

TABLE OF CONTENTS

PREAMBLE	1
DEFINITIONS	1
ARTICLE I NAME	2
ARTICLE II MEMBERSHIP	2
2.1 NATURE OF MEMBERSHIP	2
2.2 QUALIFICATIONS FOR MEMBERSHIP	2
2.2.1 GENERAL QUALIFICATIONS	2
2.2.2 PARTICULAR QUALIFICATIONS	3
Physicians, Dentists, and Podiatrists	3
Allied Health Practitioners:	3
2.3 EFFECT OF OTHER AFFILIATIONS	4
2.4 NONDISCRIMINATION	4
2.5 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP	4
ARTICLE III CATEGORIES OF MEMBERSHIP	5
3.1 CATEGORIES	5
3.2 ACTIVE STAFF	6
3.2.1 QUALIFICATIONS	6
3.2.2 PREROGATIVES	6
3.3 ASSOCIATE STAFF	
3.3.1 QUALIFICATIONS	6
3.3.2 PREROGATIVES	7
3.4 THE COURTESY MEDICAL STAFF	7
3.4.1 QUALIFICATIONS	7
3.4.2 PREROGATIVES	7
3.4.3 LIMITATION	7
3.5 THE CONSULTING MEDICAL STAFF	8
3.5.1 QUALIFICATIONS	8
3.5.2 PREROGATIVES	8
3.6 ALLIED HEALTH STAFF	8
3.6.1 QUALIFICATIONS	8
3.6.2 PREROGATIVES	9
3.7 PROVISIONAL STAFF	9
3.7.1 QUALIFICATIONS	9
3.7.2 PREROGATIVES	9
3.7.3 OBSERVATION OF PROVISIONAL STAFF MEMBER	10
3.7.4 TERM OF PROVISIONAL STAFF STATUS	10
3.7.5 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS	10
3.8 HONORARY ACTIVE STAFF	10
3.8.1 QUALIFICATIONS	10
3.8.2 PREROGATIVES	11
3.9 HONORARY STAFF	11

	3.9.1. QUALIFICATIONS.....	11
	3.9.2. PREROGATIVES.....	11
3.10	TEMPORARY STAFF.....	11
	3.10.1. QUALIFICATIONS.....	11
	3.10.2. PREROGATIVES.....	11
3.11	GENERAL EXCEPTIONS TO PREROGATIVES	12
3.12	MODIFICATION OF MEMBERSHIP.....	12
ARTICLE IV	APPOINTMENT AND REAPPOINTMENT.....	12
4.1	GENERAL.....	12
4.2	BURDEN OF PRODUCING INFORMATION	12
4.3	APPOINTMENT AUTHORITY	13
4.4	DURATION OF APPOINTMENT AND REAPPOINTMENT.....	13
4.5	APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT.....	13
	4.5.1 APPLICATION FORM	13
	4.5.2 EFFECTS OF APPLICATION.....	14
	4.5.3 VERIFICATION OF INFORMATION	15
	4.5.4 COMPLETED APPLICATION.....	15
	4.5.5 MEDICAL EXECUTIVE COMMITTEE ACTION	16
	4.5.6 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION	16
	4.5.7 ACTION ON THE APPLICATION	17
	4.5.8 NOTICE OF FINAL DECISION.....	18
	4.5.9 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION...18	
	4.5.10 TIMELY PROCESSING OF APPLICATIONS.....	18
4.6	REAPPOINTMENTS AND REQUEST FOR MODIFICATIONS OF STAFF STATUS OR PRIVILEGES	18
	4.6.1. APPLICATION.....	18
	4.6.2 EFFECT OF APPLICATION	19
	4.6.3 STANDARDS AND PROCEDURE FOR REVIEW.....	19
	4.6.4 FAILURE TO FILE REAPPOINTMENT APPLICATION.....	19
4.7	LEAVE OF ABSENCE	20
	4.7.1. LEAVE STATUS	20
	4.7.2. TERMINATION OF LEAVE.....	20
	4.7.3. FAILURE TO REQUEST REINSTATEMENT.....	20
ARTICLE V	CLINICAL PRIVILEGES	20
5.1	EXERCISE OF PRIVILEGES.....	20
5.2	DELINEATION OF PRIVILEGES IN GENERAL.....	21
	5.2.1. REQUESTS	21
	5.2.2 BASES OF PRIVILEGES DETERMINATION	21
5.3	PROCTORING.....	21
	5.3.1 GENERAL PROVISIONS.....	21
	5.3.2 FAILURE TO OBTAIN CERTIFICATION.....	21
	5.3.3 MEDICAL STAFF ADVANCEMENT.....	22
5.4.	CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PRACTITIONERS22	
	5.4.1 ADMISSIONS	22
	5.4.2 SURGERY	22

5.4.3	MEDICAL APPRAISAL.....	22
5.5	TEMPORARY CLINICAL PRIVILEGES.....	22
5.5.1	CIRCUMSTANCES.....	22
5.5.2	APPLICATION AND REVIEW.....	23
5.5.3	GENERAL CONDITIONS.....	23
5.6	EMERGENCY PRIVILEGES.....	24
5.7	MODIFICATION OF CLINICAL PRIVILEGES.....	24
5.8	LAPSE OF APPLICATION.....	24
5.9	DISASTER PRIVILEGES.....	24
5.9.1	DEFINITION.....	24
5.9.2	IMMEDIATE EXPECTATION.....	24
5.9.3	ADDITIONAL INFORMATION.....	25
5.9.4	PRIMARY SOURCE VERIFICATION.....	25
5.9.5	PRIVILEGE CONTINUATION OR REVOCATION.....	26
5.9.6	MAINTENANCE.....	26
5.9.7	ID BADGE.....	26
5.9.8	CONCLUSION OF DECLARED EMERGENCY DISASTER.....	26
ARTICLE VI CORRECTIVE ACTION.....		27
6.1	CRITERIA ACTION.....	27
6.1.1	CRITERIA FOR INITIATION.....	27
6.1.2	INITIATION.....	27
6.1.3	INVESTIGATION.....	27
6.1.4	MEDICAL EXECUTIVE COMMITTEE ACTION.....	28
6.1.5	SUBSEQUENT ACTION.....	29
6.1.6	INITIATION BY BOARD OF DIRECTORS.....	29
6.2	SUMMARY RESTRICTION OR SUSPENSION.....	29
6.2.1	CRITERIA FOR INITIATION.....	29
6.2.2	WRITTEN NOTICE OF SUMMARY SUSPENSION.....	30
6.2.3	MEDICAL EXECUTIVE COMMITTEE ACTION.....	30
6.2.4	PROCEDURAL RIGHTS.....	30
6.2.5	INITIATION BY BOARD OF DIRECTORS.....	31
6.3	AUTOMATIC SUSPENSION OR LIMITATION.....	32
6.3.1	LICENSURE.....	32
6.3.2	CONTROLLED SUBSTANCES.....	32
6.3.3	FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT.....	32
6.3.4	MEDICAL RECORDS.....	33
6.3.5	FAILURE TO PAY DUES/ASSESSMENTS.....	33
6.3.6	EXECUTIVE COMMITTEE DELIBERATION.....	33
6.3.7	PROFESSIONAL LIABILITY INSURANCE.....	33
ARTICLE VII HEARINGS AND APPELLATE REVIEWS.....		33
7.1	GENERAL PROVISIONS.....	34
7.1.1	EXHAUSTION OF REMEDIES.....	34
7.1.2	APPLICATION OF ARTICLE.....	34
7.1.3	TIMELY COMPLETION OF PROCESS.....	34

7.1.4	FINAL ACTION.....	34
7.2	GROUNDS FOR HEARING.....	34
7.3	REQUESTS FOR HEARING.....	35
7.3.1.	NOTICE OF ACTION OR PROPOSED ACTION.....	35
7.3.2	REQUEST FOR HEARING.....	35
7.3.3	TIME AND PLACE FOR HEARING.....	35
7.3.4	NOTICE OF HEARING.....	36
7.3.5	JUDICIAL REVIEW COMMITTEE.....	36
7.3.6	FAILURE TO APPEAR OR PROCEED.....	36
7.3.7	POSTPONEMENTS AND EXTENSIONS.....	37
7.4	HEARING PROCEDURE.....	37
7.4.1	PREHEARING PROCEDURE.....	37
7.4.2	REPRESENTATION.....	38
7.4.3	THE HEARING OFFICER.....	38
7.4.4	RECORD OF THE HEARING.....	39
7.4.5	RIGHTS OF THE PARTIES.....	39
7.4.6	MISCELLANEOUS RULES.....	39
7.4.7	BURDENS OF PRESENTING EVIDENCE AND PROOF.....	39
7.4.8	ADJOURNMENT AND CONCLUSION.....	40
7.4.9	BASIS FOR DECISION.....	40
7.4.10	DECISION OF THE JUDICIAL REVIEW COMMITTEE.....	40
7.5	APPEAL.....	41
7.5.1	TIME FOR APPEAL.....	41
7.5.2	GROUNDS FOR APPEAL.....	41
7.5.3	TIME, PLACE AND NOTICE.....	41
7.5.4	APPEAL BOARD.....	42
7.5.5	APPEAL PROCEDURE.....	42
7.5.6	DECISION.....	42
7.5.7	RIGHT TO ONE HEARING.....	43
7.6	EXCEPTIONS TO HEARING RIGHTS.....	43
7.6.1	AUTOMATIC SUSPENSION OR LIMITATION OF PRACTICE PRIVILEGES.....	43
7.6.2	SERVICE FORMATION OR ELIMINATION.....	43
7.7	EXPUNCTION OF DISCIPLINARY ACTION.....	44
7.8	NATIONAL PRACTITIONER DATA BANK REPORTING.....	44
7.8.1	ADVERSE ACTIONS.....	44
7.8.2	DISPUTE PROCESS.....	44
	ARTICLE VIII OFFICERS.....	45
8.1	OFFICERS OF THE MEDICAL STAFF.....	45
8.1.1	IDENTIFICATION.....	45
8.1.2	QUALIFICATIONS.....	45
8.1.3	NOMINATIONS.....	45
8.1.4	ELECTIONS.....	45
8.1.5	TERM OF ELECTED OFFICE.....	45
8.1.6	RECALL OF OFFICERS.....	45

8.1.7	VACANCIES IN ELECTED OFFICE	46
8.2	DUTIES OF OFFICERS.....	46
8.2.1	CHIEF OF STAFF	46
8.2.2	VICE CHIEF OF STAFF.....	47
ARTICLE IX	COMMITTEES.....	47
9.1	DESIGNATION.....	47
9.2	GENERAL PROVISIONS.....	47
9.2.1	TERMS OF COMMITTEE MEMBERS.....	47
9.2.2	REMOVAL.....	47
9.2.3	VACANCIES.....	47
9.3	MEDICAL EXECUTIVE COMMITTEE	48
9.3.1	COMPOSITION	48
9.3.2	DUTIES	48
9.3.3	MEETINGS	49
9.4	CREDENTIALS COMMITTEE.....	49
9.4.1	COMPOSITION	49
9.4.2	DUTIES	49
9.4.3	MEETINGS	50
9.5	JOINT CONFERENCE COMMITTEE.....	50
9.5.1	COMPOSITION	50
9.5.2	DUTIES	50
9.5.3	MEETINGS	50
9.6	OTHER COMMITTEES	50
ARTICLE X	MEETINGS.....	50
10.1	MEETINGS	50
10.1.1	ANNUAL MEETING.....	50
10.1.2	REGULAR MEETINGS.....	51
10.1.3	AGENDA.....	51
10.1.4	SPECIAL MEETINGS	51
10.2	QUORUM FOR STAFF MEETING	52
10.3	MANNER OF ACTION	52
10.4	MINUTES.....	52
10.5	ATTENDANCE REQUIREMENTS	52
10.5.1	REGULAR ATTENDANCE.....	52
10.5.2	ABSENCE FROM MEETINGS.....	52
10.5.3	SPECIAL ATTENDANCE.....	53
10.6	EXECUTIVE SESSION.....	53
ARTICLE XI	CONFIDENTIALITY, IMMUNITY AND RELEASES	53
11.1	AUTHORIZATION AND CONDITIONS	53
11.2	CONFIDENTIALITY OF INFORMATION	54
11.2.1	GENERAL.....	54
11.2.2	BREACH OF CONFIDENTIALITY	54
11.3	IMMUNITY FROM LIABILITY	54
11.3.1	FOR ACTION TAKEN	54

11.3.2 FOR PROVIDING INFORMATION	54
11.4 ACTIVITIES AND INFORMATION COVERED.....	54
11.5 RELEASES.....	55
ARTICLE XII GENERAL PROVISIONS	55
12.1 RULES AND REGULATIONS	55
12.2 DUES OR ASSESSMENTS.....	55
12.3 CONSTRUCTION OF TERMS AND HEADINGS	56
12.4 AUTHORITY TO ACT	56
12.5 DIVISION OF FEES.....	56
12.6 NOTICES.....	56
12.7 DISCLOSURE OF INTEREST	56
12.8 NOMINATION OF MEDICAL STAFF REPRESENTATIVES	56
12.9 MEDICAL STAFF CREDENTIALS FILES	56
12.9.1 INSERTION OF ADVERSE INFORMATION	57
12.9.2 REVIEW OF ADVERSE INFORMATION AT THE TIME OF REAPPRAISAL AND REAPPOINTMENT	57
12.9.3 CONFIDENTIALITY	58
12.9.4 MEMBER' S OPPORTUNITY TO REQUEST CORRECTION/DELETION OF AND TO MAKE ADDITION TO INFORMATION IN FILE	59
12.10 MEDICAL EXECUTIVE COMMITTEE ROLE IN EXCLUSIVE CONTRACTING	59
ARTICLE XIII ADOPTION AND AMENDMENT OF BYLAWS	59
13.1 PROCEDURE.....	59
13.2 ACTION ON BYLAW CHANGE.....	60
13.3 APPROVAL	60
13.4 EXCLUSIVITY	60
13.5 SUCCESSOR IN INTEREST.....	60
13.6 SEVERABILITY	60
RULES & REGULATIONS	61
SECTION 1. ADMISSION AND DISCHARGE OF PATIENTS	62
SECTION 2. MEDICAL RECORDS.....	63
SECTION 3. GENERAL CONDUCT OF CARE	65
Inpatient Emergencies (71)	
SECTION 4. GENERAL RULES REGARDING SURGICAL CARE.....	68
Records	68
Surgery Performed by Limited Licensed Practitioners	68
Elective termination of pregnancy	69
SECTION 5. EMERGENCY ROOM SERVICES	69
Function and Policy of the Emergency Room	69
Staffing.....	69
Other uses of the Emergency Room as Treatment Room.....	70
Specific Problems Arising in the Emergency Room.....	70
Nurse giving injection in the absence of the physician: (70)	
Dispensing oral medications (70)	

Emergency care given by nurse (70)	
Dead on Arrivals and Emergency Room Deaths (71)	
Notification of authorities (71)	
Transfer of patients (71)	
Patient refusing treatment (72)	
Records and reports (72)	
Procedure in case of catastrophic occurrence (72)	
SECTION 6. INDICATIONS FOR AUTOPSY	72
SECTION 7. MEDICAL STAFF MEETINGS.....	72
SECTION 8. PROVISIONAL STAFF STATUS	72
SECTION 9. SEVERABILITY	73

PREAMBLE

These bylaws are adopted in order to provide for the organization of the medical staff of Sweeny Community Hospital and to provide a framework for self-government in order to permit the medical staff to discharge its responsibilities in matters involving the quality of medical care, and to govern the orderly resolution of those purposes. These bylaws provide the professional and legal structure for medical staff operations, organized medical staff relations with the board of directors, and relations with applicants to and members of the medical staff.

DEFINITIONS

1. ADMINISTRATOR means the person appointed by the board of directors to serve in an administrative capacity.
2. AUTHORIZED REPRESENTATIVE or HOSPITAL'S AUTHORIZED REPRESENTATIVE means the individual designated by the hospital and approved by the medical executive committee to provide information to and request information from the National Practitioner Data Bank according to the terms of these bylaws.
3. BOARD OF DIRECTORS means the governing body of the hospital.
4. CHIEF OF STAFF means the chief office of the medical staff elected by members of the medical staff.
5. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to medical staff members to provide patient care and includes unrestricted access to those hospital resources (including equipment, facilities and hospital personnel) which are necessary to effectively exercise those privileges.
6. HOSPITAL means Sweeny Community Hospital.
7. INVESTIGATION means a process specifically instigated by the medical executive committee to determine the validity, if any, of a concern or complaint raised against a member of the medical staff.
8. MEDICAL EXECUTIVE COMMITTEE means the executive committee of the medical staff which shall constitute the governing body of the medical staff as described in these bylaws.
9. MEDICAL STAFF or STAFF means those physicians (MD or DO or their equivalent as defined in Sections 2.2.2(a), dentists, podiatrists, chiropractors and clinical psychologists, CRNA's, ANP's, PA's, NP's) who have been granted recognition as physician or allied health members of the medical staff pursuant to the terms of these bylaws.

10. MEDICAL STAFF YEAR means the period from January 1st to December 31st of each year.
11. MEMBER means, unless otherwise expressly limited, any physician (MD or DO or their equivalent as defined in Sections 2.2.2(a), dentists, podiatrists, chiropractors and clinical psychologists, CRNA's, ANP's, PA's, NP's) holding a current license to practice within the scope of his or her license who is a physician or allied health member of the medical staff.
12. PHYSICIAN means an individual with an MD or DO degree or their equivalent. "Their equivalent" shall mean any degree (i.e., foreign) recognized by the licensing board in the State of Texas to practice medicine.
13. PRACTITIONER means an individual with a chiropractic, clinical psychologist degree or CRNA, ANP, NP or PA certificate recognized by their licensing boards in the State of Texas to practice their profession.

ARTICLE I NAME

The name of this organization is the Medical Staff of Sweeny Community Hospital.

ARTICLE II MEMBERSHIP

2.1 NATURE OF MEMBERSHIP

No physician or practitioner shall admit or provide medical or health-related services to patients in the hospital unless he or she is a member of the medical staff or has been granted temporary privileges in accordance with the procedures set forth in these bylaws. Appointment to the medical staff shall confer only such clinical privileges and prerogatives as have been granted in accordance with these bylaws.

2.2 QUALIFICATIONS FOR MEMBERSHIP

2.2.1 GENERAL QUALIFICATIONS

Only physicians and practitioners who:

- (a) document their (1) current license, (2) adequate experience, education and training, (3) current professional competence, (4) good judgement, and (5) adequate physical and mental health status, so as to demonstrate to the satisfaction of the medical staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the

physician-patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the medical staff;

- (c) maintain in force professional liability insurance in not less than the minimum amounts determined by the board of directors and medical executive committee.
- (d) shall be deemed to possess basic qualifications for membership in the medical staff, except for the honorary and retired staff categories in which case these criteria shall only apply as deemed individually applicable by the medical staff.

2.2.2 PARTICULAR QUALIFICATIONS

(a) Physicians, Dentists, and Podiatrists:

- (1) Physician: An applicant for physician membership in the medical staff, except for the honorary staff, must hold an MD or DO degree or their equivalent and a valid and unsuspended certificate to practice medicine issued by the Texas State Board of Medical Examiners. For the purpose of this section, "or equivalent" shall mean any degree (i.e., foreign) recognized by the licensing board in the State of Texas to practice medicine *or psychiatry*.
- (2) Dentists: An applicant for dental membership in the medical staff, except for the honorary staff, must hold a DDS or equivalent degree and a valid and unsuspended certificate to practice dentistry issued by the Texas Board of Dental Examiners.
- (3) Podiatrists: An applicant for podiatric membership on the medical staff, except for the honorary staff, must hold a DPM degree and a valid and unsuspended certificate to practice podiatry issued by the Texas State Board of Podiatry Examiners.

(b) Allied Health Practitioners:

- (1) Chiropractors: An applicant for chiropractic allied health membership on the medical staff must hold a DC degree and a valid and unsuspended certificate to practice chiropractic medicine issued by the Texas Board of Chiropractic Examiners.
- (2) Clinical Psychologists: An applicant for clinical psychologist allied health membership on the medical staff must hold a clinical psychologist degree and a valid and unsuspended certificate to practice clinical psychology issued by the Texas Board of Clinical Psychologist Examiners.

- (3) CRNA's, NP's, ANP's: Applicants for *Certified Registered Nurse Anesthetist, Nurse Practitioner, or / Adult Nurse Practitioner* membership on the medical staff must have graduated from an accredited school of professional nursing and hold a valid and unsuspended license to practice professional nursing issued by the Texas Board of Nurse Examiners as well as status verified by the Texas Board of Nurse Examiners.
- (4) PA's: Applicants for physician assistant membership on the medical staff must have graduated from an accredited school for physician assistants and hold valid and unsuspended licenses issued by the Texas Board of Medical Examiners. In addition, the PA's supervising physician must be an active member of the medical staff and be recognized as a supervising physician by the Texas Board of Medical Examiners.

2.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership in the medical staff merely because that person holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility. Medical staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in contracts with a third party which contracts with this hospital.

2.4 NONDISCRIMINATION

Clinical privileges shall not be granted or denied on the basis of sex, age, race, creed, color, national origin, physical or mental handicap not threatening quality of physical care, or on the basis of any other criteria unrelated to the delivery of quality patient care in the hospital, to professional ability and judgment, to community need, to the reasonable objectives of this institution, or to any requirements set forth in these bylaws. *All members of the medical staff shall conduct their professional activities in accordance with the ethical code of their organized professional association, in accordance with the educational laws covering professional practice, and in accordance with the rules and regulations of the Board of Directors.*

2.5 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Except for the honorary and retired staff, the ongoing responsibilities of each member of the medical staff include:

- (a) providing patient with the quality of care meeting the professional standards of the medical staff of this hospital;
- (b) abiding by the medical staff bylaws, rules and regulations, and any applicable policies;

- (c) discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of medical staff membership, including committee assignments;
- (d) preparing and completing in timely fashion medical records for all the patients to whom the member provides care in the hospital;
- (e) abiding by the lawful ethical principles of the Texas Medical Association or member's professional association;
- (f) aiding in any medical staff approved educational programs for medical students, interns, resident physicians, resident dentists, staff physicians and dentists, nurses and other personnel;
- (g) working cooperatively with members, nurses, hospital administration and others so as not to adversely affect patient care;
- (h) making appropriate arrangements for coverage for his or her patients as determined by the medical staff;
- (I) refusing to engage in improper inducements for patient referral;
- (j) participating in continuing education programs as determined by the medical staff;
- (k) participating in such emergency service coverage or consultation panels as may be determined by the medical staff;
- (l) discharging such other staff obligations as may be lawfully established from time to time by the medical staff or medical executive committee, and
- (m) providing information to and/or testifying on behalf of the medical staff or an accused practitioner regarding any matter under an investigation pursuant to paragraph 6.1.3, and those which are the subject of a hearing pursuant to Article VII.

ARTICLE III CATEGORIES OF MEMBERSHIP

3.1 CATEGORIES

The categories of the medical staff shall include the following: active, associate, courtesy, consulting, provisional, active honorary, honorary, temporary, and allied health. At each time of reappointment, the member's staff category shall be determined.

3.2 ACTIVE STAFF

3.2.1 QUALIFICATIONS

The active staff shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 2.2;
- (b) be within thirty (30) minutes of hospital when serving as attending physician for any hospitalized patient to provide appropriate continuity of quality care (exception: physicians whose primary practice consists of pathology or radiology);
- (c) participate in the rotating active staff call coverage for the purpose of follow up care on patients with no primary care physician(exception: physicians whose primary practice consists of pathology, radiology or emergency medicine);
- (d) are regularly involved in medical staff functions such as serving on committees, as determined by the medical staff; and
- (e) except for good cause shown as determined by the medical executive committee, have satisfactorily completed their designated term in the provisional staff category.

3.2.2 PREROGATIVES

Except as otherwise provided, the prerogatives of an active medical staff members shall be to:

- (a) admit patients and exercise such clinical privileges as are granted pursuant to Article V; and
- (b) attend and vote on matters presented at general and special meetings of the medical staff and of the committees of which he or she is a member.

3.3 ASSOCIATE STAFF

3.3.1 QUALIFICATIONS

The associates staff shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 2.2;
- (b) provides physician services for the Emergency Department and Hospitalist program;
- (c) are regularly involved in medical staff functions such as serving on committees, as determined by the medical staff; and
- (d) except for good cause shown as determined by the medical executive committee, have satisfactorily completed their designated term in the provisional staff category.

3.3.2 PREROGATIVES

Except as otherwise provided, the prerogatives of an associate medical staff members shall be to:

- (a) admit patients and exercise such clinical privileges as are granted pursuant to Article V; and
- (b) attend and vote on matters presented at committees of which he or she is a member.

3.4 THE COURTESY MEDICAL STAFF

3.4.1 QUALIFICATIONS

The courtesy medical staff shall consist of members who:

- (a) meet the general qualifications set forth in sub-section 2.2;
- (b) do not regularly admit or care for (or reasonably anticipate admitting or regularly caring for) not more than 12 patients per year in the hospital; and
- (c) have satisfactorily completed appointment in the provisional category.

3.4.2 PREROGATIVES

Except as otherwise provided, the courtesy medical staff member shall be entitled to:

- (a) admit patients to the hospital with the limitations of Section 3.3.1(b) and exercise such clinical privileges as are granted pursuant to Article V; and
- (b) attend in a non-voting capacity meetings of the medical staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Courtesy staff members shall not be eligible to hold office in the medical staff.

3.4.3 LIMITATION

Courtesy staff members who admit patients or regularly care for patients at the hospital shall, upon review of the medical executive committee, be obligated to seek appointment to the appropriate staff category.

3.5 THE CONSULTING MEDICAL STAFF

3.5.1 QUALIFICATIONS

Any member of the medical staff in good standing may consult in his or her area of expertise; however, the consulting medical staff shall consist of such practitioners who:

- (a) are not otherwise members of the medical staff and meet the general qualifications set forth in Section 2.2, except that this requirement shall not preclude an out-of-state practitioner from appointment as may be permitted by law if that practitioner is otherwise deemed qualified by the medical executive committee;
- (b) possess adequate clinical and professional expertise;
- (c) are willing and able to come to the hospital on schedule or promptly respond when called to render clinical services within their area of competence;
- (d) are members of the active or associate medical staff of another hospital licensed by Texas or another state, although exceptions to this requirement may be made by the medical executive committee for good cause; and
- (e) have satisfactorily completed appointment in the provisional category.

3.5.2 PREROGATIVES

The consulting medical staff member shall be entitled to:

- (a) exercise such clinical privileges as are granted pursuant to Article V; and
- (b) attend meetings of the medical staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Consulting staff members shall not be eligible to hold office in the medical staff organization, but may serve upon committees.

3.6 ALLIED HEALTH STAFF

3.6.1 QUALIFICATIONS

The allied health staff shall consist of members who:

- (a) meet the general qualifications set forth in subsections 2.2 and;
- (b) have satisfactorily completed appointment in the provisional category.

- (c) *The Allied Health Staff shall consist of Chiropractors, Clinical Psychologists, CRNA's, NP's, ANP's, and PA's. Under the supervision of an active staff physician, adult nurse practitioners and physician assistants are eligible to admit patients to the hospital and may exercise only those clinical privileges that fall within the scope of their professional license.*

3.6.2 PREROGATIVES

- (a) exercise such clinical privileges as are granted pursuant to article V; and
- (b) attend meetings of the medical staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointments.
- (c) Allied health staff members shall not be eligible to hold office in the medical staff organization, but may serve upon committees *at the discretion of the Medical Executive Committee.*

3.7 PROVISIONAL STAFF

3.7.1 QUALIFICATIONS

The provisional staff shall consist of members who:

- (a) meet the general medical staff membership qualifications set forth in Sections 3.2.1., 3.3.1, or 3.4.1. 3.5.1, 3.6.1 and their subsections; and
- (b) immediately prior to their application and appointment were not members in good standing of this medical staff.

3.7.2 PREROGATIVES

The provisional staff member shall be entitled to:

- (a) perform the prerogatives permitted by the membership category for which they have applied and/or exercise such clinical privileges as are granted pursuant to Article V; and
- (b) attend meetings of the medical staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Provisional staff members shall not be eligible to hold office in the medical staff organization, but may serve upon committees.

3.7.3 OBSERVATION OF PROVISIONAL STAFF MEMBER

Each provisional staff member shall undergo a period of observation by designated monitors as described in Section 5.3. The observation shall be to evaluate the member's (1) proficiency in the exercise of clinical privileges initially granted and (2) overall eligibility for continued staff membership and advancement within staff categories. The medical executive committee shall establish the frequency and format of observation it deems appropriate in order to adequately evaluate the provisional staff member including, but not limited to, assignment of a proctor, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained. The results of the observation shall be communicated by the medical executive committee to the active medical staff.

3.7.4 TERM OF PROVISIONAL STAFF STATUS

A member shall remain in the provisional staff for a period of six months unless that status is extended by the medical executive committee for an additional period of up to six months upon a determination of good cause, which determination shall not be subject to review pursuant to Articles VI or VII.

3.7.5 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS

- (a) If the provisional staff member has satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued medical staff membership, the member shall be eligible for placement in the active, *associate*, courtesy, consulting, or *allied health* staff as appropriate, upon recommendation of medical executive committee; and
- (b) In all other cases the medical executive committee shall make its report to the board of directors regarding a modification or termination of clinical privileges, or termination of medical staff membership.

3.8 HONORARY ACTIVE STAFF

3.8.1. QUALIFICATIONS

The honorary active staff shall consist of members who

- (a) meet the general medical staff membership qualifications set forth in Section 3.2.1(a) and (b), and
- (b) are at least sixty-five (65) years of age.

3.8.2. PREROGATIVES

The honorary active staff shall be entitled to:

- (a) admit patients and/or exercise such clinical privileges are granted pursuant to Article V,
- (b) attend and vote on matters presented at general and special meetings of the medical staff and of the committees of which he or she is a member, and
- (c) exemption from active staff call obligation, if requested.

3.9 HONORARY STAFF

3.9.1. QUALIFICATIONS

The honorary staff shall consist of practitioners who do not actively practice at the hospital but are deemed deserving of membership by virtue of their outstanding reputation, noteworthy contributions to health and medical science, or their previous long-standing service to the hospital, and who continue to exemplify high standards of professional and ethical conduct.

3.9.2. PREROGATIVES

The honorary staff members are not eligible to admit patients to the hospital or to exercise clinical privileges in the hospital, or to vote or hold office in this medical staff organization, but they may serve upon committees with or without vote at the discretion of the medical executive committee. They may attend medical staff meetings, including open committee meetings and educational programs.

3.10 TEMPORARY STAFF

3.10.1. QUALIFICATIONS

The temporary staff shall consist of practitioners who do not actively practice at the hospital but are important resource individuals for medical staff quality improvement activities. Such persons shall be qualified to perform the functions for which they are made temporary members of the staff.

3.10.2. PREROGATIVES

Temporary medical staff members shall be entitled to attend all meetings of committees to which they have been appointed for the limited purposes of carrying out quality improvement functions. They shall have no privileges to perform clinical services in the hospital. They may not admit patients to the hospital, or hold office in the medical staff

organization. They may, however, serve on designated committees with or without vote at the discretion of the medical executive committee. Finally, they may attend medical staff meetings outside of their committees, upon invitation.

3.11 GENERAL EXCEPTIONS TO PREROGATIVES

Regardless of the category of membership in the medical staff, limited license members:

- (a) shall only have the right to vote on matters within the scope of their licensure. In the event of a dispute over voting rights, that issue shall be determined by the chair of the meeting, subject to final decision by the medical executive committee; and
- (b) shall exercise clinical privileges only within the scope of their licensure and as set forth in Section 5.4.

3.12 MODIFICATION OF MEMBERSHIP

On its own or pursuant to a request by a member under Section 4.6.1(b), or upon direction of the board of directors as set forth in Section 6.1.6, the medical executive committee may recommend a change in the medical staff category of a member consistent with the requirements of the bylaws.

ARTICLE IV APPOINTMENT AND REAPPOINTMENT

4.1 GENERAL

Except as otherwise specified herein, no person shall exercise clinical privileges in the hospital unless and until that person applies for and receives appointment to the medical staff or is granted temporary privileges as set forth in these bylaws. By applying to the medical staff for appointment or reappointment (or, in the case of members of the honorary staff, by accepting an appointment to that category), the applicant acknowledges responsibility to first review these bylaws and agrees that throughout any period of membership that person will comply with the responsibilities of medical staff membership and with the bylaws and rules and regulations of the medical staff as they exist and as they may be modified from time to time. Appointment to the medical staff shall confer on the appointee only such clinical privileges as have been granted in accordance with these bylaws.

4.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment, reappointment, advancement or transfer, the applicant shall have the burden of producing information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for denial of the applications. This burden may include submission to a medical or psychological examination once an offer of medical staff membership has been extended, at the applicant's expense, if deemed appropriate by the medical executive committee who may select the examining physician. In this instance, the

offer of medical staff membership may be conditioned upon the outcome of the medical or psychological examination in accordance with the facility's non-discrimination policy set forth in Section 2.4.

4.3 APPOINTMENT AUTHORITY

Appointments, denials, and revocations of appointments to the medical staff shall be made as set forth in these bylaws to include Section 6.1.6.

4.4 DURATION OF APPOINTMENT AND REAPPOINTMENT

Except as otherwise provided in these bylaws, initial appointments to the medical staff shall be made to the provisional staff for a period of six (6) months. Reappointments shall be for a period of up to two years.

4.5 APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT

4.5.1 APPLICATION FORM

The most current Texas Standardized Credentialing Application form and additional hospital specific forms will be used to apply for privileges. The form shall require detailed information which shall include, but not be limited to, information concerning:

- (a) the applicant's qualifications, including, but not limited to professional training and experience, current licensures and registrations and continuing medical education information;
- (b) peer references familiar with the applicant's professional competence and ethical character;
- (c) requests for membership categories and clinical privileges;
- (d) any medical malpractice action, including a report of outcomes to include final judgements and/or settlements of such action;
- (e) any previous successful or currently pending challenges to or voluntary/involuntary relinquishment of licensure or registration, either through state or district licensure, agencies or Drug Enforcement Administration;
- (f) voluntary or involuntary termination of membership in the medical staff

- organization of another hospital;
- (g) voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital;
- (h) physical and mental health status;
- (i) professional liability coverage in the amount required by the hospital's liability policy.

Each application for initial appointment to the medical staff shall be in writing, submitted on the prescribed form with all provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant. When an applicant requests an application form, that person *will have access to review* a copy of these bylaws, the medical staff rules and regulations *through the hospital website* and *shall be given* summaries of other applicable policies relating to clinical practice in the hospital, if any. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Refusal to consider an incomplete application is not considered to be an adverse action entitling an applicant to request a hearing.

4.5.2 EFFECTS OF APPLICATION

In addition to the matters set forth in Section 4.1, by applying for appointment to the medical staff each applicant:

- (a) signifies willingness to appear for interviews in regard to the application;
- (b) authorizes hospital representatives to consult with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications, and performance, and directs such individuals and organizations to candidly provide all such information, whether or not such persons are listed as references by the applicant;
- (c) consents to inspection by hospital representatives of all records and documents that may be material to an evaluation of the applicant's personal and professional qualifications including but not limited to licensure status, specific training and experience and current competence and the ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
- (d) releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the applicant in good faith and without malice to include disclosure of information concerning the applicant's ability, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges;

- (e) releases from any liability, to the fullest extent permitted by laws, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
- (f) consents to the disclosure to other hospitals, medical associations, licensing boards, and to other similar organizations as required by laws, any information regarding the applicants professional and or ethical standing that the hospital or medical staff may have, and releases the medical staff and hospital from liability for so doing to the fullest extent permitted by law;
- (g) if a requirement then exists for medical staff dues, acknowledges responsibility for timely payment;
- (h) pledges to provide for continuous quality care for patients;
- (i) pledges to maintain an ethical practice, including refraining from illegal inducements for patient referral, providing continuous care of his or her patients, seeking consultation whenever necessary, refraining from providing “ghost” surgical or medical services and refraining from delegating patient care responsibilities to non-qualified or inadequately supervised practitioners.
- (j) represents and warrants that all information provided by the applicant is true, correct and complete in all material respects;
- (k) pledges to abide by the bylaws, rules and regulations and policies of both the hospital and its medical staff.

4.5.3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the hospital. The hospital shall expeditiously seek to collect or verify the references, licensure status, and other evidence submitted in support of the application. The hospital’s authorized representative shall query the National Practitioner Data Bank regarding the applicant or member and submit any resulting information to the medical staff executive committee for inclusion in the applicant’s or members credentials file. The applicant shall be notified of any problems in obtaining the information required, and it shall be the applicant’s obligation to obtain the required information.

4.5.4 COMPLETED APPLICATION

The application (for initial or reappointment) shall be deemed complete and sufficient to initiate review when:

- (a) the application and delineation of privileges forms are complete and signed.

- (b) copies of all licenses and insurance certificate are current.
- (c) verification has been received from the medical school attended, internship and residency programs (if applicable), *or verification received from American Medical Association (AMA) or American Osteopathic Association (AOA) for verification of education or Educational Commission for Foreign Medical Graduates (ECFMG) certificate or proof of experience;*
- (d) verification of state licensure for each state in which applicant held license, to include information concerning disciplinary action by any BME;
- (e) verification of liability insurance;
- (f) receipt of report from National Practitioner Data Bank;
- (g) receipt of references from other facilities where practitioner is currently on staff or has been on staff for the past 3 years; and
- (h) receipt of references from at least three peers;
- (i) receipt of the hold-harmless and release agreement promulgated by the hospital.

When collection and verification is accomplished, all such information shall be transmitted to the medical executive committee.

4.5.5 MEDICAL EXECUTIVE COMMITTEE ACTION

After receipt of the completed application, at its next business meeting, the medical staff executive committee shall review the application and supporting documentation, and may conduct a personal interview with the applicant at the chair's or committee's discretion. The committee shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges granted, and shall transmit to the board of directors a written report and recommendations to appointment and, if appointment is recommended, as to membership category, clinical privileges to be granted, and any special conditions to be attached. The committee may also may defer action on the application in keeping with time frames established in Section 4.5.10. The reasons for each recommendation shall be stated.

4.5.6 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

- (a) **Favorable Recommendation:** When the recommendation of the medical staff executive committee is favorable to the applicant, it shall be promptly forwarded, together with supporting documentation, to the board of directors.
- (b) **Adverse Recommendation:** When a final recommendation of the medical staff

executive committee is adverse to the applicant, the board of directors and the applicant shall be promptly informed by the administrator, who will give written notice by certified mail, return receipt requested, to the applicant. The applicant shall then be entitled to request a hearing as provided in Article VII.

4.5.7 ACTION ON THE APPLICATION

The board of directors may accept the recommendation of the medical staff executive committee or may refer the matter back to the committee for further consideration, stating the purpose of such referral and setting a reasonable time limit for making a subsequent recommendation, in accordance with the time constraints as set forth in Section 4.5.10. The following procedures shall apply with respect to action on the application:

- (a) If the medical staff executive committee issues a favorable recommendation, the board of directors shall affirm the recommendation of the committee if the decision is supported by substantial evidence.
 - (1) If the board of directors concurs in that recommendation, the decision of the board shall be deemed final action.
 - (2) If the tentative final action of the board of directors is unfavorable, the administrator shall give the applicant written notice of the tentative adverse recommendation and the applicant shall be entitled to the procedural rights set forth in Article VII. If the applicant waives his or her right to request a hearing the decision of the board shall be deemed final action.
- (b) In the event the recommendation of the medical executive committee or any significant part of it is unfavorable to the applicant, the applicant may request a hearing as provided by Article VII.
 - (1) If the applicant waives his or her right to request a hearing, the recommendations of the medical executive committee shall be forwarded to the board for final action, which shall affirm the recommendation of the committee if the decision is supported by substantial evidence.
 - (2) If the applicant requests a hearing following the adverse medical executive committee recommendation pursuant to Section 4.5.7(b) or an adverse board of directors tentative final action pursuant to Section 4.5.7.(a)(2), the board of directors shall take final action only after the applicant has exhausted the administrative process as set forth by Article VII. After exhaustion of the procedures set forth in Article VII, the board shall make a final decision and shall affirm the decision of the judicial review committee if the procedures set forth in Article VII have been followed and the judicial review committee's decision is supported by substantial evidence, following a fair procedure. The board's decision shall be in writing and shall specify the reasons for the action taken.

4.5.8 NOTICE OF FINAL DECISION

- (a) Notice of the final decision shall be given to the chief of staff, the medical executive committee, the applicant and the administrator.
- (b) A decision and notice to appoint or reappoint shall include, if applicable: (1) the staff category to which the applicant is appointed; (2) the clinical privileges granted; and (3) any special conditions attached to the appointment.

4.5.9 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION

An applicant for appointment or reappointment who has received a final adverse decision regarding appointment shall not be eligible to reapply to the medical staff for a period of six months unless the decision itself or other provisions of these bylaws provide otherwise. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the staff or the board may require to demonstrate that the basis for the earlier adverse action no longer exists.

4.5.10 TIMELY PROCESSING OF APPLICATIONS

Applications for staff appointments shall be considered in a timely manner by all persons and committees required by these bylaws to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following maximum time periods provide a guideline for routine processing of completed applications:

- (a) evaluation, review, and verification of application and all supporting documents by the medical staff office immediately upon receipt, once application is complete, the application is forwarded to the Medical Executive Committee;
- (b) review and recommendation by medical executive committee no later than the 90th day after receipt of the completed application; (by medical staff office); and
- (c) final action by the board of directors; not later than the 60th day after receipt of the recommendation of the medical executive committee;
- (d) applicant will be notified in writing of final action to include reason for denial or restriction of privileges not later than the 20th day after the date the final action is taken.

4.6 REAPPOINTMENTS AND REQUEST FOR MODIFICATIONS OF STAFF STATUS OR PRIVILEGES

4.6.1. APPLICATION

- (a) At least **5** months prior to the expiration date of the current staff appointment (except for temporary appointments), a reapplication form developed by the medical executive committee shall be mailed or delivered to the member. If an application

for reappointment is not received at least 4 months prior to the expiration date, written notice shall be promptly sent to the applicant advising that the application has not been received. At least 3 months prior to expiration date, each medical staff member shall submit to the medical staff office the completed application form for renewal of appointment to the staff for the coming appointment period, and for renewal or modification of clinical privileges. The reapplication form shall include all information necessary to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section 4.5.1, as well as other relevant matters. Upon receipt of the application, the information shall be processed as set forth commencing at Section 4.5.3 through Section 4.5.4. with the exception of 4.5.4.(c) and (h).

- (b) A medical staff member who seeks a change in medical staff status or modification of clinical privileges may submit such a request in writing to the medical executive committee, except that such application may not be filed within 6 months of the time a similar request has been denied.

4.6.2 EFFECT OF APPLICATION

The effect of an application for reappointment or modification of staff status or privileges is the same as that set forth in Section 4.5.2. Incomplete applications will be not considered.

4.6.3 STANDARDS AND PROCEDURE FOR REVIEW

When a staff member submits the first application for reappointment, and every two years thereafter, or when the member submits a request for modification of staff status or clinical privileges, the member shall be subject to an in-depth review generally following the procedures set forth in Sections 4.5.3 through 4.5.10.

4.6.4 FAILURE TO FILE REAPPOINTMENT APPLICATION

Failure without good cause to timely file a completed application for reappointment shall result in the automatic suspension of the member's admitting privileges and expiration of other practice privileges and prerogatives at the end of the current staff appointment, unless otherwise extended by the medical executive committee with the approval of the board of directors. If the member fails to submit a completed application for reappointment within 30 days past the date it was due, the member shall be deemed to have resigned membership in the medical staff. In the event the membership terminates for the reasons set forth in Section 4.6.4, the procedures set forth in Article VII shall not apply and the member will not have the right to request a hearing.

4.7 LEAVE OF ABSENCE

4.7.1. LEAVE STATUS

At the discretion of the medical executive committee, a medical staff member may obtain a voluntary leave of absence from the staff upon submitting a written request to the medical executive committee stating the approximate period of leave desired, which may not exceed 1 year. During the period of the leave, the member shall not exercise clinical privileges at the hospital, and membership rights and responsibilities shall be inactive, but the obligation to pay dues, if any, shall continue, unless waived by the medical executive committee.

4.7.2. TERMINATION OF LEAVE

At least 30 days prior to the termination of the leave of absence, or at any earlier time, the medical staff member may request reinstatement of privileges by submitting a written notice to that effect to the medical executive committee. The staff member shall submit a summary of relevant activities during the leave, if the medical executive committee so requests. The medical executive committee shall make a recommendation concerning the reinstatement of the member's privileges and prerogatives, and the procedure provided in Sections 4.5.5 through 4.5.10 shall be followed.

4.7.3. FAILURE TO REQUEST REINSTATEMENT

Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership, privileges, and prerogatives. A member whose membership is automatically terminated shall be entitled to the procedural rights provided in Article VII for the sole purpose of determining whether the failure to request reinstatement was unintentional or excusable, or otherwise. A request for medical staff membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointment.

ARTICLE V CLINICAL PRIVILEGES

5.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these bylaws, a member providing clinical services at this hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be hospital specific, within the scope of any license, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon, and shall be subject to the rules and regulations of the medical staff and the authority of the appropriate committee. Medical staff privileges may be granted, continued, modified or terminated by the Board of Directors of this hospital only upon recommendation of the medical executive committee, only for reasons directly related to quality of patient care and other privileges of the medical staff bylaws, and only following the procedures outlined in these bylaws.

5.2 DELINEATION OF PRIVILEGES IN GENERAL

5.2.1. REQUESTS

Each application for appointment and reappointment to the medical staff must contain a request for the specific clinical privileges desired by the applicant. A request by a member for a modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

5.2.2 BASES OF PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance, and the documented results of patient care and other quality review and monitoring which the medical staff deems appropriate. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises clinical privileges.

5.3 PROCTORING

5.3.1 GENERAL PROVISIONS

Except as otherwise determined by the medical executive committee, all initial appointees to the medical staff and all members granted new clinical privileges shall be subject to a period of proctoring. Each appointee or recipient of new clinical privileges shall be assigned to the appropriate proctor where performance on an appropriate number of cases as established by the rules and regulations shall be observed by the proctor or the proctor's designee, during the period of proctoring specified in the medical staff rules and regulations, to determine suitability to continue to exercise the clinical privileges granted. The member shall remain subject to such proctoring until the medical executive committee has been furnished with a report signed by the proctor to which the member is assigned describing the types and numbers of cases observed and the evaluation of the applicant's performance, a statement that the applicant appears to meet all of the qualifications for unsupervised practice in the hospital, has discharged all of the responsibilities of staff membership, and has not exceeded or abused the prerogatives of the category to which the appointment was made.

5.3.2 FAILURE TO OBTAIN CERTIFICATION

If an initial appointee fails within the time of provisional membership to furnish the certification required, or if a member exercising new clinical privileges fails to furnish such certification within the time allowed by the rules and regulations, those specific clinical privileges shall automatically terminate, and the member shall be entitled to a hearing pursuant to Article VII.

5.3.3 MEDICAL STAFF ADVANCEMENT

The failure to obtain certification for any specific clinical privileges shall not, of itself, preclude advancement in medical staff category of any member. If such advancement is granted absent such certification, continued proctorship on the uncertified procedure shall continue for the specified time period.

5.4. CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PRACTITIONERS

5.4.1 ADMISSIONS

When dentists, oral surgeons, podiatrists, clinical psychologists, and chiropractors who are members of the medical staff admit patients, a physician member of the medical staff must conduct or directly supervise the admitting history and physical examination (except the portion related to the limited license practitioner's scope of service) and assume responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside the limited license practitioner's lawful scope of practice.

5.4.2 SURGERY

Surgical procedures performed by dentists, oral surgeons and podiatrists shall be under the overall supervision of the chair of the appropriate committee's designee.

5.4.3 MEDICAL APPRAISAL

All patients admitted for care in a hospital by a limited license practitioner (dentist, podiatrist, chiropractor, etc.) shall receive the same basic medical appraisal as patients admitted to other services, and the limited license practitioner shall seek consultation with a physician member to determine the patient's medical status and need for medical evaluation whenever the patient's clinical status indicates the development of a new medical problem. Where a dispute exists regarding proposed treatment between a physician member and a limited license practitioner based upon medical or surgical factors outside of the scope of licensure of the limited license practitioner, the treatment will be suspended insofar as possible while the dispute is resolved by the appropriate committee.

5.5. TEMPORARY CLINICAL PRIVILEGES

5.5.1 CIRCUMSTANCES

- (a) Temporary clinical privileges may be granted where good cause exists to a physician or limited license practitioner for the care of specific patients or types of patients provided that the procedure described in Section 5.5.2 has been followed.
- (b) Following the procedures in Section 5.5.2, temporary privileges may be granted to a person serving as a locum tenens for a current member of the medical staff. Such person may attend only patients of the member(s) for whom that person is providing

coverage.

- (c) Temporary members of the medical staff pursuant to Section 6.1.3 are not, by virtue of such membership, granted temporary clinical privileges.

5.5.2 APPLICATION AND REVIEW

- (a) Upon receipt of an application from a physician or limited license practitioner authorized to practice in Texas, the Chief of Staff and Administrator may grant temporary privileges to an applicant who appears to have qualifications, ability and judgement, consistent with Section 2.2.1, but only after:
 - (1) the hospital's authorized representative has queried the National Practitioner Data Bank regarding the applicant for temporary privileges,
 - (2) their state license has been verified by the appropriate licensing agency, and
 - (3) at least one reference has been received either by telephone or in written form from a peer who
 - (a) has recently worked with the applicant;
 - (b) has directly observed the applicant's professional performance over a reasonable time; and
 - (c) provides reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others so as not to adversely affect patient care.

5.5.3 GENERAL CONDITIONS

- (a) If granted temporary privileges, the applicant shall act under the supervision of the medical staff.
- (b) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the medical executive committee or unless affirmatively renewed following the procedure set forth in Section 5.5.2.
- (c) Requirements for proctoring and monitoring, including but not limited to those in Section 5.3, may be imposed on such terms as appropriate under the circumstances upon any applicant granted temporary privileges by the Chief of Staff.
- (d) Temporary privileges may at any time be terminated by the chief of staff with the concurrence of the medical executive committee. In such cases, the chief of staff or designee shall assign a member of the medical staff to assume responsibility for the

care of such applicant's patient(s). The wishes of the patient shall be considered in the choice of a replacement medical staff member.

- (e) All persons requesting or receiving temporary privileges shall be bound by the bylaws and rules and regulations of the medical staff.

5.6 EMERGENCY PRIVILEGES

- (a) In the case of an emergency, any member of the medical staff, to the degree permitted by his or her license and regardless of clinical service, staff status, or clinical privilege, shall be permitted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. The member shall make every reasonable effort to communicate promptly with the members of the medical executive committee and administrator concerning the need for emergency care and assistance by members of the medical staff with appropriate clinical privileges, and once the emergency has passed or assistance has been made available, shall defer to a qualified physician with respect to further care of the patient at the hospital.
- (b) In the event of an emergency, any person shall be permitted to do whatever is reasonably possible to save the life of a patient or to save a patient from serious harm. Such persons shall promptly yield such care to qualified members of the medical staff when it becomes reasonably available.

5.7 MODIFICATION OF CLINICAL PRIVILEGES

On its own or pursuant to a request under Section 4.6.1.(b), the medical executive committee may recommend a change in the clinical privileges of a member subject to monitoring in accordance with procedures similar to those outlined in Section 5.3.1.

5.8 LAPSE OF APPLICATION

If a medical staff member requesting a modification of clinical privileges fails to timely furnish the information necessary to evaluate the request, the application shall automatically lapse, and the applicant shall not be entitled to a hearing as set forth in Article VII.

5.9 DISASTER PRIVILEGES

5.9.1 DEFINITION

Disaster Privileges may be granted when the Emergency Management Plan has been activated and the hospital is unable to meet the immediate needs and there is a need for additional licensed health practitioners at Sweeny Community Hospital.

5.9.2 IMMEDIATE EXPECTATION

The Chief of Staff, Chief Executive Officer, or appropriate chief of service or their designee will review and grant temporary disaster privileges. The individual granting privileges is not required to grant privileges to any individual and is expected to make such decisions promptly to the extent practicable, on a case-by-

case basis at his or her discretion. All physicians requesting temporary disaster privileges are to be referred to the Chief of Staff. Volunteers considered eligible to act as a licensed independent practitioner must at a minimum present a valid government issued photo ID issued by a state or federal agency (drivers license or passport) and at least one of the following before disaster privileges may be granted:

- (a) Current License to practice medicine*
- (b) A current picture hospital ID card that identifies professional designation*
- (c) Primary source verification of the license*
- (d) ID indicating that the individual is a member of a disaster medical assistance team or of the recognized state or federal organization or group.*
- (e) ID indicating that the individual has been granted authority to render patient care, treatment, services in disaster circumstances (such authority having been granted by a federal, state or municipal entity).*
- (f) ID by current hospital or medical staff member who possesses personal knowledge regarding volunteer's ability to act as a licensed practitioner during a disaster.*

5.9.3 ADDITIONAL INFORMATION REQUIRED FROM PRACTITIONER

At the completion of the declared emergency and before the practitioner leaves the disaster area, he/she will be required to give the following additional information for verification purposes:

- (a) Primary Hospital Affiliation
The name of the practitioner's primary hospital affiliation shall be ascertained.*
- (b) Information required to be able to query the National Practitioners Data Bank (Practitioner's name including maiden or previous names used, home and work address, date of birth, Medical School attended and year completed, Texas Medical License number, specialty, DEA number and NPI number).*

5.9.4 PRIMARY SOURCE VERIFICATION

Primary source verification of license begins as soon as the immediate situation is under control and is completed within 72 hours from the time the volunteer practitioner presents to the organization. In the extraordinary circumstances that primary source verification cannot be completed within 72 hours (e.g. no means of

communication or a lack of resources) verification will be done as soon as possible. In these extraordinary circumstances, the following will be documented:

- (a) Why primary source verification could not be performed in the required timeframe;*
- (b) evidence of a demonstrated ability to continue to provide adequate care;*
- (c) treatment and services;*
- (d) and an attempt to rectify the situation as soon as possible.*

In the event the practitioner does not provide care, treatment, or services under the disaster privileges, primary source verification is not required.

As soon as possible, the persons responsible for verification will also query the National Practitioner Data Bank, state license agency, OIG, and hospital where current privileges are held by the volunteer. Records of the query will be retained.

5.9.5 PRIVILEGE CONTINUATION OR REVOCATION

The hospital will make a decision within 72 hours related to the continuation of the disaster privileges initially granted. Any information that is not consistent with that provided by the physician must be referred to the Chief of Staff immediately who will determine any additional necessary action including but not limited to revocation of temporary disaster privileges.

5.9.6 MAINTENANCE OF RECORD

Once temporary disaster privileges are granted, a record of the practitioner's actions shall be maintained. The record shall indicate that the practitioner exercising the "disaster privileges" does so at the request of an attending physician currently on Sweeny Community Hospital medical staff. Practitioner granted temporary disaster privileges must practice under the direction of an attending physician currently on the medical staff at Sweeny Community Hospital.

5.9.7 ID BADGE

The practitioner who is granted disaster privileges will be issued an ID badge identifying them as having temporary disaster privileges through Human Resources.

5.9.8 CONCLUSION OF DECLARED EMERGENCY DISASTER

The conclusion of the declared emergency disaster will be determined by the hospital Chief Executive Officer, Chief of Staff, or designee who determines the emergency has concluded and therefore the need for licensed health practitioners granted emergency disaster privileges is simultaneously concluded.

ARTICLE VI CORRECTIVE ACTION

6.1 CRITERIA ACTION

6.1.1 CRITERIA FOR INITIATION

Any person may provide information to the medical staff about the conduct, performance, or competence of its members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the hospital; (2) unethical; (3) contrary to the medical staff bylaws, rules and regulations, or medical staff policies; or (4) below professional standards, a request for an investigation or action against such member may be initiated by the medical executive committee. When reliable information indicates a member may have exhibited acts, demeanor, or conduct known or reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the hospital; (2) unethical; (3) contrary to the applicable ethical standards or bylaws, policies, rules or regulations of the hospital, or its Board or medical staff including but not limited to the hospital's Performance Improvement, Risk Management and Utilization Review programs; (4) below professional standards; or (5) disruptive to the orderly operation of the hospital or its medical staff to include the inability to work harmoniously with others, a written request may be made by any member of the medical staff, board of directors of the hospital or the hospital administrator for an investigation or action against such member and shall be addressed to the medical executive committee, or may be initiated by the medical executive committee.

6.1.2 INITIATION

A request for an investigation must be in writing, submitted to the medical executive committee, and supported by reference to specific activities or conduct alleged. If the medical executive committee initiates the request, it shall make an appropriate record of the reasons.

6.1.3 INVESTIGATION

The medical executive committee shall meet as soon as possible after receiving the request for an investigation. If the medical executive committee concludes an investigation is warranted, it shall direct an investigation to be undertaken. The medical executive committee may conduct the investigation itself, or may assign the task to an appropriate medical staff officer, or standing or ad hoc committee of the medical staff. The medical executive committee in its discretion may appoint practitioners who are not members of the medical staff as temporary members of the medical staff for the sole purpose of serving on a standing or ad hoc committee, and not for the purpose of granting these practitioners temporary clinical privileges under Section 5.5, should circumstances warrant. If the investigation is delegated to an officer or committee other than the medical executive committee, such officer or committee shall proceed with the investigation in a prompt

manner and shall forward a written report of the investigation to the medical executive committee as soon as practical. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a "hearing" as that term is used in Article VII, nor shall the procedural rules with respect to hearings or appeals apply. Despite the status of any investigation, at all times the medical executive committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension of all or part of the clinical privileges of the individual being investigated, termination of the investigative process, or other action.

The suspension/restriction shall be deemed administrative in nature for the protection of patients during the investigative process. It shall remain in effect without appeal or hearing during the course of the investigation which must be completed within 14 days of the effective date of restriction/suspension.

6.1.4 MEDICAL EXECUTIVE COMMITTEE ACTION

As soon as practical after the conclusion of the investigation, but in no event later than 30 days after completion of the investigation, the medical executive committee shall take action which may include, without limitation:

- (a) determining no corrective action be taken and, if the medical executive committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the member's file;
- (b) deferring action for a reasonable time where circumstances warrant;
- (c) issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file;
- (d) recommending the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admission, mandatory consultation, proctoring or monitoring;
- (e) recommending reduction, modification, suspension or revocation of clinical privileges;
- (f) recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;

- (g) recommending suspension, revocation or probation of medical staff membership;
- (h) recommending continuing medical education in the area of concern; and
- (i) taking other actions deemed appropriate under the circumstances.

6.1.5 SUBSEQUENT ACTION

- (a) If corrective action as set forth in Section 6.1.4(d)-(i) is recommended by the medical executive committee, that recommendation shall be transmitted to the board of directors. If the recommendation would entitle the individual being investigated to request a hearing, the recommendation will be forwarded to the administrator who will notify the member in writing by certified mail, return receipt requested. No final action will be taken by the board of directors until after hearings are held as requested or the right to a hearing is deemed to be waived.
- (b) So long as the recommendation is supported by substantial evidence the recommendation of the medical executive committee shall be adopted by the board as final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII.

6.1.6 INITIATION BY BOARD OF DIRECTORS

If the medical executive committee fails to investigate or take disciplinary action, contrary to the weight of the evidence, the board of directors may direct the medical executive committee to initiate investigation or disciplinary action, but only after consultation with the medical executive committee. If the medical executive committee fails to take action in response to that direction, the board of directors may initiate corrective action, but this corrective action must comply with Articles VI and VII of these medical staff bylaws.

6.2 SUMMARY RESTRICTION OR SUSPENSION

6.2.1 CRITERIA FOR INITIATION

Whenever a member's conduct appears to require that immediate action be taken to protect the life or well-being of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, safety of any patient, prospective patient, or other person, the chief of staff, acting as an agent of the medical executive committee, or the medical executive committee may summarily restrict or suspend the medical staff membership or clinical privileges of such member. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the person or body responsible shall promptly give written notice to the board of directors, the medical executive committee and the administrator. In addition, the affected medical staff member shall be provided with a written notice of the action which fully complies with the requirements of Section 6.2.2 below. The summary restriction or suspension may be limited

in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the member's patients shall be promptly assigned to another member by the medical executive committee or by the chief of staff, considering where feasible, the wishes of the patient in the choice of a substitute member.

6.2.2 WRITTEN NOTICE OF SUMMARY SUSPENSION

Within one working day of imposition of a summary suspension, the affected medical staff members shall be provided with written notice of such suspension. This initial written notice shall include a statement of facts demonstrating that the suspension was necessary because failure to suspend or restrict the practitioner's privileges summarily could reasonably result in an imminent danger to the health of an individual. The statement of facts provided in this initial notice shall also include a summary of one or more particular incidents giving rise to the assessment of imminent danger. This initial notice shall not substitute for, but is in addition to, the notice required under Section 7.3.1 (which applies in all cases where the medical executive committee does not immediately terminate the summary suspension). The notice under Section 7.3.1 may supplement the initial notice provided under this section, by including any additional relevant facts supporting the need for summary suspension or other corrective action.

6.2.3 MEDICAL EXECUTIVE COMMITTEE ACTION

Within one week after such summary restriction or suspension has been imposed, a meeting of the medical executive committee (or a subcommittee appointed by the chief of staff) shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the medical executive committee may impose, although in no event shall any member of the medical executive committee, with or without the member, conduct a "hearing" within the meaning of Article VII, nor shall any procedural rules apply. The medical executive committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the member with notice of its decision within two working days of the meeting.

6.2.4 PROCEDURAL RIGHTS

In the event of summary restriction or suspension, the member shall be entitled to the procedural rights afforded by Article VII. In addition, the affected practitioner shall have the following rights:

- (a) Any affected practitioner shall have the right to challenge imposition of the summary suspension, particularly on the issue of whether or not the facts stated in the notice present a reasonable possibility of "imminent danger" to an individual. Initially, the practitioner may present this challenge to the medical executive committee at the meeting held within one week of imposition of the suspension. If the MEC's decision is to continue the summary suspension, then any practitioner

who has properly requested a hearing under the medical staff bylaws may request that the hearing be bifurcated, with the first part of the hearing being devoted exclusively to procedural matters, including the propriety of summary suspension. Along with any other appropriate requests for rulings, the affected practitioner may request that the hearing panel stay the summary suspension, pending the final outcome of the hearing and any appeal.

- (b) At the conclusion of the procedural portion of the hearing, the hearing panel shall issue a written opinion on the issues raised, including whether or not the facts stated in the written notice to the affected practitioner adequately support a determination that failure to summarily restrict or suspend could reasonably result in "imminent danger" to an individual. Such written opinion shall be transmitted to both the affected practitioner and the MEC within one week of the date of the procedural hearing.
- (c) If the hearing panel's determination is that the facts stated in the notice required by Section 6.2.2 do not support a reasonable determination that failure to summarily restrict or suspend the practitioner's privileges could result in imminent danger, the summary suspension shall be immediately stayed pending the outcome of the hearing and any appeal.
- (d) If the hearing panel determines that the facts stated in the notice required by Section 6.2.2 support a reasonable determination that summary suspension was necessary to avoid imminent danger to an individual, the summary suspension shall remain in effect pending conclusion of the hearing and any appellate review.

6.2.5 INITIATION BY BOARD OF DIRECTORS

If the chief of staff, members of the medical executive committee or active medical staff members are not available to summarily restrict or suspend the member's membership or clinical privileges, the board of directors or administrator, acting as the agent of the medical executive committee, may immediately suspend a member's privileges if a failure to summarily suspend those privileges is likely to result in an imminent danger to the health of any patient, prospective patient, or other person, provided that the board of directors or administrator made reasonable attempts to contact the chief of staff, members of the medical executive committee and active members of the medical staff before the suspension.

Such suspension is subject to ratification by the medical executive committee. If the medical executive committee does not ratify such a summary suspension within two working days, excluding weekends and holidays, the summary suspension shall terminate automatically. If the medical executive committee does ratify the summary suspension, all other provisions under Section 6.2 of these bylaws will apply. In this event, the date of imposition of the summary suspension shall be considered to be the date of ratification by the medical executive committee for purposes of compliance with the notice and hearing

requirements.

6.3 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, the member's privileges or membership may be suspended or limited as described, and a hearing, if requested, shall be limited to the questions of whether the grounds for automatic suspension as set forth below have occurred.

6.3.1 LICENSURE

- (a) **Revocation and Suspension:** Whenever a member's license or other legal credential authorizing practice in this state is revoked or suspended, lost or allowed to lapse, for any reason, medical staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective.
- (b) **Restriction:** Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the member has been granted at the hospital which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
- (c) **Probation:** Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

6.3.2 CONTROLLED SUBSTANCES

- (a) Whenever a member's DEA registration or Texas Controlled Substances Certificate is revoked, limited or suspended, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.
- (b) **Probation:** Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

6.3.3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

Failure of a member without good cause to appear and satisfy the requirements of Section 10.5.3 shall be a basis for corrective action.

6.3.4 MEDICAL RECORDS

Members of the medical staff are required to complete medical records within such reasonable time as may be prescribed by the medical executive committee. A limited suspension in the form of withdrawal of admitting and other related privileges until medical records are completed, shall be imposed by the administrator or his or her designee, after notice of delinquency for failure to complete medical records within such period. For the purpose of this Section, "related privileges" means scheduling of contractual on-call service for the emergency room, scheduling surgery, assisting in surgery, consulting on hospital cases, and providing professional services within the hospital for future patients. Bona fide vacation or illness may constitute an excuse subject to approval by the medical executive committee. Members whose privileges have been suspended for delinquent records may admit patients only in life-threatening situations or as part of their staff on-call responsibilities. The suspension shall continue until lifted by the administrator or his or her designee.

6.3.5 FAILURE TO PAY DUES/ASSESSMENTS

Failure without good cause as determined by the medical executive committee, to pay dues or assessments, as required under Section 12.2, shall be ground for automatic suspension of a member's clinical privileges, and if within two months after written warnings of the delinquency the member does not pay the required dues or assessments, the member's membership shall be automatically terminated.

6.3.6 EXECUTIVE COMMITTEE DELIBERATION

As soon as practical after action is taken or warranted as described in Section 6.3.1 (b) or (c), Section 6.3.2, 6.3.3, 6.3.4, 6.3.5, or 6.3.6, the medical executive committee shall convene to review and consider the facts, and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth commencing at Section 7.3.1.

6.3.7 PROFESSIONAL LIABILITY INSURANCE

Failure to maintain professional liability insurance in the amount required, shall be grounds for automatic suspension of a member's clinical privileges, and if within 90 days after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership shall be automatically terminated.

ARTICLE VII HEARINGS AND APPELLATE REVIEWS

The appeal rights and procedures set forth in these bylaws are for the purpose of resolving in an informal manner issues related to competence and professional conduct. Accordingly, the hearing

and appellate review procedures set forth in these bylaws shall only apply to recommendations or actions which (i) adversely affect a practitioners' appointment to or status as a member of the medical staff or the exercise of clinical privileges and which are (ii) based on such practitioner's competence or professional conduct.

7.1 GENERAL PROVISIONS

7.1.1 EXHAUSTION OF REMEDIES

If adverse action described in Section 7.2 is taken or recommended, the applicant or member must exhaust the remedies afforded by these bylaws before resorting to legal action.

7.1.2 APPLICATION OF ARTICLE

For purposes of this Article the term "member" may include "applicant," as it may be applicable under the circumstances, unless otherwise stated.

7.1.3 TIMELY COMPLETION OF PROCESS

The hearing and appeal process shall be completed within a reasonable time.

7.1.4 FINAL ACTION

Recommended adverse actions described in Section 7.2 shall become final only after the hearing and appellate rights set forth in these bylaws have either been exhausted or waived.

7.2 GROUNDS FOR HEARING

Any one or more of the following actions related to competence or professional conduct or recommended actions shall be deemed actual or potential adverse action and constitute grounds for a hearing:

- (a) denial of medical staff membership;
- (b) denial of requested advancement in staff membership status, or category;
- (c) denial of medical staff reappointment;
- (d) demotion to lower medical staff category or membership status;
- (e) suspension of staff membership;
- (f) revocation of medical staff membership;
- (g) denial of requested clinical privileges;

- (h) involuntary reduction of current clinical privileges;
- (i) suspension of clinical privileges;
- (j) termination of all clinical privileges; or
- (k) involuntary imposition of significant consultation or monitoring requirements (excluding monitoring incidental to provisional status and Section 5.3).

No other recommendations other than enumerated in (a) through (k) of this section shall entitle an individual to request a hearing.

7.3 REQUESTS FOR HEARING

7.3.1. NOTICE OF ACTION OR PROPOSED ACTION

In all cases in which action has been taken or a recommendation made as set forth in Section 7.2 said person or body shall give the member prompt written notice of (1) the recommendation or final proposed action and that such action, if adopted, shall be taken and reported to the Texas Board of Medical Examiners or other licensing agencies, if required; (2) the reasons for the proposed action including the acts or omissions with which the member is charged; (3) the right to request a hearing pursuant to Section 7.3.2, and that such hearing must be requested within 30 days; and (4) a summary of the rights granted in the hearing pursuant to the medical staff bylaws Section 7.4.2, 7.4.5. If the recommendation or final proposed action adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days and is based on competence or professional conduct, said written notice shall state that the action if adopted will be reported to the National Practitioner Data Bank, and shall state the text of the proposed report.

7.3.2 REQUEST FOR HEARING

The member shall have 30 days following receipt of notice such action to request a hearing. The request shall be in writing addressed to the medical executive committee with a copy to the board of directors. In the event the member does not request a hearing within the time and in the manner described, the member shall be deemed to have waived any right to a hearing and accepted to recommendation or action involved.

7.3.3 TIME AND PLACE FOR HEARING

Upon receipt of a request for hearing, the medical executive committee shall schedule a hearing and shall give at least 30 days notice to the member of the time, place, and date of the hearing. Unless extended by the judicial review committee, the date of the commencement of the hearing shall be not less than 30 days nor more than 60 days from the date of receipt of the request by the medical executive committee for a hearing; provided, however, that when the request is received from a member who is under

summary suspension the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed 45 days from the date of receipt of the request.

7.3.4 NOTICE OF HEARING

Together with the notice stating the place, time, and date of the hearing, which date shall not be less than 30 days after the date of the notice unless waived by a member under summary suspension, the medical executive committee shall provide a list of the charts in question, where applicable, and must provide a list of the witnesses (if any) expected to testify at the hearing on behalf of the professional review body. The content of this list is subject to update pursuant to Section 7.4.1.

7.3.5 JUDICIAL REVIEW COMMITTEE

When a hearing is requested, the medical executive committee shall recommend a judicial review committee to the board of directors for appointment. The board of directors shall be deemed to approve the selection unless it provides written notice to the medical executive committee stating the reasons for its objections within 5 days. The judicial review committee shall be composed of not less than 3 members of the medical staff. The members of the judicial review committee shall not be in direct economic competition with the affected member and shall not have acted as accuser, investigator, fact finder, initial decision maker or otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. Knowledge of the matter involved shall not preclude a member of the medical staff from serving as a member of the judicial review committee. In the event that it is not feasible to appoint a judicial review committee from the active medical staff, the medical executive committee may appoint members from other staff categories or practitioners who are not members of the medical staff. Such appointment shall include designation of the chair. Membership on a judicial review committee shall consist of one member who shall have the same healing arts licensure as the accused, and where feasible, include an individual practicing the same specialty as the member. All other members shall have MD or DO degrees or their equivalent as defined in Section 2.2.2.(a).

At the discretion of the hospital, the hearing may alternatively be held before an arbitrator mutually acceptable to the physician and the hospital or before a hearing officer who is appointed by the hospital and who is not in direct financial competition with the member involved.

7.3.6 FAILURE TO APPEAR OR PROCEED

Failure without good cause of the member to personally attend and proceed at such a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

7.3.7 POSTPONEMENTS AND EXTENSIONS

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these bylaws may be permitted by the hearing officer on a showing of good cause, or upon agreement of the parties.

7.4 HEARING PROCEDURE

7.4.1 PREHEARING PROCEDURE

- (a) The practitioner must be provided a list of witnesses (if any) expected to testify at the hearing on behalf of the professional review body, at the time notice of the hearing is given. The member shall have the right to inspect and copy documents or other evidence upon which the charges are based, and shall also have the right to receive at least 30 days prior to the hearing a copy of the evidence forming the basis of the charges which is reasonably necessary to enable the member to prepare a defense, including all evidence which was considered by the MEC in determining whether to proceed with the adverse action, and any exculpatory evidence in the possession of the hospital or medical staff. The member and the medical executive committee shall have the right to receive all evidence which will be made available to the Judicial Review Committee.

The member shall, at least 15 days prior to the hearing, provide the medical executive committee with a list of witnesses, if any, expected to testify at the hearing on behalf of the practitioner.

- (b) The medical executive committee shall have the right to inspect and copy at its expense any documents or other evidence relevant to the charges which the member has in his or her possession or control as soon as practical after receiving the request.
- (c) The failure by either party to provide access to this information at least 30 days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable members, other than the member under review.
- (d) The hearing officer shall consider and rule upon any request for access to information and may impose any safeguards the protection of the peer review process and justice requires. In so doing, the hearing officer shall consider:
 - (i) whether the information sought may be introduced to support or defend the charges;
 - (ii) the exculpatory or inculpatory nature of the information sought, if any;

- (iii) the burden imposed on the party in possession of the information sought, if access is granted; and
 - (iv) any previous requests for access to information submitted or resisted by the parties to the same proceeding.
- (e) The member shall be entitled to a reasonable opportunity to question and challenge the impartiality of judicial review committee members and the hearing officer. Challenges to the impartiality of any judicial review committee member or the hearing officer shall be ruled on by the hearing officer.
- (f) It shall be the duty of the member and the medical executive committee or its designee to exercise reasonable diligence in notifying the chair of the judicial review committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any prehearing decisions may be succinctly made at the hearing.

7.4.2 REPRESENTATION

The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on professional conduct, professional competency, or character.

The member shall be entitled to representation by legal counsel in any phase of the hearing, should he/she so choose, and shall receive notice of the right to obtain representation by an attorney at law. In the absence of legal counsel, the member shall be entitled to be accompanied by and represented at the hearing only by a practitioner licensed to practice in the state of Texas who is not also an attorney at law, and the medical executive committee shall appoint a representative who is not an attorney at law to present its action or recommendation, the materials in support thereof, examine witnesses, and respond to appropriate questions. The medical executive committee shall not be represented by an attorney at law if the member is not so represented.

7.4.3 THE HEARING OFFICER

The medical executive committee shall recommend a hearing officer to the board of directors to preside at the hearing. The board of directors shall be deemed to approve the selection unless it provides written notice to the medical executive committee stating the reasons for its objections within 5 days. The hearing officer may be an attorney at law qualified to preside over a quasi-judicial hearing, but attorneys at law from a firm regularly utilized by the hospital, the medical staff or the involved medical staff member or applicant for membership, for legal advice regarding their affairs and activities shall not be eligible to serve as hearing officer. The hearing officer shall not be in direct economic competition with the affected member and must not act as a prosecuting officer or as an advocate. The hearing officer shall endeavor to assure that all participants in the hearing have a reasonable

opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in an efficient or expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. If requested by the judicial review committee, the hearing officer may participate in the deliberations of such committee and be a legal advisor to it, but the hearing officer shall not be entitled to vote.

7.4.4 RECORD OF THE HEARING

A court reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the hearing officer. The cost of attendance of the court reporter shall be borne by the hospital, but the cost of preparation of a copy of the transcript, if any, shall be borne by the party requesting it. The judicial review committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

7.4.5 RIGHTS OF THE PARTIES

Within reasonable limitations, both sides at the hearing may be represented by counsel or other person of their choice pursuant to Section 7.4.2, may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner. The member may be called by the medical executive committee and examined as if under cross-examination.

7.4.6 MISCELLANEOUS RULES

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The judicial review committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the judicial review committee may request or permit both sides to file written arguments.

7.4.7 BURDENS OF PRESENTING EVIDENCE AND PROOF

- (a) At the hearing the medical executive committee shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The

member shall not be obligated to present evidence in response.

- (b) An applicant shall bear the burden of persuading the judicial review committee, by a preponderance of the evidence, of his/her qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning his/her current qualifications for members and privileges. An applicant shall not be permitted to introduce information requested by the medical staff but not produced during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.
- (c) Except as provided above for applicants, throughout the hearing, the medical executive committee shall bear the burden of persuading the judicial review committee, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted.

7.4.8 ADJOURNMENT AND CONCLUSION

After consultation with the chair of the judicial review committee, the hearing officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Both the medical executive committee and the member may submit a written statement at the close of the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if submitted, the hearing shall be closed.

7.4.9 BASIS FOR DECISION

The decision of the judicial review committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. The decision of the judicial review committee shall be subject to such rights of appeal as described in these bylaws, but shall otherwise be affirmed by the board of directors as the final action if it is supported by substantial evidence, following a fair procedure.

7.4.10 DECISION OF THE JUDICIAL REVIEW COMMITTEE

Within 30 days after final adjournment of the hearing, the judicial review committee shall render a decision which shall be accompanied by a report in writing and shall be delivered to the medical executive committee. If the member is currently under suspension, however, the time for the decision and report shall be 15 days. A copy of said decision also shall be forwarded to the administrator, the board of directors, and to the member. The report shall

contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. If the final proposed action is based on competence or professional conduct and adversely affects the clinical privileges of a practitioner for a period longer than 30 days and is based on competence or professional conduct, the decision shall state that the action if adopted will be reported to the National Practitioner Data Bank, and shall state the text of the report as agreed upon by the committee. Both the member and the medical executive committee shall be provided a written explanation of the procedure for appealing the decision. The decision of the judicial review committee shall be subject to such rights of appeal or review as described in these bylaws, but shall otherwise be affirmed by the board of directors as the final action if it is supported by substantial evidence, following a fair procedure as set forth in these bylaws.

7.5 APPEAL

7.5.1 TIME FOR APPEAL

Within ten days after receipt of the decision of the judicial review committee, either the member or the medical executive committee may request an appellate review. A written request for such review shall be delivered to the chief of staff, the administrator, and the other party in the hearing. If a request for appellate review is not made within such period, that action or recommendation shall be affirmed by the board of directors as the final action if it is supported by substantial evidence, following a fair procedure.

7.5.2 GROUNDS FOR APPEAL

A written request for an appeal shall include an identification of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be: (a) substantial non-compliance with the procedures required by these bylaws or applicable law which has created demonstrable prejudice; (b) the decision was not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 7.5.5; (c) the text of the report to be filed with the National Practitioner Data Bank is not accurate.

7.5.3 TIME, PLACE AND NOTICE

If an appellate review is to be conducted, the appeal board shall, within 15 days after receipt of notice of appeal, schedule a review date and cause each side to be given notice of the time, place and date of the appellate review. The date of appellate review shall not be less than 30 nor more than 60 days from the date of such notice, provided however, that when a request for appellate review concerns a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed 15 days from the date of the notice. The time for appellate review may be extended by the appeal board for good cause.

7.5.4 APPEAL BOARD

The board of directors may sit as the appeal board, or it may appoint an appeal board which shall be composed of not less than 3 members of the board of directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board, so long as that person did not take part in a prior hearing on the same matter. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal. The attorney selected by the board of directors shall not be the attorney that represented either party at the hearing before the judicial review committee, arbitrator or hearing officer.

7.5.5 APPEAL PROCEDURE

The proceeding by the appeal board shall be in the nature of an appellate hearing based upon the record of the hearing before the judicial review committee, provided that the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the judicial review committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the judicial review hearing; or the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his or her position on appeal and, to personally appear and make oral argument. The appeal board may thereupon conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. The appeal board shall present to the board of directors its written recommendations as to whether the board of directors should affirm, modify, or reverse the judicial review committee decision, or remand the matter to the judicial review committee for further review and decision. The hearing or appeal board in its sole discretion shall determine whether such matters or evidence shall be considered or accepted. If accepted, the party against whom the evidence is presented shall be afforded an opportunity to respond to such additional evidence before the appeal board.

7.5.6 DECISION

- (a) Except as provided in Section 7.5.6(b), within 30 days after conclusion of the appellate review proceedings, the board of directors shall render a final decision and shall affirm the decision of the judicial review committee if the judicial review committee's decision is supported by substantial evidence, following a fair hearing.
- (b) Should the board of directors determine that the judicial review committee decision is not supported by substantial evidence, the board may modify or reverse the decision of the judicial review committee and may instead, or shall, where in the opinion of the judicial review committee a fair procedure has not been afforded, remand the matter to the judicial review committee for further review and recommendation, the committee shall promptly conduct its review and make its

recommendations to the board of directors. This further review and the time required to report back shall not exceed 30 days in duration except as the parties may otherwise agree or for good cause as jointly determined by the chair of the board of directors and the judicial review committee.

- (c) The decision shall be in writing, shall specify the reasons for the action taken, shall include the text of the report which shall be made to the National Practitioner Data Bank, if any, and shall be forwarded to the chief of staff and medical executive committee, the subject of the hearing, and the administrator, at least 10 days prior to submission to the Texas Board of Medical Examiners.

7.5.7 RIGHT TO ONE HEARING

No member shall be entitled to more than one evidentiary hearing and one appellate review on any matter which shall have been the subject of adverse action or recommendation.

7.6 EXCEPTIONS TO HEARING RIGHTS

7.6.1 AUTOMATIC SUSPENSION OR LIMITATION OF PRACTICE PRIVILEGES

No hearing is required when a member's license or legal credential to practice has been revoked or suspended as set forth in Section 6.3.1.(a). In other cases described in Sections 6.3.1 and 6.3.2, the issues which may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing body or that the authority of the DEA was unwarranted, but only whether the member may continue practice in the hospital with those limitations imposed.

7.6.2 SERVICE FORMATION OR ELIMINATION

A medical staff service can be formed or eliminated only following a determination by the medical executive committee of appropriateness of service elimination or formation. The board of directors' decision shall uphold the medical executive committee's determination unless the board of directors makes specific written findings that the medical executive committee's determination is arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with the law.

- (a) The medical executive committee shall determine the formation or elimination of service to be appropriate based upon consideration of its effect on quality of care in the facility and/or community. A determination of appropriateness of formation or elimination of a service must be based upon the preponderance of the evidence, viewing the record as a whole, presented by any and all interested parties, following notice and opportunity for comment.
- (b) The medical staff member(s) whose privileges may be adversely affected by a medical executive committee's determination of appropriateness of service

formation or elimination may request a hearing before the judicial review committee. Such a hearing will be governed by the provisions of Article VII, except that

- (1) the hearing shall be limited to the following issues:
 - (a) whether the medical executive committee's determination of appropriateness is supported by the preponderance of the evidence;
 - (b) whether the medical executive committee followed its requirements for notice and comment on the issue of appropriateness;
- (2) all requests for such a hearing will be consolidated.

Should an affected medical staff member request a hearing under this subsection, the medical executive committee's recommendation regarding the service elimination or formation will be deferred, pending the outcome of the judicial review committee hearing.

- (c) Except as specified in this Section, the termination of privileges pursuant to formation or elimination of a service determined to be appropriate by the medical executive committee shall not be subject to the procedural rights otherwise set forth in Article VII.

7.7 EXPUNCTION OF DISCIPLINARY ACTION

Upon petition, the medical executive committee, in its sole discretion, may expunge previous disciplinary action upon a showing of good cause or rehabilitation.

7.8 NATIONAL PRACTITIONER DATA BANK REPORTING

7.8.1 ADVERSE ACTIONS

The authorized representative shall report an adverse action to the National Practitioner Data Bank only upon its adoption as a final action and only using the description set forth in the final action as adopted by the board of directors. The authorized representative shall report any and all revisions of an adverse action, including, but not limited to, any expiration of the final action consistent with the terms of that final action.

7.8.2 DISPUTE PROCESS

If no hearing was requested, a member who was the subject of an adverse action report may request an informal meeting to dispute the report filed. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report filed is consistent with the final action issued. The meeting shall be attended by the subject of the report, the

chief of staff, and the hospital's authorized representative, or their respective designee. If a hearing was held, the dispute process shall be deemed to have been completed.

ARTICLE VIII OFFICERS

8.1 OFFICERS OF THE MEDICAL STAFF

8.1.1 IDENTIFICATION

The officers of the medical staff shall be the chief of staff and vice chief of staff.

8.1.2 QUALIFICATIONS

Officers must be members of the active or associate medical staff at the time of their nominations and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

8.1.3 NOMINATIONS

Nominations may be made for any office by any voting member of the medical staff. Nominations from the floor will be recognized if the nominee consents.

8.1.4 ELECTIONS

Election of officers shall be held in January each year. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes. In the case of a tie on the second ballot, the majority vote of the medical executive committee shall decide the election at its next meeting or a special meeting called for that purpose.

8.1.5 TERM OF ELECTED OFFICE

Each officer shall serve a one year term, commencing on the day following his or her election. Each officer shall serve in each office until the end of that officer's term, or until a successor is elected, unless that officer shall sooner resign or be removed from office.

8.1.6 RECALL OF OFFICERS

Any officer whose election is subject to these bylaws may be removed from office for valid cause including, but not limited to, gross neglect or serious acts of moral turpitude. Recall of a medical staff officer may be initiated by any voting member of the medical staff. Recall shall be considered at a special meeting called for that purpose. Recall shall require a two-thirds vote of the medical staff members eligible to vote at the special meeting.

8.1.7 VACANCIES IN ELECTED OFFICE

Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of membership in the medical staff. Vacancies, other than that of the chief of staff, shall be filled by appointment by the medical executive committee until the next regular election. If there is a vacancy in the office of chief of staff, then the vice chief of staff shall serve out the remaining term. If there is a vacancy in the office of vice chief of staff, that office need not be filled by election, but the medical executive committee shall appoint an interim officer to fill this office until the next regular election, at which time the election shall also include the office of chief of staff.

8.2 DUTIES OF OFFICERS

8.2.1 CHIEF OF STAFF

The chief of staff shall serve as the chief officer of the medical staff. The duties of the chief of staff shall include, but not be limited to:

- (a) enforcing the medical staff bylaws, rules and regulations, and policies, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;
- (b) calling, presiding at, and being responsible for the agenda of all meetings of the medical staff;
- (c) serving as chair of the executive committee;
- (d) serving as an ex officio member of all other staff committees without vote, unless his or her membership in a particular committee is required by these bylaws;
- (e) interacting with administrator and board of directors in all matters of mutual concern within the hospital;
- (f) appointing, in consultation with the medical executive committee, committee members for all standing and special medical staff, liaison, or multi-disciplinary committees, except where otherwise provided by these bylaws and, except where otherwise indicated, designating the chairs of these committees;
- (g) representing the views and policies of the medical staff to the board of directors and to the administrator;
- (h) being a spokesperson for the medical staff in external professional and public relations;

- (i) performing such other functions as may be assigned to the chief of staff by these bylaws, the medical staff, or by the medical executive committee;
- (j) serving on liaison committees with the board of directors and administration, as well as outside licensing or accreditation agencies.

8.2.2 VICE CHIEF OF STAFF

The vice chief of staff shall assume all duties and authority of the chief of staff in the absence of the chief of staff. The vice chief of staff shall be a member of the medical executive committee and of the joint conference committee, and shall perform such other duties as the chief of staff may assign or as may be delegated by these bylaws, or by the medical executive committee.

ARTICLE IX

9.1 DESIGNATION

Medical staff committees shall include but not be limited to, the medical staff meeting as a committee of the whole, meetings of committees established under Article IX, and meetings of special or ad hoc committees created by the MEC (pursuant to this Section). The committees described in this Article shall be the standing committees of the medical staff. Special or ad hoc committees may be created by the medical executive committee to perform specified tasks. Unless otherwise specified, the chair and members of all committees shall be appointed by and may be removed by the chief of staff, subject to consultation with and approval by the medical executive committee. Medical staff committees shall be responsible to the medical staff.

9.2 GENERAL PROVISIONS

9.2.1 TERMS OF COMMITTEE MEMBERS

Unless otherwise specified, committee members shall be appointed for a term of one year, and shall serve until the end of this period or until the member's successor is appointed, unless the member shall sooner resign or be removed from the committee.

9.2.2 REMOVAL

If a member of a committee ceases to be a member in good standing of the medical staff, or loses employment or a contract relationship with the hospital, suffers a loss or significant limitation of practice privileges, or if any other good cause exists, that member may be removed by the medical executive committee.

9.2.3 VACANCIES

Unless otherwise specifically provided, vacancies on any committee shall be filled in the

same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these bylaws is removed for cause, a successor may be selected by the medical executive committee.

9.3 MEDICAL EXECUTIVE COMMITTEE

9.3.1 COMPOSITION

The medical executive committee shall consist of the following persons:

- (a) the officers of the medical staff;
- (b) ex officio member - administrator.

9.3.2 DUTIES

The duties of the medical executive committee shall include, but not be limited to:

- (a) representing and acting on behalf of the medical staff in the intervals between medical staff meetings, subject to such limitations as may be imposed by these bylaws;
- (b) coordinating and implementing the professional and organizational activities and policies of the medical staff;
- (c) receiving and acting upon reports and recommendations from medical staff committees, and assigned activity groups;
- (d) recommending actions to the medical staff on matters of a medical-administrative nature; the structure of the medical staff, the mechanism to review credentials and delineate individual clinical privileges, the organization of quality assurance activities and mechanisms of the medical staff, termination of medical staff membership and fair hearing procedures, as well as other matters relevant to the operation of an organized medical staff;
- (e) participating in the development of all medical staff and hospital policy, practice and planning;
- (f) reviewing the qualifications, credentials, performance and professional competence, and character of applicants and staff members, and making recommendations to the medical staff regarding staff appointments and reappointments, assignments of clinical privileges, and corrective action;
- (g) taking reasonable steps to promote ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in medical staff corrective or review measures when warranted;
- (h) taking reasonable steps to develop continuing education activities and programs for

the medical staff;

- (i) designating such committees as may be appropriate or necessary in the rules and regulations to assist in carrying out the duties and responsibilities of the medical staff and approving or rejecting appointments to those committees by the chief of staff;
- (j) reporting to the medical staff at the annual meeting or any called meetings;
- (k) assisting in the obtaining and maintenance of accreditation;
- (l) appointing such special or ad hoc committees as may seem necessary or appropriate to assist the medical executive committee in carrying out its functions and those of the medical staff;
- (m) reviewing and approving the designation of the hospital's authorized representative for National Practitioner Data Bank purposes.

9.3.3 MEETINGS

The executive committee shall meet as often as necessary, but at least once a month and shall maintain a record of its proceedings and actions.

9.4 CREDENTIALS COMMITTEE

9.4.1 COMPOSITION

The credentials committee shall consist of members of the executive committee.

9.4.2 DUTIES

The credentials committee shall:

- (a) review and evaluate the qualifications of each practitioner applying for initial appointment, reappointment, or modification of clinical privileges, and, in connection therewith, obtain and consider recommendations from appropriate sources;
- (b) submit required reports and information on the qualifications of each practitioner applying for membership or particular clinical privileges including recommendations with respect to appointment, membership category, clinical privileges, and special conditions;
- (c) investigate, review and report on matters referred by the chief of staff or by any members of the medical staff regarding the qualifications, conduct, professional

character or competence of any applicant or medical staff members; and

- (d) submit periodic reports to the medical staff on its activities and the status of pending applications.

9.4.3 MEETINGS

The credentials committee shall meet as often as necessary at the call of its chair. The committee shall maintain a record of its proceedings and actions and shall report to the medical staff.

9.5 JOINT CONFERENCE COMMITTEE

9.5.1 COMPOSITION

The joint conference committee shall be composed of the executive committee members of the board of directors and of the medical executive committee. The administrator shall be a non-voting ex-officio member.

9.5.2 DUTIES

The joint conference committee shall constitute a forum for the discussion of matters of hospital and medical staff policy, practice, and planning, and a forum for interaction between the board of directors and the medical staff on such matters as may be referred by the medical executive committee of the board of directors.

9.5.3 MEETINGS

The joint conference committee shall meet at least semi-annually, and shall transmit written reports of its activities to the medical staff and to the board of directors.

9.6 OTHER COMMITTEES

Other committees shall be established in the rules and regulations to carry out other duties and responsibilities of the medical staff.

ARTICLE X MEETINGS

10.1 MEETINGS

10.1.1 ANNUAL MEETING

There shall be an annual meeting held during the month designated by the rules and regulations. The meeting will be held for the following purposes:

- (a) election of officers;

- (b) committee appointments;
- (c) assign disaster appointments;
- (d) address other issues of concern.

10.1.2 REGULAR MEETINGS

Regular meetings of the members shall be held as designated in the rules and regulations. The date, place and time of the regular meetings shall be determined by the executive committee, and adequate notice shall be given to the members.

10.1.3 AGENDA

The order of business at a meeting of the medical staff shall be determined by the chief of staff and medical executive committee. The agenda shall include, insofar as feasible:

- (a) reading and acceptance of the minutes of the last regular and all special meetings held since the last regular meeting;
- (b) administrative reports from the medical executive committee, board of directors and administrator;
- (c) election officers when required by the rules and regulations;
- (d) reports by committees on the overall results of patient care and other quality review, evaluation and monitoring activities of the staff and on the fulfillment of other required staff functions;
- (e) old business; and
- (f) new business.

10.1.4 SPECIAL MEETINGS

Special meetings of the medical staff may be called at any time by the chief of staff or the medical executive committee, or shall be called upon the written request of a member of the active medical staff. The meeting shall be scheduled by the medical executive committee within 15 days after receipt of such request. Notice shall be mailed or delivered to the members of the staff which includes the time, place and purpose of the meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

10.2 QUORUM FOR STAFF MEETING

The presence of 50% of the total members of the active medical staff at any regular or special meeting in person or through written ballot shall constitute a quorum for the purpose of amending these bylaws or the rules and regulations of the medical staff or for the election or removal of medical staff officers. The presence of 50% of such members shall constitute a quorum for all other actions.

10.3 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these bylaws. Committee action may be conducted by telephone conference which shall be deemed to constitute a meeting for the matters discussed in that telephone conference.

10.4 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken on significant matters. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the executive committee.

10.5 ATTENDANCE REQUIREMENTS

10.5.1 REGULAR ATTENDANCE

Except as stated below, each member of the active staff, and provisional active staff shall be required to attend:

- (a) at least 50% of all general staff meetings duly convened pursuant to these bylaws, rules and regulations; and
- (b) at least 75% of all meetings of each committee of which he or she is a member.

Each member of the temporary, consulting or courtesy staff and members of the provisional staff who qualify under criteria applicable to courtesy or consulting members shall be required to attend such meetings as may be determined by the medical executive committee. Temporary members of the medical staff under Section 6.1.3 are excluded from meetings requirements.

10.5.2 ABSENCE FROM MEETINGS

Failure to meet the attendance requirements may be grounds for removal from such

committee or for corrective action as determined by the medical executive committee.

10.5.3 SPECIAL ATTENDANCE

At the discretion of the chair or presiding officer, when a member's practice or conduct is scheduled for discussion at a regular committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least 7 days prior to the meeting and shall include the time and place of the meeting and a general indication of the issue involved. Failure of a member to appear at any meeting with respect to which he or she was given such notice, unless excused by the medical executive committee upon a showing of good cause, may be a basis for corrective action.

10.6 EXECUTIVE SESSION

Executive session is a meeting of a medical staff committee which only voting medical staff committee members may attend, unless others are expressly requested by the committee to attend. Executive session may be called by the presiding officer at the request of any medical staff committee member, and shall be called by the presiding officer pursuant to a duly adopted motion. Executive session may be called to discuss peer review issues, personnel issues, or any other sensitive issues requiring confidentiality.

ARTICLE XI CONFIDENTIALITY, IMMUNITY AND RELEASES

11.1 AUTHORIZATION AND CONDITIONS

By applying for or exercising clinical privileges within this hospital, an applicant:

- (a) authorizes representatives of the hospital and the medical staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the applicant's professional ability and qualifications;
- (b) authorizes persons and organizations to provide information concerning such practitioner to the medical staff;
- (c) agrees to be bound by the provisions of this Article and to waive all legal claims against any representative of the medical staff or the hospital who acts in accordance with the provisions of this Article; and
- (d) acknowledges that the provisions of this Article are express conditions to an application for medical staff membership, the continuation of such membership, and to the exercise of clinical privileges at this hospital.

11.2 CONFIDENTIALITY OF INFORMATION

11.2.1 GENERAL

Records and proceedings of all medical staff committees having the responsibility of evaluation and improvement of quality of care rendered in this hospital, including, but not limited to, meetings of the medical staff meeting as a committee of the whole, meetings of committees established under Article IX and rules and regulations, and meetings of special or ad hoc committees created by the MEC (pursuant to Section 9.1) and including information regarding any member or applicant to this medical staff shall, to the fullest extent permitted by law, be confidential.

11.2.2 BREACH OF CONFIDENTIALITY

Inasmuch as effective peer review and consideration of the qualifications of medical staff members and applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of medical staff committees, except in conjunction with other hospital, professional society, or licensing authority, is outside appropriate standards of conduct for this medical staff and will be deemed disruptive to the operations of the hospital. If it is determined that such a breach has occurred, the medical executive committee may undertake such corrective action as it deems appropriate.

11.3 IMMUNITY FROM LIABILITY

11.3.1 FOR ACTION TAKEN

Each representative of the medical staff and hospital shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief for any action taken or statements or recommendations made within the scope of duties exercised as a representative of the medical staff or hospital.

11.3.2 FOR PROVIDING INFORMATION

Each representative of the medical staff and hospital and all third parties shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief by reason of providing information to a representative of the medical staff or hospital concerning such person who is, or has been, an applicant to or member of the staff or who did, or does, exercise clinical privileges or provide services at this hospital.

11.4 ACTIVITIES AND INFORMATION COVERED

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

- (a) application for appointment, reappointment, or clinical privileges;
- (b) corrective action;
- (c) hearings and appellate reviews;
- (d) utilization reviews;
- (e) other committee or medical staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
- (f) National Practitioner Data Bank queries and reports, peer review organizations, Texas Board of Medical Examiners and similar reports.

11.5 RELEASES

Each applicant or member shall, upon request of the medical staff or hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such release shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XII GENERAL PROVISIONS

12.1 RULES AND REGULATIONS

The medical staff shall initiate and adopt such rules and regulations as it may deem necessary for the proper conduct of its work and shall periodically review and revise its rules and regulations to comply with current medical staff practice. Recommended changes to the rules and regulations shall be submitted to the medical executive committee for review and evaluation prior to presentation for consideration by the medical staff as a whole under such review or approval mechanism as the medical staff shall establish. Following adoption such rules and regulations shall become effective following approval of the board of directors, which approval shall not be withheld unreasonably, or automatically within 60 days if no action is taken by the board of directors. Applicants and members of the medical staff shall be governed by such rules and regulations as are properly initiated and adopted. If there is a conflict between the bylaws and the rules and regulations, the bylaws shall prevail. The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the medical staff rules and regulations.

12.2 DUES OR ASSESSMENTS

The medical executive committee shall have power to recommend the amount of annual dues or assessments, if any, for each category of medical staff membership, subject to the approval of the medical staff, and to determine the manner of expenditure of such funds received.

12.3 CONSTRUCTION OF TERMS AND HEADINGS

The captions or headings of these bylaws are for convenience only and are not intended to limit or define the scope of or affect any of the substantive provisions of these bylaws. These bylaws apply with equal force to both sexes wherever either term is used.

12.4 AUTHORITY TO ACT

Any member or members who act in the name of this medical staff without proper authority shall be subject to such disciplinary action as the medical executive committee may deem appropriate.

12.5 DIVISION OF FEES

Any division of fees by members of the medical staff is forbidden and any such division of fees shall be cause for exclusion or expulsion from the medical staff.

12.6 NOTICES

Except where specific notice provisions are otherwise provided in these bylaws, any and all notices, demands, requests required or permitted to be mailed shall be in writing, properly sealed, and shall be sent through United States Postal Service, first-class postage prepaid. An alternative delivery mechanism may be used if it is reliable, as expeditious, and if evidence of its use is obtained.

Mailed notices to a member, applicant or other party, shall be to the addressee at the address as it last appears in the official records of the medical staff or the hospital.

12.7 DISCLOSURE OF INTEREST

All nominees for election or appointment to medical staff offices, committee chairships, or the medical executive committee shall, at least 20 days prior to the date of election or appointment, disclose in writing to the medical executive committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the medical staff.

12.8 NOMINATION OF MEDICAL STAFF REPRESENTATIVES

Candidates for positions as medical staff representatives to local, state, and national hospital medical staff sections should be filled by such selection process as the medical staff may determine. Appointment of such positions shall be made by the medical staff executive committee.

12.9 MEDICAL STAFF CREDENTIALS FILES

12.9.1 INSERTION OF ADVERSE INFORMATION

The following applies to actions relating to requests for insertion of adverse information into the medical staff member' s credentials file:

- (a) As stated previously, in Section 6.1.1, any person may provide information to the medical staff about the conduct, performance, or competence of its members.
- (b) When a request is made for insertion of adverse information into the medical staff member' s credentials file, the MEC shall review such a request.
- (c) After such a review a decision will be made to:
 - (1) not insert the information;
 - (2) notify the member of the adverse information by a written summary and offer him/her the opportunity to rebut this assertion before it is entered into his/her file; or
 - (3) insert the information along with a notation that a request has been made for an investigation as outlined in Section 6.1.2 of these bylaws.

12.9.2 REVIEW OF ADVERSE INFORMATION AT THE TIME OF REAPPRAISAL AND REAPPOINTMENT

The following applies to the review of adverse information in the medical staff member' s credentials file at the time of reappraisal and reappointment.

- (a) Prior to recommendation on reappointment, the Medical Executive Committee, as part of its reappraisal function, shall review any adverse information in the credentials file pertaining to a member.
- (b) Following this review, the MEC shall determine whether documentation in the file warrants further action.
- (c) No later than 60 days following final action on reappointment, the MEC shall, except as provided in (e):
 - (1) initiate a request for corrective action, based on such adverse information, or
 - (2) cause the substance of such adverse information to be summarized and disclosed to the member.
- (d) The member shall have the right to respond thereto in writing, and the MEC may elect to remove such adverse information on the basis of such response.

- (e) In the event that adverse information is not utilized as the basis for a request for corrective action, or disclosed to the member as provided herein, it shall be removed from the file and discarded, unless the MEC, by a majority vote, determines that such information is required for continuing evaluation of the member' s:
 - (1) competence, or
 - (2) professional performance.

12.9.3 CONFIDENTIALITY

The following applies to records of the medical staff and its committees responsible for the evaluation and improvement of patient care:

- (a) The records of the medical staff and its committees responsible for the evaluation and improvement of the quality of patient care rendered in the hospital shall be maintained as confidential.
- (b) Access to such records shall be limited to duly appointed officers and committees of the medical staff for the sole purpose of discharging medical staff responsibilities and subject to the requirement that confidentiality be maintained.
- (c) Information which is disclosed to the governing body of the hospital or its appointed representatives -- in order that the governing body may discharge its lawful obligations and responsibilities -- shall be maintained by that body as confidential.
- (d) Information contained in the credentials file of any member may be disclosed with the member' s consent, or to any medical staff or professional licensing board, or as required by law. However, any disclosure outside of the medical staff shall require the authorization of the MEC and notice to the member.
- (e) A medical staff member shall be granted access to his/her own credentials file, subject to the following provisions:
 - (1) timely notice of such shall be made by the member to the chief of staff or his/her designee;
 - (2) the member may review, and receive a copy of, only those documents provided by or addressed personally to the member. A summary of all other information -- including peer review committee findings, letters of reference, proctoring reports, complaints, etc. -- shall be provided to the member, in writing, by the designated officer of the medical staff, within a reasonable period of time, as determined by the medical staff. Such summary shall disclose the substance, but not the source, of the information summarized;

- (3) the review by the member shall take place in the medical staff office, during normal work hours, with an officer or designee of the medical staff present.
- (f) In the event a Notice of Charges is filed against a member, access to his/her own credentials file shall be governed by Section 7.4.1.

12.9.4 MEMBER'S OPPORTUNITY TO REQUEST CORRECTION/DELETION OF AND TO MAKE ADDITION TO INFORMATION IN FILE

- (a) When a member has reviewed his/her file as provided under Section 12.9.3(e), he/she may address to the chief of staff a written request for correction or deletion of information in his/her credentials file. Such request shall include a statement of the basis for the action requested.
- (b) The chief of staff shall review such a request within a reasonable time and shall recommend to the MEC, after such review, whether or not to make the correction or deletion requested. The MEC, when so informed, shall either ratify or initiate action contrary to this recommendation, by a majority vote.
- (c) The member shall be notified promptly, in writing, of the decision of the MEC.
- (d) In any case, a member shall have the right to add to his/her own credentials file, upon written request to the MEC, a statement responding to any information contained in the file.

12.10 MEDICAL EXECUTIVE COMMITTEE ROLE IN EXCLUSIVE CONTRACTING

The Medical Executive Committee shall review and make recommendations to the board of directors regarding quality of care issues related to exclusive arrangements for physician and/or professional services, prior to any decision being made, in the following situations:

- (a) the decision to execute an exclusive contract in a previously open service;
- (b) the decision to renew or modify an exclusive contract in a particular service;
- (c) the decision to terminate an exclusive contract in a particular service.

ARTICLE XIII ADOPTION AND AMENDMENT OF BYLAWS

13.1 PROCEDURE

Consideration shall be given to the adoption, amendment, or repeal of these bylaws upon the request of:

- (1) the medical executive committee, or the chief of staff or the bylaws committee after approval by the MEC, or
- (2) upon written request signed by a member of the medical staff in good standing who is entitled to vote.

Such action shall be taken at a regular or special meeting provided:

- (1) written notice of the proposed change was sent to all members before the meeting of the medical staff; and
- (2) notice of the next regular or special meeting at which action is to be taken included notice that a bylaw change would be considered. Both notices shall include the exact wording of the existing bylaw language, if any, and the proposed change(s).

13.2 ACTION ON BYLAW CHANGE

If a quorum is present for the purpose of enacting a bylaw change, the change shall require an affirmative vote of 51% of the members voting in person or by written ballot.

13.3 APPROVAL

Bylaw changes adopted by the medical staff shall become effective following approval of the board of directors, which approval shall not be withheld unreasonably, or automatically within 60 days if no action is taken by the board of directors. If approval is withheld, the reasons for doing so shall be specified by the board of directors in writing, and shall be forwarded to the chief of staff, the medical executive and bylaws committees.

13.4 EXCLUSIVITY

The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the medical staff bylaws.

13.5 SUCCESSOR IN INTEREST

These bylaws, and privileges of individual members of the medical staff accorded under these bylaws, will be binding upon the medical staff, and the board of directors of any successor in interest in this hospital, except where hospital medical staffs are being combined.

13.6 SEVERABILITY

In the event that any clause or paragraph of these Bylaws or the Rules and Regulations is contrary to the laws or the applicable regulations, its invalidity shall not effect any other clause or section of these Bylaws, Rules and Regulations.

PART II

RULES & REGULATIONS

SECTION 1. ADMISSION AND DISCHARGE OF PATIENTS

- A. A patient may be admitted to the Hospital only by a member of the medical staff. All practitioners shall be governed by the official admitting policy of the Hospital.
- B. A member of the medical staff shall be responsible for the medical care and treatment of each patient in the Hospital, for the prompt completeness and accuracy of the medical record, for necessary special instructions, and for transmitting reports of the condition of the patient to the referring practitioner and to relatives of the patient. Whenever these responsibilities are transferred to another staff member, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.
- C. No patient shall be admitted to the Hospital until a provisional diagnosis or valid reason for admission has been stated.
- D. The admitting physician shall be held responsible for giving such information as may be necessary to assure the protection of the patient from self harm and to assure the protection of others whenever his/her patients might be a source of danger from any cause whatever.
- E. For the protection of patients and the medical and nursing staffs, acutely mentally ill or suicidal patients with medical conditions may be admitted only to stabilize their medical condition. Once the patient is medically stable, they shall be transferred to an appropriate facility. Potentially suicidal patients may be admitted to a private room only with an attendant. Mentally ill or suicidal patients without medical conditions will not be admitted, but will be transferred to an appropriate facility.
- F. The attending physician is required to document the need for continued hospitalization as required by the medical staff committee responsible for utilization review. Upon request of the committee, the attending physician must provide written justification of the necessity of continued hospitalization of any patient. This documentation must contain:
 - 1. An adequate written record of the reason for continued hospitalization. A simple reconfirmation of the patient's diagnosis is not sufficient.
 - 2. The estimated period of time the patient will need to remain in the Hospital.
 - 3. Plans for post-hospital care.

This report must be submitted within forty-eight (48) hours of receipt of request. Failure to do so will initiate a Continued Stay Notice of Non-coverage to the patient and will be brought to the attention of the committee for action.

- G. Patients shall be discharged only upon order of the attending physician. Should a patient leave the Hospital against the advice of the attending physician, or without proper discharge, a notation of the incident shall be made in the patient's medical record.
- H. In the event of a hospital death more than twenty-four (24) hours after admission, the

deceased shall be pronounced dead by the attending physician or according to Hospital policy regarding registered nurses pronouncing patients dead. Exceptions shall be made in those instances of incontrovertible or irreversible terminal disease wherein the patient's course has been adequately documented to within a few hours of death. Policies with respect to the release of dead bodies shall conform to local law. See policy regarding Dead on Arrivals under Emergency Services for deaths under twenty-four (24) hours after admission.

- I. The attending physician or his/her alternate shall make an initial visit and assessment of the patient within twenty-four (24) hours of admission or within two (2) hours if the patient is admitted to the intensive care unit. Subsequent visits shall be conducted once each calendar day but are not to exceed thirty-six (36) hours from the last visit.

SECTION 2. MEDICAL RECORDS

- A. The attending physician shall be responsible for the preparation of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include identification data; complaint; personal history; family history; history of present illness; physical examination; special reports such as consultations, clinical laboratory and radiology services, and others; provisional diagnosis; medical or surgical treatment; operative report; pathological findings; progress notes; final diagnosis; condition on discharge; summary or discharge note (clinical resume); and autopsy report when performed.
- B. A complete admission history and physical examination shall be recorded within twenty-four (24) hours of admission. This report should include all pertinent findings resulting from an assessment of all the systems of the body, a plan of care and discharge plans. If a complete history has been recorded and a physical examination performed within thirty 30 days prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the patient's hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a member of the medical staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. To be acceptable, outside reports should be compatible with its current medical records system.
- C. When the history and physical examination are not recorded before an operation or any potentially hazardous diagnostic procedure, the procedure will be canceled, unless the attending practitioner states in writing that such delay would be detrimental to the patient.
- D. Pertinent progress notes shall be recorded at the time of observation, at least once each calendar day, but not to exceed thirty-six (36) hours from the last visit, sufficient to permit continuity of care and transferability. Whenever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment.

- E. Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports shall be written (or dictated) immediately following surgery for outpatients as well as inpatients and the report promptly signed by the surgeon and made a part of the patient's current medical record. Any practitioner with undictated operative reports forty-eight (48) hours following the day of the operation shall be automatically suspended from operative privileges except for any inpatients who have already been scheduled for surgery.
- F. Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report of consultation. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the operation.
- G. All clinical entries in the patient's medical record shall be accurately dated and authenticated.
- H. Symbols and abbreviations may be used only when they have been approved by the medical staff. These will reviewed on an annual basis. An official record of approved abbreviations shall be kept on file in the Medical Records Department.
- I. Final diagnosis shall be recorded within seven (7) days of discharge. If the final diagnosis has not been recorded within 7 days, medical records personnel are to call the attending practitioner for the diagnosis.
- J. A discharge summary (clinical resume) shall be written or dictated on all medical records of patients hospitalized over forty-eight (48) hours except for certain selected patients with problems of minor nature. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and end result. All summaries shall be authenticated by the responsible practitioner.
- K. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information.
- L. Records may be removed from the Hospitals jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the Hospital and shall not otherwise be taken away without permission of the administrator. In case of readmission of a patient, all previous records shall be available for the use of the attending practitioner. This shall apply whether the patient be attended by the same practitioner or by another. Unauthorized removal of charts from the Hospital is grounds for suspension of the practitioner for a period to be determined by the executive committee of the medical staff.
- M. Access to all medical records of all patients shall be afforded to members of the medical

staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. Subject to the discretion of the administrator, former members of the medical staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital.

- N. A medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed by the appropriate committee.
- O. A practitioner's routine orders, when applicable to a given patient, shall be reproduced in detail on the order sheet of the patient's record, dated and signed by the practitioner.
- P. A patient's medical record shall be complete at the time of discharge, including progress notes, final diagnosis and (dictated) clinical resume. When this is not possible because final laboratory or other essential reports have not been received at the time of discharge, the patient's chart will be available in a stated place in the medical records department for fourteen (14) days after discharge. If the record still remains incomplete fourteen (14) days after all essential reports have been received and placed on the record, the administrator or the acting administrator shall notify the practitioner that his/her privileges to admit patients shall be suspended five (5) working days from the date of notice, and such practitioner shall remain suspended until the records have been completed. The director of medical records or his/her designee will call the practitioner forty-eight (48) hours in advance of his/her suspension. The admitting office and ER shall be notified if a practitioner is suspended. Three such suspensions of admitting privileges within any twelve (12) month period shall be sufficient cause for permanent suspension of privileges for that practitioner.
- Q. All verbal orders given by a medical professional must be recorded within 48 hours in the patient's medical record by the medical professional or another practitioner responsible for the patient's care.

SECTION 3. GENERAL CONDUCT OF CARE

- A. In addition to obtaining the patient's general consent to treatment, a specific informed consent that informs the patient of the nature of and risk inherent in any special treatment or surgical procedure shall be obtained in compliance with state law. The physician shall specify in his/her orders the exact procedures to be included on the informed consent form.
- B. Only "licensed" personnel, e.g., house staff, licensed nurses (R.N., L.V.N.), pharmacists, certified physiotherapists, respiratory therapists, and medical technologists, shall be authorized to accept verbal orders.
- C. The practitioner's order must be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the nurse. The use of "renew", "repeat", and "continue" orders are not acceptable.

- D. All previous orders are canceled when patients go to surgery unless otherwise specifically ordered.
- E. All previous orders are canceled on transfer from the Intensive Care Unit to the floor. They must be re-written as soon as seen by the practitioner.
- F. All drug and medications administered to patients shall be those listed in the latest edition of United States Pharmacopoeia, National Formulary, American Hospital Formulary Service of AMA Drug Evaluations. Drugs for bona fide clinical investigations may be exceptions. These shall be used in full accordance with the Statement of Principles Involved in the Use of Investigational Drugs in Hospitals and all regulations of the Federal Drug Administration.

- 1. The Formulary exists to provide better patient care by assuring the patient of the highest quality of medication and the most economical operation of the Hospital pharmacy by preventing unnecessary duplication of medications, and thereby reducing the inventory and minimizing the loss of outdated and obsolete drugs.

The formulary will provide the staff with an up-to-date list of all medications, including the dosage forms and strengths, stocked in the Hospital pharmacy. When a specific brand of drug is prescribed by the physician, and that brand is in stock in the pharmacy, it will be dispensed. However, under this formulary system, a drug dispensed from the pharmacy may be of a different brand, but the contents will be the same basic drug as determined and accepted by the appropriate committee.

- 2. Medications brought to the Hospital by patients shall be identified and placed together in a paper bag. In the event that it is necessary to use the patient's own medications, this must be noted on the patient's chart, the doctor notified, and no charge shall be made for that medication.

- G. A qualified practitioner with clinical privileges in this Hospital can be called for consultation within his/her area of expertise. All consultation reports must contain the documented opinion of the consultant based on an examination of the patient and his/her medical record(s). When operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation.

Except in an emergency, consultation is required in the following:

Cases in which, according to the judgement of the physician,

- a. the patient is not a good medical or surgical risk,
- b. there is doubt as to diagnoses and the best therapeutic measures to be utilized.

The attending physician is primarily responsible for requesting consultation when indicated to assure competent care.

H. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, he/she shall call this to the attention of his/her superior who in turn may refer the matter to the director of the nursing service. If warranted, the director of nursing may bring the matter to the chief of staff or the vice-chief and he/she must also discuss the matter with the administrator. When circumstances are such as to justify such action, the chief of staff may himself/herself request a consultation.

I. In the event a physician appears at the Hospital with the intention of directly or indirectly participating in patient care, and in the opinion of Hospital staff or a fellow physician, appears impaired in his capacity to do so, then:

1. The chief of staff or their designated active staff physician will be asked to come to the Hospital, meet with the physician then, and assess the situation.
2. If in their opinion any question of impairment exists, a urine sample will be immediately obtained under direct supervision, and evaluated for presence of mood altering substances. A blood alcohol test may also be requested. If a medical problem is felt to be present, then appropriate evaluation will be recommended or requested. The impaired physician's spouse or other responsible adult will be contacted and transportation will be arranged to the physician's home or to a treatment facility.
3. Should such urine or blood sample be positive for a mood altering substance, the matter will be brought before the Executive Committee of the Medical Staff. If mitigating circumstances are not clearly present, chemical dependency evaluation may be recommended and treatment considered.
4. Failure of a physician to comply with requests for evaluation or noncompliance with committee recommendations for evaluation or treatment will result in disciplinary action.

J. Inpatient Emergencies

The Hospitalist physician on duty will respond to inpatient emergencies when the attending physician is not available and shall assume responsibility for the inpatient after the initial crisis until such time the attending physician is available.

K Organized Health Care Arrangement

The typical relationship between the Hospital and the medical staff members who practice here is one of cooperation although they are separate entities. Sweeny Community Hospital District, its medical staff members engage in an organized health care arrangement. This arrangement allows participation in Hospital activities to deliver, monitor and improve care that is provided jointly.

SECTION 4. GENERAL RULES REGARDING SURGICAL CARE

A. Records

Required for every case that receives general anesthesia:

1. Surgical permit signed by the patient personally, if possible, or a legally responsible person (i.e., husband, wife, parent);
2. History and physical must be typed or hand written and on the record before the patient is given an anesthetic. If no history and physical is on the chart in an emergency surgery, the operating doctor is to inform the anesthesia department of the patient's condition.
3. All female patients who are of child-bearing potential (age 10 to 60) should have routine pregnancy determination prior to surgery if they have not been sterilized.

B. Surgery Performed by Limited Licensed Practitioners

A patient admitted for surgical care provided by a limited licensed practitioner is the dual responsibility of ~~the~~ that limited licensed practitioner (dentist or podiatrist) and a physician member (M.D. or D.O.) of the medical staff.

1. The limited licensed practitioner's responsibilities -
 - a. A detailed history justifying hospital admission with regards to his/her field of training;
 - b. A detailed description of the examination of the pathology and diagnosis;
 - c. A complete operative report, describing the findings and technique. In case of extraction of teeth, the dentist shall clearly state the number of teeth and fragments removed. All tissue including teeth and fragments shall be sent to the Hospital pathologist for examination.
 - d. Progress notes as are pertinent to the practitioner's care;
 - e. Clinical resume (or summary statement).
2. Physician's responsibilities -
 - a. Medical history pertinent to the patient's general health.
 - b. A physical examination to determine the patient's condition prior to anesthesia and surgery.
 - c. Supervision of the patient's general health status while hospitalized.
 - d. All surgery requires history and physical be done by an M. D. or D.O. member of the medical staff.
3. The discharge of the patient shall be on written order of the admitting physician.

C. The anesthetist shall maintain a complete anesthesia record to include evidence of pre-anesthesia evaluation and post-anesthesia follow-up of the patient's condition.

D. The Medical Executive Committee or other appropriate committee shall determine through establishing a policy the surgical procedures requiring a qualified assistant present and scrubbed.

E. All tissue or foreign material removed during an operation shall be sent to the Hospital

pathologist who shall make such examination as he/she may consider necessary to arrive at a tissue diagnosis. His/her authenticated report shall be made a part of the patient's medical record.

F. Elective termination of pregnancy

Elective terminations of pregnancy may be performed in accordance to current law. Abortion is an operative procedure and should only be performed:

1. by a physician who has Hospital privileges for the procedure;
2. performed in the Operating Room;
3. utilizing Hospital personnel who volunteer to care for patients admitted to be aborted.

SECTION 5. EMERGENCY ROOM SERVICES

The medical staff shall adopt a method of providing medical coverage in the emergency service area.

Duties and responsibilities of all personnel serving patients within the emergency area shall be defined in a procedure manual relating specifically to the emergency room. The contents of such manual shall be approved by the appropriate committee. When approved by the Medical Executive Committee and by the governing board, it shall be appended to this document.

A. Function and Policy of the Emergency Room

The primary function of the Emergency Room is to treat any patient brought to the Emergency Room in an emergent condition any hour of the day or night.

Any person who presents himself/herself in the Emergency Room will receive a medical screening exam by a physician and all emergency conditions evaluated and treated or transferred. The sexual assault nurse examiner can perform a medical screen only in the event of a sexual assault case. Policies will be established as to the management non-emergency conditions.

B. Staffing

Physicians: The Emergency Room is covered on a twenty-four (24) hours basis by a physician through a contract service arranged through the Hospital. The Emergency Room is under the supervision of the medical staff of whom one member is the Director of Emergency Services. Emergency room physicians serve as hospitalist physicians for inpatients.

Nursing: The Emergency Room is covered twenty-four (24) hours a day by a registered nurse.

X-ray, Laboratory and Respiratory Therapy Personnel: The Emergency Room is covered with x-ray, laboratory and respiratory therapy personnel that are on duty or on call twenty-four (24) hours a day.

C. Other uses of the Emergency Room as Treatment Room

1. There will be no elective surgery performed in the Emergency Room which requires general or regional anesthesia.
2. The Emergency Room may be utilized for inpatient treatment and procedures when other facilities are inappropriate:
 - a) No emergency room record is to be made out on inpatients treated in the Emergency Room. An operative report will be filled out indicating patient's name, date, surgeon, anesthetic, and procedure done on the patient.
 - b) A nurse will assist the physician and will see that the Emergency Room is left properly cleaned and ready for another patient.

D. Specific Problems Arising in the Emergency Room

In all instances individual factors must be considered and the ER or attending physician will determine the mode of treatment for each patient.

1. Nurse giving injection in the absence of the physician:

The nurse may give injections either I.M. or I.V. (whichever specified by the physician), to patients without an attending physician seeing the patient in his/her presence providing one of the following apply:

- a) The patient has current legible prescription for the medication signed by a staff physician;
- b) The patient's name, medication and dosage are confirmed by telephone between the physician and the nurse;
- c) The physician notifies the Emergency Room nurse prior to the patient's arrival the name of the patient, medication, and dosage requested and the day this medication is to be given.

2. Dispensing oral medications:

Nurses are not allowed to dispense prescription or other medications to patients except when the entirety of the medication is consumed by the patient in the presence of the nurse. No medication is to be sent home with the patient unless the physician personally fills in the appropriate prescription label to accompany the medication.

3. Emergency care given by nurse:

The Emergency Room nurse may initiate emergency life saving treatment until the

physician arrives if he/she feels sure that such treatment is both indicated by the patient's condition and he/she is justified by his/her training and experience.

4. Dead on Arrivals and Emergency Room Deaths

The following are considered examiner or coroner cases (Justice of the Peace):

- a) A person who is killed or dies an unnatural death.
- b) When the circumstances of death are such as to lead to suspicion that death came by unlawful means.
- c) When a body is found and the circumstances of death are unknown.
- d) When a person commits suicide or when suicide is suspected.
- e) When a person dies who has been unattended by a physician.
- f) When a person dies who has been attended by a physician who is uncertain as to the cause of death.
- g) An unexpected death within 24 hours after admission.

5. Notification of authorities:

- a) The health officer is to be notified of persons having a reportable contagious disease.
- b) The appropriate law enforcement agency will be notified of any reportable incident according to current state law. A policy will be developed and updated as needed delineating the types of cases which are reportable.
- c) Blood alcohol and drug screen tests: The blood sample test for alcohol and drug screen, as well as the urine sample for drug screen, will be drawn at the request of the law enforcement officer or employer and physician after the patient has given written consent. The law enforcement officer or employer will supply the consent form and may also provide the sample vial. Alcohol should not be used to prepare the skin prior to drawing of the blood sample.

6. Transfer of patients

All transfers will follow Chapter 11. Rules Governing Hospital Patient Transfer Policies of the Texas Hospital Licensing Law, Article 4437f, Vernon's Texas Civil Statutes, guidelines and procedures.

7. Patient refusing treatment

If a patient comes to the Emergency Room and then refuses treatment or hospitalization as directed by the physician, he/she will be requested to sign a release before leaving the Emergency Room. If he/she refuses to sign a release, this should be recorded on the Emergency Room record.

E. Records and reports

1. All patients presenting to the Emergency Room must be entered into the Emergency Room log book and a medical record created.
2. Instruction for follow-up care is to be given to the Emergency Room patient.
3. Records of the Emergency Room are reviewed in accordance with current policy to evaluate the quality of emergency medical care.

F. Procedure in case of catastrophic occurrence (disaster)

The medical staff will establish procedures in the Hospital's Disaster and Fire Plans with administration and Hospital personnel.

SECTION 6. INDICATIONS FOR AUTOPSY

A. Purpose - Criteria to determine the need for autopsy and to insure that the physician has made every effort to secure authorization for the autopsy.

1. Indications for Autopsy
 - a) All unnatural deaths;
 - b) All deaths in which the physician is not sure of cause of death on clinical grounds;
 - c) Deaths related to industrial compensation claims (i.e., Pneumoconiosis, Asbestosis, etc.);
 - d) Autopsy for purely educational or medical interest reasons;
 - e) All post-operative deaths;
 - f) All maternal deaths;
 - g) All neonatal deaths.
2. Note - It is now an accepted practice to perform a full autopsy or an autopsy restricted to one system or one particular organ.

SECTION 7. MEDICAL STAFF MEETINGS

The annual meeting of the medical staff shall take place during January of each year. Notice regarding time and place shall be sent to each member of the staff at least three (3) days in advance of each meeting.

SECTION 8. PROVISIONAL STAFF STATUS

The provisional period for all new appointees to the staff and all newly granted clinical privileges to any fully advanced staff member shall be provisional for six (6) months. During the provisional period a specified number of cases shall be reviewed by the physician's appointed proctor to

evaluate the care provided by the practitioner. A report of the findings shall be submitted to the Medical Executive Committee after the cases have been reviewed or at the end of the provisional period. The findings of the review, along with other factors, shall be considered in evaluating the practitioner's advancement in staff status. The number cases shall be as follows for each staff category:

1. Provisional Active - Five (5) medical cases and five (5) procedures, if applicable.
2. Provisional Courtesy, Consulting and Allied Health - Three (3) medical cases and three (3) procedures, if applicable.
3. Provisional Courtesy Staff with Emergency Room Privileges - Ten (10) medical cases, of which seven (7) shall be adult and three (3) pediatric cases, and five (5) procedures.
4. Newly granted clinical privileges - Three (3) cases where the privilege was performed.

Failure to have the adequate number of cases for review shall not, in and of itself, be grounds for not advancing the practitioner's staff membership.

Honorary and Temporary Staff members shall be exempt from provisional status due to the special nature of their membership in that they are not granted clinical privileges.

SECTION 9. SEVERABILITY

In the event that any clause or paragraph of these Bylaws, Rules and Regulations is contrary to the laws or the applicable regulations its invalidity shall not effect any other clause or section of these Bylaws.