 5.1.9. provide an orientation program for new personnel;
- 5.1.10. establish and evaluate employee health policies;
- 5.1.11. develop all protocols for special infection control studies; and,
- 5.1.12. respond to questions regarding techniques or policies of infection control.
- 5.1.13. Meetings, Reports and Recommendations. The Infection Control Committee shall meet as needed but not less than every two months and shall maintain a permanent record of its findings, proceedings and actions, and shall report to the Medical Executive Committee. The Infection Control Committee shall also make quarterly reports to the Hospital Safety Committee.
- 5.1.14. The Committee as a Peer Review Committee shall report to the Medical Executive Committee, for its consideration and appropriate action, recommendations for any situation involving questions of professional ethics, clinical competency, infraction of hospital or Medical Staff Bylaws or rules or unacceptable conduct on the part of any individual member of the Medical Staff.

6. MEDICAL RECORD COMMITTEE

- 6.1.1. Composition. The Medical Record Committee shall consist of one (1) or more members of each clinical department and one (1) representative each from the nursing service and from hospital management. The Director of the Medical Record Department shall be a member of this Committee and shall act as its Secretary. All non-Medical Staff members of the Committee shall not have voting privileges.
- 6.1.2. Duties
- 6.1.3. The Committee shall cooperate with the Medical Record Department to assure that all medical records meet acceptable standards.
- 6.1.4. It shall enforce such rules and regulations as exist at any time to ensure that appropriate individuals complete their appropriate medical records of their patients promptly and within a reasonable period of time after discharge.
- 6.1.5. It shall review and make recommendations on all proposed new or revised forms which become part of permanent medical records. New or revised forms recommended by the Committee shall then be submitted to the Executive Committee for approval and adoption.
- 6.1.6. It shall provide direction to the Medical Record Department for implementing new policies and procedures which directly affect the Medical Staff.
- 6.1.7. Meetings, Reports and Recommendations. The Medical Record Committee shall meet as needed but not less than annually and shall maintain a permanent record of its findings, proceedings and actions, and shall report to the Medical Executive Committee.

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- 6.1.8. The Committee as a Peer Review Committee shall report to the Executive Committee, for its consideration and appropriate action, recommendations for any situation involving questions of professional ethics, clinical competency, infraction of hospital or Medical Staff Bylaws or rules or unacceptable conduct on the part of any individual member of the Medical Staff.

7. NOMINATING COMMITTEE

- 7.1.1. Composition. The Nominating Committee shall consist of at least five (5) members of the Active Staff appointed by the Chief of Staff bi-annually. The previous three (3) Chiefs of Staff, VPMA, Chief of Staff and current Vice Chief of Staff are automatically appointed. The Past MSQIC Chairman will act as chairman. The VPMA will be a non-voting member. The Committee shall meet as deemed necessary to carry out its functions.
- 7.1.2. Duties. The Nominating Committee shall nominate a candidate for each office to become vacant and these nominations shall be submitted to the Secretary/Treasurer of the Medical Staff prior to the September meeting of the Medical Staff Executive Committee, and for conspicuous posting at least ten (10) days before the Meeting.
- 7.1.3. Election
- 7.1.4. Voting shall be by written ballot.
- 7.1.5. Nominations will be accepted from the floor at the time of the elections.
- 7.1.6. The Secretary/Treasurer of the Medical Staff shall be charged with supervision of the annual election of staff officers and is responsible for proper conduct of the election procedure.

8. PERINATOLOGY COMMITTEE

- 8.1.1. Composition. The Chief of Staff shall appoint a committee of all Ob/Gyn specialists actively practicing obstetrics, at least one representative from the Pediatric Department, at least one representative from Neonatology, at least one representative from the Anesthesia Department, and Family Medicine Physicians with Obstetrical privileges and all AHP with Obstetrical privileges.
- 8.1.2. Duties
- 8.1.3. Coordinate the medical management of the obstetrical and nursery units.
- 8.1.4. Performs quality improvement functions
- 8.1.5. Meetings, Reports and Recommendations. The Perinatology Committee shall meet as necessary but not less than annually, and shall maintain a permanent record of its proceedings and actions and shall report its recommendations to the Medical Executive Committee.
- 8.1.6. As a peer review committee, monitors obstetrical procedures, including Cesarean section deliveries, for the Surgery Department; evaluates the quality of care of patients; and, refers cases and reports to the appropriate areas, in accordance with the Medical Staff Bylaws and Performance Improvement Plan.

9. PHARMACY AND THERAPEUTICS COMMITTEE

- 9.1.1. Composition. The Pharmacy and Therapeutics Committee shall consist of at least three (3) representatives of the Medical Staff chosen from the departments of Pathology, Pediatrics, Internal Medicine, Surgery, and Emergency Medicine, and with representatives from other departments as needed. Non-voting ad hoc members should be from Administration, Pharmacy, Medical Staff Quality Review, Nutrition Services, and Nursing, with others attending only as invited.
- 9.1.2. Duties. The duties of the Pharmacy and Therapeutics Committee shall be to examine and survey all drug utilization policies and practices within the Hospital

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in order to assure optimum clinical results and a minimum potential for hazard. The Committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the Hospital. It shall also perform the following specific functions:

- 9.1.3. Serve as an advisory group to the Hospital Medical Staff and the pharmacist on matters pertaining to the choice of available drugs.
- 9.1.4. Make recommendations concerning drugs to be stocked on the nursing unit floors and by other service.
- 9.1.5. Develop and review periodically a formulary or drug list for use in the Hospital.
- 9.1.6. Prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.
- 9.1.7. Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital.
- 9.1.8. Establish standards and protocols concerning the use and control of investigational drugs and of research in the use of recognized drugs.
- 9.1.9. Review all significant untoward drug reactions.
- 9.1.10. Meetings, Reports and Recommendations. The Pharmacy and Therapeutics Committee shall meet at least quarterly, and shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof to the Medical Executive Committee and the President.
- 9.1.11. Quorum. The presence of the chairman and at least two other members eligible to vote shall constitute a quorum for all actions. Once a quorum has been found, business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

10. PHYSICIAN ASSISTANCE COMMITTEE

- 10.1.1. Purpose. To improve the quality of care and promote the continued competence of the Medical Staff, there is hereby established a Physician Assistance Program (hereby referred to as the Program) within Elkhart General Hospital. The Medical Staff of Elkhart General Hospital hereby establishes the Physician Assistance Committee (hereafter referred to as the Committee) as a Peer Review Committee to conduct the Program. This Program is entirely independent of any other committee, and entirely separate from any disciplinary or enforcement activities, established or authorized by these Bylaws. Members of the Medical Staff, Hospital personnel, or any other caring and interested persons are encouraged to report to the Physician Assistance Committee any instance of suspected functional and professional impairment including alcoholism, drug dependence; or mental, physical, or aging problems that have or could give rise to injury to a patient.
- 10.1.2. Structure and Duties
- 10.1.3. Composition. The Physician Assistance Committee shall be composed of no less than three (3) active members of the Medical Staff and appointed annually by the incoming Chief of the Medical Staff with no limitation on the number of terms they may serve.
- 10.1.4. Duties. The duties of the Physician Assistance Committee shall include:
- 10.1.5. be the identified committee within the Hospital where early informal reports concerning suspected physician impairment can be delivered for consideration.
- 10.1.6. seek additional information, evaluate and substantiate, to determine if significant impairment exists.
- 10.1.7. meet with the physician, confronting if necessary, in order to provide assistance in obtaining help for his/her impairment.

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- 10.1.8. be the physician's advocate and facilitate rehabilitation and reentry into practice without humiliation or rejection.
- 10.1.9. monitor recovery when necessary.
- 10.1.10. educate Medical Staff, Hospital personnel, and families of physicians concerning the existence of the Physician Assistance Committee.
- 10.1.11. Intervention. Individuals may be selected by the Committee to be an adjunct to the Committee and act as an ad hoc intervention team for each physician to be confronted. The intervention team will share with the physician the Committee's findings (with respect for confidentiality concerning the sources of information) and to provide assistance to enter into a treatment program.
- 10.1.12. Monitoring. The Committee will select a person who is responsible to the Committee to monitor the recovering physician's progress after reentry into practice wherever necessary. The purpose is both to improve the physician's credibility and to help him/her ensure his/her patient's protection.
- 10.1.13. Meetings. The Committee shall meet at least annually and/or at the call of the Chairman. Minutes of the activities of the Committee shall be recorded, but confidentiality will always be respected.
- 10.1.14. Policies. The Committee shall have no disciplinary powers and will act as the physician's advocate. All contacts or sources of information shall be held confidential.
- 10.1.15. Confidentiality. Members shall not discuss with anyone any activities except as directed by the Committee as a whole.

11. TRAUMA COMMITTEE

- 11.1.1. Composition: The Trauma Committee shall report to the Medical Executive Committee. Representation will be selected from active members of the Medical Staff and appointed annually by the Chief of Staff. Representation may come from General Surgery, Orthopedic Surgery, Emergency Department Physicians, Medicine Department, and Radiology. Administrative representation will come from the Vice President of Nursing, and the Director of Nursing, Quality Improvement/Medical Staff Department representative, unit managers from the Emergency Room, Critical Care, Operating Room and the Trauma Coordinator. The Trauma Committee will be a Medical Staff Committee. The presence of 1/3 of the members eligible to vote shall constitute a quorum. The action of a majority of members at a meeting for which a quorum is present shall constitute proper authorization.
- 11.1.2. Duties: Functioning as a Medical Staff Peer Review Committee, it shall review trauma cases. These reviews shall be carried out as frequently as necessary and documented. Reviews will evaluate the appropriateness of care for the trauma patient. Data will be collected and used to monitor ongoing trauma care and develop quality initiatives.
- 11.1.3. Reports: The Committee shall forward all recommendations and reports to the Medical Executive and Medical Staff Quality Improvement Committees as appropriate.

12. UTILIZATION MANAGEMENT COMMITTEE

- 12.1.1. Composition. The Utilization Management Committee (UMC) shall consist of members of the Active Staff with at least one representative from the departments of Emergency Medicine, Medicine, Family Medicine, Surgery, Psychiatry, Pediatrics, and Radiology. Non-voting ad hoc members should be from Administration, Case Management, Nursing, and Quality Improvement. The Utilization Management Committee in all of its functions is a Peer Review

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Committee and shall maintain its records and deliberations in confidence and shall be accorded the privileges granted by the Indiana Peer Review Act.

- 12.1.2. Duties.
- 12.1.3. Utilization Review Plan. The Committee shall formulate a written utilization management plan for the Hospital. Such plan, as approved by the Executive Committee of the Medical Staff, the Medical Staff, the President and the Board, must be in effect at all times and must include all of the following elements:
 - 12.1.4. the methods to be used in selecting cases on a sample or other basis;
 - 12.1.5. the definition of what constitutes the period of extended duration;
 - 12.1.6. the relationship of the utilization review plan to claims administration by a third party;
 - 12.1.7. responsibilities of the Hospital's administrative staff in support of utilization review.
- 12.1.8. The Committee shall perform the utilization function in compliance with the Utilization Management Plan.
- 12.1.9. Meetings, Reports and Recommendations. The Utilization Management Committee shall meet as needed to accomplish its function, shall maintain a permanent record of its findings, proceedings and actions, and shall report regularly to the Medical Executive Committee.