DEACONESS HOSPITAL, INC.

MEDICAL STAFF ORGANIZATION MANUAL

ARTICLE I. CLINICAL DEPARTMENTS

A. Department Procedures and Responsibilities

1. Staff members and allied health care providers shall be assigned to a department by the Medical Staff Executive Council ("MEC"), upon recommendation of the appropriate department.

2. Each department shall hold meetings at least quarterly and elect a Chief in accordance with the Bylaws and Rules and Regulations.

3. All questions regarding medical practice, medical ethics and/or professional standards shall be referred to the Chief of the department involved. Any questions not resolved by the appropriate department shall be referred to the MEC.

4. Each department shall adopt such rules and regulations as apply strictly to the administration of its activities. Such rules and standard must be presented to the MEC for approval. No rules or standards may be adopted by any department which conflict with the Bylaws and Rules and Regulations of the Staff. Rules and Regulations become effective upon approval by the MEC and the Governing Boards.

5. Each clinical department, as a peer review committee, shall from time-to-time review and make recommendations concerning the process of appointment and reappointment of clinical privileges.

6. Each department shall implement, in its role as a peer review committee and consistent with the Hospital's Quality Improvement Plan, a planned and systematic process for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served by their department and the clinical performance of all individuals with clinical privileges in that department through:

    a. Routine review and assessment of information about aspects of patient care;

    b. Identification and resolution of important problems associated with patient care;

    c. Each department may delegate performance of any or all of the responsibilities described in subsections (a) and (b) above to departmental peer review committees as set forth in departmental rules and regulations approved by the MEC and the Governing Boards.

d. All blood and blood product utilization in the Hospital will be reviewed by the Patient Blood Management Committee, which will report its findings to the Medical Staff Quality Committee and the Quality Improvement Committee; and

e. All tissue removed at surgery shall be reviewed by the Pathology Department jointly with the department to which the practitioner is assigned, and they shall report their findings to the Medical Staff Quality Committee.

B. <u>Departments</u>

1. Department of the Medical Staff will be as follows:

   a. Anesthesia Department

   b. Emergency Medicine Department

   c. Family Medicine Department

   d. Internal Medicine Department

   e. OB/GYN Department

   f. Pathology Department

   g. Pediatric Department

   h. Psychiatry Department

   i. Radiology Department

   j. Surgery Department

2. When indicated, three (3) or more Active members assigned to a department may form their own section, at the discretion of the MEC, upon recommendation of the department. These sections may elect their own Chief and may be organized to function separately under the jurisdiction of the department.

3. A section automatically is terminated when the number of Active members falls below three (3). All functions of the section return to the department having jurisdiction.

4. A new department may be established upon written request of no fewer than three (3) physicians on Active staff with full training in a specialty recognized by ABMS or AOA and not covered by current Medical Staff Departments, subject to approval by the MEC and the Governing Boards. All new departments will elect a Chief who will be eligible to attend the MEC as a full voting member.

C. Election of Chief

Each department shall elect a Chief every two (2) years, who shall be primarily responsible for the overall supervision of the clinical work within his/her department along with additional responsibilities. Qualifications to be eligible for Chief are outlined in each of the department's Rules and Regulations, except that all Chiefs are to be Board Certified. Election shall be held during the last meeting of the fiscal year, and the member receiving the majority of votes shall be Chief. The method of resolving lack of a majority vote will be addressed in each department's Rules and Regulations. The Chief of each department shall serve a two (2) year term and may be reelected to two (2) additional consecutive terms. The immediate Past Chief shall serve as Assistant Chief of the department and shall be eligible to attend the MEC meeting in the Chief's absence.

1. Roles and Responsibilities of Chief

   a. Clinically related activities of the department

   b. Administratively related activities the department, unless otherwise provided by the hospital

   c. Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges

   d. Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department

   e. Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization

   f. The integration of the department or service into the primary functions of the organization

   g. The coordination and integration of interdepartmental and intradepartmental services

h. The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services

i. The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and service

j. The determination of the qualifications and competence of department or service personnel who are not LIPs and who provide patient care, treatment, and services

k. The maintenance of quality control programs, as appropriate

l. The orientation and continuing education of all persons in the department or service

m. Recommendations for space and other resources needed by the department or service

Whenever outside sources are being considered to provide patient services in the hospital under contract, the Department Chief shall review the proposals and make recommendations to the hospital. Whenever such contracts are up for renewal, the Chief shall make recommendations to the hospital.

D. **Removal of Chief**

A majority of the voting members present at any department meeting may ask for a mailed ballot to remove a Chief from office. Two-thirds of the returned ballots would be required for removal of the Chief. Removal may be considered due to health conditions, lack of attendance at important meetings, or other reasons.

E. **Department Meetings**

1. Attendance

Members of the medical staff and allied health care providers are invited to participate in department meetings. However, attendance at department meetings is voluntary. Departments will establish annually a quorum for the meetings for the fiscal year.

2. Minutes

Minutes for each regular and special meeting of a department shall be prepared and shall include the attendance and vote taken on appropriate issues. The minutes shall be signed by the presiding officer and forwarded to the MEC. Each department shall maintain a permanent

file of minutes for each meeting. All records of peer review matters shall be maintained in a separate, confidential file available for inspection by all members of the department, to which they may pertain, but such records shall not be copied and will not be circulated.

F. **Peer Review Protocol**

The following protocol will be used by each department and by the Medical Staff Quality Committee when reviewing charts or incidents referred to the department or Quality committee by individual members of the department, administration, or Quality improvement personnel. In all such instances the department or committee shall be acting as a peer review committee under the Indiana Peer Review Act.

"Peer," for the purpose of conducting such reviews, shall mean a practitioner with the same licensure as the practitioner being reviewed, and in situations in which evaluations of quality of care requires specialty or department expertise, "peer" shall also include a practitioner in the same specialty or department as the practitioner being reviewed who is not in direct economic competition with him or her. However, this definition does not in any way limit the participation in the review process of other personnel who are not themselves the peers of the practitioner but who are personnel of the peer review committee as defined.

"Practitioner being reviewed" is the individual or individuals whose care of a particular patient or trend of patient care is being reviewed.

G. **Circumstances requiring review**

A review meeting will be held primarily when charts fall out during the quality improvement screening process. However, they will also be held at the request of another peer review committee; at the request of the MEC; at the request of an officer of the medical staff, or at the request of the President of the Hospital or his or her designee. Such request must specify which charts or which possible trends in patient care is to be reviewed. The request need not allege that any improper care was rendered.

Procedure. Prior to making a final determination practitioners will be given notice that charts or possible trends concerning their care have been reviewed and found to be controversial or inappropriate. Whenever possible the charts or documentation of trends will be made available to them prior to the review meeting to make a final determination. A practitioner under review is strongly encouraged to participate in such review, but review will go forward if the practitioner declines to participate.

"Review meeting" is the meeting at which the charts or possible trends are reviewed. This meeting is not a hearing or an inquisition; it is a discussion among peers with the assistance of personnel of the peer review committee to ascertain facts and opinions concerning the care in question. If any adverse action concerning the practitioner is recommended, the practitioner shall have the rights to a hearing and appeal as are afforded to the practitioner under the Medical Staff Bylaws.

Records of the peer review committee. Minutes will be kept as records of the peer review committee but will not be circulated with the other minutes of the department or control committee. The minutes shall contain, at a minimum, the questions raised for review, and the recommendation of the committee after review. Minority opinions, if any, will be reported as well. Copies of all minutes of review meetings which dealt with the care of a practitioner will be maintained in the practitioner's peer review file in the Medical Staff Office, whether or not any further action was deemed warranted. Such records will be made available to departmental chiefs for consideration at the time of reapplication for privileges and departmental chiefs are required to comment on such records, where it may impact the recredentialing decisions, at that time. If adverse action is recommended, copies of the minutes will be forwarded to the MEC with the request for corrective action.

Further action. If further action is deemed warranted, the matter may be referred back to a peer review committee which raised the question, to the MEC with a request for correction action, or to the Medical Staff Quality Committee with a request for consideration of quality improvement action.

ARTICLE II. OFFICERS

The Officers of the Medical Staff shall be the President, President-Elect, Secretary-Treasurer, and Immediate Past President (all of whom shall be elected for a term of two (2) years). The Immediate Past President also shall be a Staff Officer and a voting member of the MEC. The six (6) MEC at-large members shall be elected for a three (3) year term (two (2) elected annually and cannot be elected two (2) consecutive terms). Both officers and at-large members of the MEC shall be members of the Active staff and during the term of their service remain members in good standing of the Active staff. Failure to meet this requirement will result in the officer or at-large member being automatically removed from his or her position.

The **PRESIDENT** shall give notice of special or regular meetings of the medical staff, preside at staff meetings and be an ex-officio member of all committees, but shall not be Chair of the MEC. The **PRESIDENT-ELECT** shall be an ex-officio member of all committees and in the absence of the President shall assume his or her authority and duties. He or she shall serve as Chair of the MEC and shall become President at the end of the President's term.

The **SECRETARY-TREASURER** shall have primary responsibility for the financial accounts. He or shall shall present an annual report on the medical staff's finances at the final meeting of the fiscal year. The Secretary-Treasurer may serve two (2) consecutive terms. The Secretary-Treasurer may delegate his or her responsibilities to the lay secretary of the staff. The immediate **PAST PRESIDENT,** in the absence of the President and President-Elect, shall assume their authority at duties.

The **AT-LARGE** members shall serve on the MEC.

Election of officers and at-large members shall be from a single slate of candidates for each office submitted by the Nominating Committee at least one (1) month prior to the annual meeting of the medical staff in September. After reviewing the Nominating Committee's recommendations in August, the MEC shall notify the Active and Senior Staff members of the list of nominees. Additional nominations may be presented in writing to the Medical Staff Office with five (5) signatures of Active Staff members within ten (10) days following the announcement of candidates. Ballots shall be mailed to all Active and Senior Staff members, excluding provisional members, within ten (10) days before the annual meeting in September to be returned by mail or fax to the Medical Staff Office. The ballots shall be opened, counted, and reported at the annual meeting. The candidate(s) for each office who receives a plurality of all votes cast will be elected. In the event of a vacancy before the expiration of a term, the MEC shall appoint a successor to complete the unexpired term.

A majority of the voting members present at any medical staff meeting may ask for a mailed ballot to remove an officer of the staff or at-large member for failure or refusal to fulfill responsibilities. Two-thirds of the returned ballots would be required to remove an officer of the staff or at-large member.

A. Standing Committees

The President of the Medical Staff shall appoint committee on an annual basis, except where otherwise directed herein. The composition of these committees shall be at the discretion of the President, with the outlined formulation acting as a guideline.

The President shall serve as an ex-officio member of all committees with the CEOs of the Hospitals and/or his/her assistants serving as advisory members. The President of the Staff, in cooperation with Committee Chair, may invite department directors and other individuals to attend the various meetings when circumstances warrant. The MEC shall have the power to temporarily amalgamate any of the standing committees to facilitate more effective and efficient operational latitude. Standing Committees will establish annually a quorum for their meetings for the fiscal year.

1. Bylaws Committee

   The MEC will serve as the Bylaws Committee.

   Meetings: As needed.

   Purpose: To review the Medical Staff Bylaws and Rules and Regulations at least every two (2) years and recommend changes as needed to the medical staff.

2. Clinical Quality Executive Peer Review Committee

   Composition: The Committee will include the Evansville Surgery Center Medical Director and at least five (5) physicians currently performing procedures at Evansville Surgery Center, with an emphasis on representation of each specialty providing services within the facilities. One (1) physician member will be appointed and act as Chairperson. The Managing Board Chairperson will serve as an advisory member. The Evansville Surgery Center Administrator, Clinical Director, and Performance Improvement Coordinator are non-voting, Ex-Officio members and will act in the capacity of facilitator, advisor, and secretary.

   Meeting: Quarterly, at minimum

   Purpose: To oversee the clinical quality of the professional services provided in connection with the outpatient service line.

   To identify opportunities for improvement.

   This peer review committee is a subcommittee of MSQC with responsibility for evaluation of patient care rendered by professional health care providers as set forth in the Indiana peer review statutes and covered by the privileges and immunities contained in those laws.

3. Ethics Committee

   Composition: Physicians, nurses, social workers, administrators, clergy, lay representatives, attorneys, an experienced ethicist, if one is available in the community, shall have voting privileges. An effort shall be made to draw both physicians and nurses from a board range of representative areas. The Chair shall be appointed by the President of the Medical Staff, and the Vice Chair

shall be elected by the committee membership from the physicians on the Committee.

Meetings: Monthly

Purpose: To provide assistance in dealing with problems involving ethical issues that affect patients within the institution and concern those persons who are responsible for their care and treatment.

To claim all immunities and maintain confidentiality in its peer review activities.

4. Interdisciplinary Medical Staff Quality Improvement Committee – The Women's Hospital (IMSQIC)

Composition:

a. OB GYN Department Chair, Immediate Past OB GYN Department Chair, Pediatric Department Chair, Immediate Past Pediatric Department Chair, at least one (1) Family Medicine Department member with OB privileges appointed by the Chairman, TWH Medical Directors (Perinatal, Anesthesia, OB ED, Neonatology, Gynecologic Oncology, Reproductive Medicine, Breast Services, Maternal Transport Services, Neonatal Transport Services), TWH Chief Medical Officer, two (2) OB GYN generalists.
b. Ex-officio members include: Patient Safety and Quality Directory, Compliance and Regulatory Officer, Deaconess Patient Safety Medical Director
c. Ad hoc members include: HR Director or designee and other providers

Meetings: Monthly

Purpose: The multi-specialty peer review committee coordinates the quality improvement activities for care provided to patients at The Women's Hospital. This peer review committee is a subcommittee of MSQC with responsibility for evaluation of patient care rendered by professional health care providers as set forth in the Indiana peer review statutes and covered by the privileges and immunities contained in those laws.

5. Medical Records Committee

Composition: Five (5) members of the staff representing the various departments. A nursing representative and administrative representative serve in an advisory capacity.

Meetings: Monthly

Purpose: To review and make recommendations concerning the quality of medical records for clinical pertinence and timely completion.

To report its findings and recommendations at least quarterly to the Medical Staff Quality Committee.

To claim all immunities and maintain confidentiality in its peer review activities.

6. Medical Staff Quality Committee

Composition: Twelve (12) members of the staff representing a wide variety of specialties.

Meetings: Monthly

Purpose: To claim all immunities and maintain confidentiality in its peer review activities.

To serve as the primary multi-specialty peer review committee of the medical staff.

To assist in setting organization-wide Quality Improvement (QI) goals.

To plan and implement QI activities.

To identify opportunities for improvement.

To charter cross-functional QI Teams.

To work cooperatively with medical staff departments and department chiefs to define and monitor measurable quality indicators.

To monitor QI processes.

To allocate needed resources.

7. Nominating Committee

The MEC will serve as the Nominating Committee.

8. Oncology Committee

Composition: While the composition of the Oncology Committee will be at the discretion of the President of the Staff, it is suggested the committee consist of two (2) members of the Surgery Department, two (2) members of the Medicine Department, two (2) members of the Radiology Department (one (1) of whom may be a Radiation Oncologist), and one (1) member each from the Family Medicine, Pathology, Pediatrics and OB GYN Departments. A nursing representative will serve in an advisory capacity.

Meetings: Quarterly in January, April, July, and October.

Purpose: To improve the care of cancer patients.

To furnish professional guidance for the operation of an approved Tumor Registry with periodic reports to the staff.

To provide a system for quality of care evaluation with documentation of its operation.

To claim all immunities and maintain confidentiality in its peer review activities.

9. Patient Blood Management Committee

Composition: Composed of at least three (3) members of the medical staff including two (2) physician co-chairs from the departments of Pathology and Hematology-Oncology. Administrative, Nursing, Pathology and Pharmacy representatives may serve in an advisory capacity.

Meetings: Monthly

Purpose: To supervise the quality and efficiency of blood product utilization.

To review all transfusions of blood and blood products to determine appropriateness of orders based on protocols

To analyze transfusion reactions

To review blood transfusion policies at least every 3 years

To review blood transfusion practices

To report to the Medical Staff Quality Committee and Quality Improvement Committee.

To claim all immunities and maintain confidentiality in its peer review activities.

10. Pharmacy & Therapeutic Committee

Composition: At least five (5) physicians. The Chief Hospital Pharmacist, a nursing representative, and a member of administration will serve as advisory members.

Meetings: Monthly

Purpose: To serve as an advisory group on matters pertaining to drugs stocked and used in the Hospital. To analyze drug usage in conjunction with the Infection Control Committee.

To act in accordance with the Hospital's Quality Improvement and Safety Plans, and in particular:

To develop/approve policies and procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing.

To develop and maintain drug formulary or drug lists.

To monitor and evaluate the prophylactic, therapeutic and empiric use of drugs to help assure that they are provided appropriately, safely, and

effectively with special attention to drugs that are suspected of causing adverse reactions or adverse drug interactions.

To report its activities and recommendations monthly to MEC.

To claim all immunities and maintain confidentiality in its peer review activities.

11. Physician Wellness Committee

Composition: At least five (5) physicians, with an emphasis on ensuring representation by at least one proceduralist. The Chief Medical Office and a member of administration will serve as advisory members.

Meetings: Quarterly and as needed

Purpose: To evaluate and collegially resolve concerns that a practitioner may have a health issue impacting their practice

To claim all immunities and maintain confidentiality in its peer review activities and of personal health information (PHI) obtained in the performance of its duties.

To assist the medical staff identifying, preventing, and addressing provider burnout.

To promote the well-being of the Deaconess Hospital Medical Staff.

To report its activities quarterly, and as needed, to the Medical Executive Committee.

12. Radiation Safety Committee

Composition: Physicians from departments using radionuclides and other sources of ionizing radiation (e.g., Radiology-Nuclear Medicine, Pathology, Surgery and Radiation Therapy) as well as other members where required by Federal Regulations. A nursing representative will serve in an advisory capacity.

Meetings: Quarterly

Purpose: To supervise the use of radionuclides and other sources of ionizing radiation as required by Federal Regulations.

To claim all immunities and maintain confidentiality in its peer review activities.

To report quarterly to the Radiology Department.

13. Stroke Mortality and Morbidity Review Committee

Composition: This Committee shall be composed of the Stroke Medical Director; Medical Director of Interventional Neurology; Stroke Program Manager; Stroke Program Coordinator; Stroke Program Quality Analyst; a Vice President of Administration; Medical Director and Chief of the Emergency Department; Medical Director of Hospitalists; Director of Regional Network Services; physician members from Neurology, Emergency Department, Hospitalists, and Neurosurgery; representatives from Lab, X-ray, and ancillary services. Other members may be appointed on an ad hoc basis to address other issues.

Meetings: Monthly

Purpose: A multidisciplinary committee to assess and enhance the care delivered to stroke patients by individual case review and continued process improvement.

To refer to the MEC any request for corrective action that may be indicated for individual physicians.

To claim all immunities and maintain confidentiality in its peer review activities.

14. Trauma Multidisciplinary Peer Review Committee

Composition: This committee shall be composed of the Trauma Medical Director, Trauma Manager, Trauma Secretary, a Vice President of Administration, the physician director of the Emergency Medicine Department and the Chief of that Department, two (2) other physician members of that department, an orthopedic surgeon, a pulmonologist, the Director of Regional Network Services, and physician representatives from the departments of Anesthesia,

Radiology, and Pathology. Other members may be appointed on an ad hoc basis to address particular matters.

Meetings: Monthly

Purpose: To claim all immunities and maintain confidentiality in its peer review activities. This is a multidisciplinary committee to assess and improve the quality of care delivered in the trauma program. It will function by examining care given in the individual cases which fall out of screening review. It will review, for example, such matters as response times appropriateness and timeliness of case, and evaluation of care priorities among specialties.

To identify opportunities for improvement and to document what steps will be taken to avoid patient care problems.

To refer to the MEC any request for corrective action that may be indicated for individual physicians.

B. Special Committees and Appointments

Special Committees shall be appointed as may be required by the President of the staff. Such committees shall confine their work to the purpose for which they were appointed and shall report to the MEC. They shall not have the power of action unless such is specifically granted by the motion which created the committee.

Special committees with establish, annually, a quorum for their meetings for the fiscal year.

Practitioners may also be appointed, by the President of the Hospital, to Hospital committees such as the Joint Conference Committee, et cetera.

Special Medical Staff committees include, but are not limited to the following:

1. Medical Education Committee

Composition: A representative of each Department of the Staff. Appointments shall be for a three (3) year term on a rotating basis to provide continuity. The Director of Medical Education shall be an advisory member.

Meetings: Bimonthly or as called by the Chairperson.

Purpose: To provide continuing education for the Medical Staff and house staff.

ARTICLE III. THE MEDICAL STAFF MEETING

A. The Annual Meeting

The annual meeting of the medical staff shall be the regular meeting prior to the end of the fiscal year. At this meeting, the retiring officers and committees shall make their final report and officers for the ensuing year shall be elected.

B. Special Meetings

Special meetings of the medical staff may be called by the Secretary-Treasurer at any time on order of the President and must be called at the written request of any ten (10) members of the Active staff.

C. Quorum

Those members present and eligible to vote shall constitute a quorum.

D. Agenda

1. The agenda for regular meetings shall include:

    a. Call to order, roll call, establishment of quorum;

    b. Invocation;

    c. Minutes of the last regular and all subsequent special meetings;

    d. Reportable peer review matters;

    e. Non-peer review reports;

    f. Unfinished Business;

    g. New Business;

    h. Medical education announcements (if any);

i. Administrative announcements (if any);

j. Announcements

k. Next Medical Staff meeting;

l. Adjournment

2. The agenda for special meetings shall be:

a. Reading of notice calling the meeting;

b. Discussion of the business for which the meeting was called;

c. Adjournment

E. Minutes

Minutes of each regular and special meeting of the medical staff shall be prepared and shall include the attendance and the vote taken on each appropriate matter. The minutes shall be signed by the President and maintained in a permanent file. All records of reported peer review matters shall be maintained in a confidential file available for inspection by all members of the medical staff, but such records may not be copied or circulated.

ARTICLE IV. DUES-FUNDS-EXPENDITURES

The annual dues of the staff members shall be established by the MEC. Senior staff members, Honorary Affiliates and allied health providers are not required to pay dues.

Members whose dues are delinquent after the first quarter shall be notified by the Secretary-Treasurer. Members whose dues are still delinquent at the end of the second quarter shall stand suspended from staff membership. Reinstatement shall be contingent upon payment of delinquent dues and approval of the Governing Board.

The funds of the staff shall be held by the Secretary-Treasurer. Appropriations from the funds of the staff may be made as follows:

1. The Secretary-Treasurer may draw upon the funds for routine expenditures;

2. The MEC may authorize single expenditures up to ten thousand dollars ($10,000.00);

3. Single expenditures over ten thousand dollars ($10,000.00) may be made by the affirmative vote of a majority of the staff present in any meeting.

ARTICLE V. AMENDMENT

1. Amendment

The Organization Manual may be amended or repealed, in whole or in part, by a resolution of the MEC recommended to and adopted by the Governing Boards.

2. Responsibilities and Authority

The procedures outlined in the Medical Staff Bylaws and Hospital Governing Documents regarding medical staff responsibility and authority to formulate, adopt, and recommend the Medical Staff Bylaws and amendments thereto and the Medical Staff Rules and Regulations apply as well to the formulation, adoption, and amendment of this Organization Manual, which is part of the Rules and Regulations of the medical staff.

ARTICLE VI. ADOPTION

1. **MEDICAL STAFF.** This Organization Manual was adopted and recommended as rules and regulations of the medical staff to the Governing Boards by the MEC in accordance with and subject to the Medical Staff Bylaws.

DocuSigned by:
Jamie Davison, MD
9520AB39B67B48C...
President/Medical Staff

9/9/2025
Date

2. **GOVERNING BOARDS.** This Organization Manual is approved and adopted by the resolution of the Governing Boards as rules and regulations of the medical staff after considering the MEC's recommendations and in accordance with and subject to the Hospital Governing Documents.

DEACONESS HOSPITAL, INC.

DocuSigned by:
Jeff Justice
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Secretary/Board of Directors
9/9/2025
Date

DEACONESS WOMEN'S HOSPITAL OF SOUTHERN INDIANA, LLC

Signed by:
Cheryl Wathen
A10B83753E1A437...
Secretary/Board of Directors
9/9/2025
Date

Revised:	Medical Staff Executive Council	10/13/2021
	Board of Directors	10/28/2021
Revised:	Medical Staff Executive Council	07/12/2023
	Board of Directors	07/24/2023
Revised:	Medical Staff Executive Council	04/09/2025
	Board of Directors	04/24/2025
Revised:	Medical Staff Executive Council	07/09/2025
	Board of Directors	07/10/2025