CONSTITUTION AND BYLAWS

MEDICAL AND DENTAL STAFF

OF

CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM

JASPER MEMORIAL HOSPITAL

JASPER, JASPER COUNTY, TEXAS

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CONSTITUTION AND BYLAWS
MEDICAL AND DENTAL STAFF
OF
JASPER MEMORIAL HOSPITAL
JASPER, JASPER COUNTY, TEXAS

PREAMBLE

Since it is reasonable to assume that clinicians engaged in the private practice of medicine, dentistry, or podiatry, and attending or seeking to attend patients in Jasper Memorial Hospital will be concerned with the quality and efficiency of medical care such patients receive, and that the desired care can be best promoted and achieved by cooperative efforts between such clinicians, we, the clinicians presently engaged in the private practice of medicine, dentistry, or podiatry in Jasper Memorial Hospital, hereby organize ourselves into a Medical and Dental Staff in conformity with the constitution and bylaws hereinafter stated.

ARTICLE 1
NAME, LOCATION AND DURATION

The Medical/Dental Staff of Jasper Memorial Hospital (hereinafter called the "Staff"), located in Jasper, Jasper County, Texas, shall continue only for the duration of the appointments of the members of the Staff.

ARTICLE 2
PURPOSES

The purpose of the Staff shall be:

2.1. to establish and maintain the quality of medical, dental, and podiatric practice in the care of patients in the Hospital.

2.2. to maintain a program that actively monitors the quality of care and incorporates appropriate improvements.

2.3. to maintain the high caliber of the Staff through the competence, ethics, and performance of its members.

2.4. to provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill.

2.5. to cooperate with the Hospital administration in every way that accrues to the ultimate health and well being of the patients.
ARTICLE 3
DEFINITIONS

3.1. The term “Board” means the individuals who have been appointed as the Board of Directors of CHRISTUS Health Southeast Texas by the CHRISTUS Health Board of Directors, of the CHRISTUS Health System, Dallas, Texas.

3.2. The term "Administrator" means the chief executive and administrative officer of the Hospital.

3.3. The term "Hospital" is intended to include any present inpatient and/or outpatient facility operated as a part of the total medical complex comprising Jasper Memorial Hospital.

3.4. The term "Executive Committee" means the executive committee of the Staff, unless specific reference is made to an executive committee of the governing board.

3.5. The term "Staff" means all clinicians who have been duly extended privileges to admit or attend patients in the Hospital.

3.6. The term "Clinicians" shall mean all duly licensed physicians, dentists, and podiatrists.

3.7. The term "Service" means that group of practitioners who have clinical privileges in one of the general areas of medicine, surgery, obstetrics or pediatrics.

3.8. The term "clinical privileges" means all those specific medical, dental, or podiatric procedures and types of therapy comprising the full scope of the permission ultimately granted by the Board to a staff clinician pursuant to recommendations of the Staff, and within the range of which he/she may pursue his/her private practice of medicine, dentistry, or podiatry at the Hospital.

3.9. The term Medical Staff Year means September 1 through August 31.

3.10. The term “Ex Officio” committee member means those members who are appointed from time to time to a committee because of the individual's expertise in a matter that a committee is reviewing. An ex officio committee member shall not be counted for the purpose of determining a quorum, and is not entitled to vote.

3.11. The term "Medical and Dental Staff Bylaws" or "Bylaws" shall mean the Constitution and Bylaws of the Medical and Dental Staff of Jasper Memorial Hospital together with the Rules and Regulations, Credentialing Procedures Manual, and Fair Hearing Plan.

3.12 The term “Special Notice” means written notification sent by certified or registered mail, return receipt requested, hand-delivered with return receipt, or faxed with confirmation.

Notice will be sent/faxed to the office address/fax number provided by the Clinician. A clinician will be deemed to have been served if the Special Notice has been sent by certified mail two (2) times and the clinician has not retrieved the Notice.

3.13 The term “Focused Professional Practice Evaluation (FPPE)” means a process whereby the privilege/procedure-specific competence of a Physician who does not have sufficient documented evidence of competently performing the requested privilege at the facility is evaluated. This process may also be used when a question arises regarding a currently privileged Physician's
ability to provide safe, quality patient care for which he or she possesses current privileges. FPPE is a time-limited period during which an organization evaluates and determines the Physician's professional performance.

3.14 The term “Ongoing Professional Practice Evaluation (OPPE)” is the continuous evaluation of the Physician's professional performance, rather than an episodic evaluation. It is intended to identify and resolve potential performance issues as soon as possible, as well as foster a more efficient, evidence-based privilege renewal process. Ongoing professional practice evaluation results will be shared with the Physicians on a regular basis.
ARTICLE 4
MEMBERSHIP

SECTION 4.1. GENERAL QUALIFICATIONS

Every clinician who seeks or enjoys Staff membership must, at the time of appointment and continuously thereafter, demonstrate to the satisfaction of the appropriate authorities of the Medical Staff and of the Board the following qualifications:

4.1.1. Licensure. A currently valid license issued by the State of Texas to practice medicine, dentistry, or podiatry.

4.1.2. Performance. Professional education, training, experience, and clinical results, documenting a continuing ability to provide patient care services at the generally recognized professional level of quality and efficiency given the current state of the healing arts and consistent with available resources.

The clinician may be asked to demonstrate or provide documentation that he/she can adequately perform those procedures or functions for which he/she has requested approval, either in the initial application for Staff membership and clinical privileges, or in the application for reappointment.

4.1.3. Attitude. A willingness and capability, based on current attitude and evidence of performance,

1) to work with and relate to other Staff members, members of other health disciplines, Hospital management and employees, visitors and the community in general, in a cooperative, professional manner that is essential for maintaining a Hospital environment appropriate to quality and efficient patient care; and

2) to participate equitably in the discharge of Staff obligations appropriate to Staff membership category, including emergency calls; and,

3) to adhere to generally recognized standards of professional ethics, including, without limitation, prohibitions against fee-splitting, "ghost" surgery, delegating the responsibility for diagnosis or care of patients to a clinician not qualified to undertake that responsibility, failing to obtain informed patient consent to treatments, and as otherwise outlined in Section 4.2.5.

4.1.4. Disability. To be free of or have under adequate control any significant physical, or behavioral impairment including impairment of psychological health and any difficulty in communicating verbally or in writing in the English language that interferes with, or presents a substantial probability of interfering with, the qualifications required by Sections 4.1.2 and 4.1.3 above, such that patient care is or is likely to be adversely affected.

A Staff member developing such significant physical, psychological or behavioral impairment shall report this to the Chief of Staff, or cause it to be so reported. The Chief of Staff may require a physical examination by an impartial physician if there is a question concerning physical, psychological or behavioral impairment of a Staff member.
4.1.5. **Effect of Other Affiliations.** No clinician is automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because he/she is licensed to practice in this or in any other state, or because he/she is a member of any professional organization, or because he/she is certified by any clinical board, or because he/she is a member of the faculty of a medical school, or because he/she had, or presently has, staff membership or privileges at another health care facility or in another practice setting. Nor is any clinician automatically entitled to appointment, reappointment or particular privileges merely because he/she had, or presently has, Staff membership or those particular privileges at this Hospital.

4.1.6. **Hospital and Community Need, and Ability to Accommodate.** In acting on new applications for Staff membership and clinical privileges, changes in Staff membership status, consideration may be given to the Hospital's current and projected patient care, and the Hospital's ability to provide the physical, personnel and financial resources that will be required if the application is acted upon favorably, and the compatibility of such appointment with the Hospital's short and long range plans.

4.1.7. **Professional Liability Insurance.** Professional liability insurance in not less than $100,000/$300,000 with an active accredited Texas Board of Insurance with no more than 20% deductible will be required of all Staff members.

All deductibles above 20% will be presented to the Executive Committee for approval.

Cancellation of a policy must be reported immediately to the Hospital Administrator who in turn will report this to the Executive Committee. The same is true for voluntary cancellation of a policy. Failure to report such actions will result in disciplinary action. If a lapse in professional liability insurance coverage and/or cancellation of insurance occurs, the clinician's Staff membership and clinical privileges are automatically administratively suspended at least until evidence of current professional liability insurance coverage is provided and verified.

4.1.8. **Nondiscrimination.** No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of age, sex, race, creed, color, handicap, or national origin, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Hospital.

4.1.9. **Other Factors.** Any final or pending disciplinary action by other local or area hospitals, professional societies, state board of licensure, any voluntary or involuntary relinquishment of Staff membership or of any portion of clinical privileges, or PRO or government sanction, shall be reported immediately by the Staff member to the Chief of Staff.

**SECTION 4.2. BASIC OBLIGATIONS OF INDIVIDUAL STAFF MEMBERSHIP**

Each member of the Staff, regardless of his assigned Staff category, and each clinician exercising temporary privileges under these Bylaws, shall:

4.2.1. provide his/her patients with care at the generally recognized professional level of quality and efficiency;

4.2.2. abide by the Medical and Dental Staff Bylaws, and Hospital Bylaws and Rules;

4.2.3. discharge such Staff, Committee, and Hospital functions for which he/she is responsible by Staff category assignment, appointment, election or otherwise;
4.2.4 prepare and complete in timely fashion the medical and other required records for all patients he/she admits or in any way provides care to in the Hospital. A medical history and physical examination must be completed no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to any operative or invasive procedure. The medical history and physical examination must be completed and documented by a practitioner who has been granted privileges to do so or other qualified individual. When the H&P is completed within 30 days before admission, an examination to determine any changes in the patient’s current condition is to be completed and documented or entered in the medical record within 24 hours of admission or prior to surgery or other procedures that require completion of an H&P. This updated examination can be in the form of a progress note, consultation note, or an addendum to the H&P. The updated examination of the patient, including any changes in the patient’s condition, must be completed and documented by a practitioner who has been granted privileges to do so. The content of the completed history and physical examination is delineated in the rules and regulations. The requirement for stays less than 48 hours is delineated in the rules and regulations.

4.2.5 abide by the generally accepted professional ethics adopted by the particular profession of each Staff Member which shall govern the professional conduct of that Staff Member in connection with hospital practice, except to the extent that such professional ethics may permit conduct inconsistent with Hospital policies, and Ethical and Religious Directives for Catholic Health Facilities;

4.2.6 abide by the on-call rules as determined by Staff status;

4.2.7 participate in the Hospital’s performance improvement and quality assurance teams and committees by conducting all required and necessary activities for assessing and improving the effectiveness and efficiency of medical care provided in the Hospital, and participate in the accreditation process;

4.2.8 support the mission and abide by the Code of Ethics of CHRISTUS Health

4.2.9 comply with annual influenza and pertussis vaccination requirements. All providers working in clinical areas will be required to have the annual influenza vaccination or religious or medical exemption (telemedicine and affiliate staff exempt from requirement). Those not vaccinated will wear a mask for patient contact during influenza season. In addition, the following specialties are required to have a one-time pertussis booster: OB, Pediatrics, Neonatology, ER/Minor Care. Non-compliance will result in review by the Medical Executive Committee on a case by case basis.

4.3 SECTION 4.3. PROCEDURES FOR APPOINTMENT

All clinicians desiring initial Staff membership shall complete a preapplication on a form designated by the Executive Committee and approved by the Board. The preapplication form shall contain information indicating whether the clinician satisfies the basic standards for Staff membership. There shall be no processing fee associated with the preapplication. Applications for appointment to the Medical Staff shall only be provided to practitioners who are deemed to meet basic qualifications for staff membership. The application must be in writing, signed by the applicant, and on such form as designated by the Executive Committee and approved by the Board.

4.3.1 Burden of proof. The applicant has the burden of producing adequate information for a
proper evaluation of experience, training, demonstrated ability, and health status, and of resolving any doubts about these or any of the qualifications required for Staff membership, the requested Staff category, the requested clinical privileges, requests for information or clarification (including health examinations) made by appropriate Staff or Board authorities. An application shall be deemed complete if all required information is furnished by the applicant within ninety (90) days following the date noted on the dated application form initially provided to the applicant. During this ninety-(90) day period, the Credentials Committee or its designee shall notify the applicant of any difficulties in obtaining information, and it shall then be the applicant’s obligation to obtain the required information. Any application which is not deemed complete within the ninety-(90) day period shall be deemed incomplete and invalid and shall be automatically removed from consideration. An application may thereafter be reconsidered only if all information has been resubmitted.

4.3.2 Appointment Decisions. Notice of the Board’s final decision is given through the Administrator to the applicant within 20 days of the Board’s action. A decision and notice to appoint includes (1) the Staff category to which the applicant is appointed; (2) the Section to which he/she is assigned; (3) the clinical privileges he/she may exercise; and (4) any special conditions attached to the appointment.

4.3.3 Time periods for processing. All individuals required to act on an application for Staff appointment must do so in a timely and good faith manner and except for good cause, completed applications shall be acted upon within 90 days. No other time period specified herein shall be deemed to create any right for the applicant to have his or her application processed within those periods.

4.3.4 The mechanisms for processing and evaluating preapplications and applications for initial appointment, for conducting periodic reappraisals for reappointment, and for extending and concluding the provisional period are outlined in the Credentialing Procedures Manual and are incorporated herein by reference.

Appointments to the Staff are for a period of two (2) years, except that the Executive Committee with the approval of the Board may set a more frequent reappraisal period.

SECTION 4.4. PROVISIONAL PERIOD

4.4.1 Applicability and Duration. All new appointments to the Staff and all grants of initial or increased clinical privileges to new appointees or existing Staff members, are provisional for a minimum period of one year.

4.4.2 No Effect on Membership or Exercise of Privileges. During a provisional period, a clinician must demonstrate all of the qualifications, may exercise all of the prerogatives, and must fulfill all of the obligations of the Staff category; and the clinician may exercise all of the clinical privileges granted.

4.4.3 Purpose. During the provisional period, a clinician's performance will be observed and evaluated by the Medical Staff Committee with which he/she has his/her primary affiliation and by the, and by other Active Staff members specifically delegated these tasks by Chief of Staff. All such delegates, proctors, or monitors shall be appointed as ex officio member of their respective Committee. During the provisional period, Staff members will be required to arrange for a monitor, at least 72 hours in advance of elective surgical cases when possible. A written report of his/her performance shall be sent to the Executive Committee.
SECTION 4.5. PROCEDURES REAPPOINTMENT

Appointments to the Staff are for a period of two (2) years, except that the Executive Committee with the approval of the Board may set a more frequent reappraisal period.

4.5.1 Practitioners seeking reappointment shall meet the same basic qualifications as listed in 4.1 for initial applicants. Practitioners seeking reappointment shall be required to demonstrate continued satisfaction with, but is not limited to: patterns of care as demonstrated in the findings of quality improvement and utilization assessment activities; patient care load maintained at this Hospital; service as a Staff officer and on Staff, Section, and Hospital committees; timely and accurate preparation and completion of medical records; health status; compliance with all applicable bylaws, policies, rules, regulations, and procedures of the Hospital and Staff; cooperativeness in working with other clinicians and Hospital personnel; general attitude toward his/her patients and the Hospital.

4.5.2 The mechanisms for evaluating applications for initial appointment, for conducting periodic reappraisals for reappointment, and for extending and concluding the provisional period are outlined in the Credentialing Procedures Manual and are incorporated herein by reference.

ARTICLE 5
CLASSIFICATION OF MEMBERSHIP

SECTION 5.1. CLASSIFICATIONS

Members of the Staff shall be classified as belonging to one of the following categories of Staff membership: honorary, active, courtesy, affiliate, or consulting.

SECTION 5.2. HONORARY STAFF

The Honorary Staff shall consist of clinicians who, although not active at the Hospital, have rendered distinguished service to the practice of medicine, dentistry, or podiatry or are retired from active practice. Honorary Staff members shall not be required to attend Staff meetings. They shall not be required to maintain professional liability insurance. Honorary Staff members shall be allowed to attend Staff meetings, but shall not be allowed to vote, hold office, or serve on any Staff committees. There are no privileges to admit or treat patients.

SECTION 5.3. ACTIVE STAFF

5.3.1 Qualifications for Active Staff. An Active Staff member must be a clinician who:

1) is located closely enough (office and residence) to the Hospital to provide continuous care to his/her patients and to assure availability within a reasonable time period when the patient’s condition requires prompt attention.

2) except for Dental staff, regularly admits patients to, or is otherwise regularly involved in the care of patients in the Hospital. Emergency Medicine physicians may be members of the Active Staff and have privileges to initiate admitting orders and admit patients to the service of the responsible attending physician for patients admitted through the ED. The orders have to be in consultation with the admitting physician. ED physicians cannot serve as attending
5.3.2. **Prerogatives of Active Status.** An Active Staff member may:

1) admit patients without limitation, except as otherwise limited in these Bylaws, or Hospital admission policies

2) vote on all matters presented at general and special meetings of the Staff and committees of which he/she is a member

3) hold office at any level in the Staff organization and be Chairperson of a committee

4) exercise such clinical privileges as are granted to him/her.

5.3.3. **Obligations of Active Status.** An Active Staff member must, in addition to meeting the basic obligations set forth in Article 4, Section 4.2:

1) contribute to the organizational, quality and utilization assessment, and administrative affairs of the Staff, including service in Staff and on Hospital and Staff committees, faithfully performing the duties of any office or position to which elected or appointed

2) discharge the recognized functions of Staff membership by engaging in the Hospital's continuing education programs, providing backup specialty coverage in the emergency room, giving consultation to other Staff members consistent with his/her delineated privileges, supervising clinicians during the provisional period, and fulfilling such other Staff functions as may reasonably be required of Staff members

3) satisfy the meeting attendance and special appearance requirements set forth in Article 13, Section 13.4 of these Bylaws

4) provide direction for the care of their patients while under their care at the Hospital. Make provisions for the admission and medical, dental or podiatric care by another qualified Staff clinician. In event of absence as outlined in the CREDENTIALING PROCEDURES MANUAL Section 1.4.4 and 1.4.5, members who will be unavailable to accept admission of their patients must ensure that their designee is available.

5) fulfill Emergency Room call responsibilities as set forth by the RULES AND REGULATIONS Section 31.

**SECTION 5.4  COURTESY STAFF**

5.4.1. **Qualifications for Courtesy Status.** A Courtesy Staff member must be a:

1) Qualified clinician who has privileges to admit and treat only an occasional patient in the hospital; and,

2) who is credentialed and reappraised at this Hospital in the same manner as an Active Staff member; and,
3) who, at the conclusion of the provisional period, and at each reappointment time, provides evidence of clinical performance in such form as may be required by the Executive Committee or other Staff or Board authorities in order to allow an appropriate judgement to be made with respect to his/her ability to exercise the clinical privileges requested.

5.4.2. Prerogatives and Limitations of Courtesy Staff.

1) A Courtesy/Consulting Staff member **will**
   a) exercise such clinical privileges as are delineated and specified by the Executive Committee of the Medical Staff,
   b) provide consultations as requested/ordered by an Active Staff member
   c) write orders (subject to the Active Staff members’ concurrence)
   d) provide direction for the care of their patients while under their care at the Hospital. Make provisions for the admission and medical, dental, or podiatric care by another qualified Staff clinician in event of absence as outlined in the CREDENTIALING PROCEDURES MANUAL Section 1.4.4. Members who will be unavailable to accept admission of their patients must ensure that their designee is available.

2) A Courtesy Staff member **shall not**
   a) admit in excess of twenty-four (24) patients per year (inpatient and observation total) **NOTE:** any practitioner who seeks to admit in excess of twenty-four patients per year shall be required to apply for Active Staff membership.

3) A Courtesy Staff member **may**
   a) attend Staff and Committee meetings, but shall not be allowed to vote or hold office.
   b) be required to take emergency room call (if requested and approved by Executive Committee) in which case, member will fulfill the Emergency Room call responsibilities as set forth by the RULES AND REGULATIONS Section 31.

SECTION 5.5. AFFILIATE STAFF

5.5.1. **Qualifications for Affiliate Status.**

1) The Affiliate Staff shall consist of Staff who do not admit or provide professional services for patients in the Hospital, but who refer patients to Staff Members and services at CHRISTUS Hospital.

The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education endeavors, and to permit such individuals to access Hospital services for their patients by direct referral of patients to an Active Staff Member for admission, evaluation and/or care and treatment.

2) An Affiliate Staff Member is credentialed and reappraised at this Hospital in the same manner as an Active Staff Member, except that they shall be exempt from the board certification or residency program requirements set forth in these Bylaws, Rules & Regulations and Credentialing Procedures Manual. They are encouraged to attend educational activities of the Medical Staff and the Hospital.
5.5.2. Prerogatives of Affiliate Status.

1) Affiliate Staff Members may visit their hospitalized patients and review their patients’ Hospital medical records but shall not be permitted to admit patients, to attend patients, to exercise any clinical privileges, to write orders or progress notes, to make notations in the medical record, or to actively participate in the provision or management of care to patients at the Hospital. There are no clinical privileges associated with this Staff Category, although Staff Members will be assigned to a primary Section affiliation.

2) Affiliate Staff appointees shall be ineligible to vote, hold office, or to serve on Staff Committees.

3) The granting of appointment as Affiliate Staff Members is at the discretion of the Board on the recommendation of the Executive Committee. Refusal to appoint to the Affiliate Staff does not entitle the clinician to a hearing or appeal as set forth in these Bylaws and Fair Hearing Plan.

4) Appointment to the Affiliate Staff may be terminated by the Board upon recommendation of the Executive Committee with sixty (60) days written notice to the Staff Member, without rights to a hearing or appeal as set forth in these Bylaws and Fair Hearing Plan.

5) Any Affiliate Staff Member who desires to transfer to another Staff category and to request clinical privileges must meet the qualifications, standards and requirements for appointment and clinical privileges as set forth in these Bylaws, Rules & Regulations and Credentialing Procedures Manual, including the board certification or residency program requirements.

5.5.3. Obligations of Affiliate Staff

1) Affiliate Staff Members shall abide by the Staff Bylaws, and Hospital Bylaws and Rules.

SECTION 5.6 CONSULTING STAFF

5.6.1 Qualifications for Consulting Status. A Consulting Staff member must be a:

1) Qualified clinician for staff membership who give consultations on inpatient, outpatients, and Emergency Room patients attended by other staff physicians

2) who is credentialed and reappraised at this Hospital in the same manner as an Active Staff member; and,

3) who, at the conclusion of the provisional period, and at each reappointment time, provides evidence of clinical performance in such form as may be required by the Executive Committee or other Staff or Board authorities in order to allow an appropriate judgement to be made with respect to his/her ability to exercise the clinical privileges requested.

5.6.2. Prerogatives and Limitations of Consulting Staff.

1) A Consulting Staff member may

   a) exercise such clinical privileges as are delineated and specified by the Executive
Committee of the Medical Staff.

b) provide consultations as requested/ordered by an Active/Courtesy Staff member
c) write orders (subject to the Active/Courtesy Staff members’ concurrence)

2) A Consulting Staff member shall not

a) admit patients
b) be designated as the primary clinician for any patient

3) A Consulting Staff member may not

a) be required to attend Staff meetings, except as noted in Section 13.4, paragraph 3: Special Appearance Requirements.
b) be required to take emergency call

5.6.3 Obligations of Consulting Staff Status. A Consulting Staff member must meet the basic obligations provided in Article 4, Section 4.2.

SECTION 5.8. LIMITATION OF PREROGATIVES

The prerogatives set forth under each Staff category are general in nature and may be subject to limitation by special conditions attached to a clinician's Staff membership, or by other sections of these Bylaws and by other policies of the Hospital. In a limited circumstance and for good cause, the Chief of Staff may recommend to the Board that a limitation on prerogatives be waived, with such waiver being limited to that specific situation. Having received such recommendation, the Board may waive any basic or category-specific qualifications when in its discretion such waiver will serve the best interests of patient care in the hospital.

ARTICLE 6
DELINEATION OF PRACTICE PRIVILEGES

SECTION 6.1. EXERCISE OF PRIVILEGES

A clinician providing clinical services at this Hospital by virtue of Medical Staff membership or otherwise may, in connection with such practice and except as otherwise provided in Article 7, exercise only those clinical privileges specifically granted to him/her by the Board. Regardless of the privileges granted, each clinician must obtain consultation when necessary for the safety of his/her patient or when required by the rules, regulations, or other policies of the Staff, and of its clinical units, or as otherwise provided in Article 4, Section 4.2.5. Further, there may be attached to any grant of privileges to an individual clinician, special requirements for consultation or supervision as a condition to the exercise of particular privileges.
SECTION 6.2. BASIS FOR PRIVILEGES DETERMINATION

Applicants for clinical privileges must satisfy all qualifications listed in Article 4, Section 4.1. Privileges governing clinical practice are granted in accordance with prior and continuing education, training, experience, sound physical and mental health, and demonstrated current competence and judgement as documented and verified in each clinician's credentials file. The basis for privileges determinations for current Staff members in connection with reappointment or a requested change in privileges must include observed clinical performance and documented results of the Staff's quality improvement program activities.

SECTION 6.3. PROCEDURE FOR DELINEATING PRIVILEGES

6.3.1 Requests. Each request for an application for appointment must be in writing. Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant or Staff member. Specific requests must also be submitted for temporary privileges and for modifications of privileges in the interim between reappraisals.

6.3.2. Processing Requests. All requests for clinical privileges will be processed according to the procedures outlined in the Credentialing Procedures Manual, as applicable.

SECTION 6.4. SPECIAL CONDITIONS FOR DENTAL PRIVILEGES

Requests for clinical privileges from dentists are processed in the manner specified in this Article. Surgical procedures performed by dentists are under the overall supervision of the Chairperson of Surgery. All dental patients shall receive a basic medical appraisal by a physician member of the Staff or a qualified oral surgeon. A physician member of the Staff shall also be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization and shall advise on the risk and effect of any proposed surgical or special procedure on the total health status of the patient. The physician consultant's findings must be documented in the patient's medical record. When significant medical abnormality is present the final decision on whether to proceed with the surgery must be agreed upon by the dentist and the physician consultant. The Chairperson of Surgery will decide the issue in case of dispute.

SECTION 6.5 SPECIAL CONDITIONS FOR PODIATRIC PRIVILEGES

Requests for clinical privileges from podiatrists are processed in the manner specified in this Article. Surgical procedures performed by podiatrists are under the overall supervision of the Chairperson of Surgery. All podiatric patients shall be required to have a mandatory consultation by a primary care physician member of the Active Staff. The physician consultant shall have appropriate clinical privileges and shall also be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization that is beyond the scope of the podiatrist's privileges and shall advise on the risk and effect of any proposed podiatric surgical procedure on the total health status of the patient. The physician mandatory consult must be documented in the patient's medical record. When significant medical abnormality is present the final decision on whether to proceed with the surgery must be agreed upon by the podiatrist and the physician consultant. The Chairperson of Surgery will decide the issue in case of dispute. The podiatrist continues to be responsible for the discharge summary and H&P related to podiatric conditions.
SECTION 6.6 PHYSICIANS IN MEDICO–ADMINISTRATIVE POSITIONS

When it is desirable to engage clinicians in administrative positions involving clinical responsibilities, the advice and recommendations of the Executive Committee will be sought. The Administrator shall obtain any required approval of the Board. The duties and responsibilities shall be defined in writing. Such engagement shall require membership in the Staff using the same process as all other applicants, when the position involves the active exercise of clinical privileges. The Staff membership and clinical privileges of any medico–administrative officer shall not be contingent on his/her continued occupation of that position unless otherwise provided in his/her employment or services agreement. Such membership on the Staff affords the clinician the same due process as provided any other member of the Staff should question of continued membership or exercising of privileges or termination by the Hospital arise, unless otherwise provided in the individual's employment or services agreement.

SECTION 6.7. TELEMEDICINE SERVICES

The Board shall approve any services provided via Telemedicine. Pursuant to a written agreement between the distant site hospital or telemedicine entity, the Southeast Texas Board may grant privileges based on the medical staff’s recommendations that rely on information provided by the distant site hospital or telemedicine entity. Staff applying for telemedicine privileges shall meet the general qualifications indicated in Article 4, and are credentialed and privileged to do so at the originating site in accordance with the Medical Staff Policy for Telemedicine Services.

SECTION 6.8. ALLIED HEALTH PROFESSIONAL STAFF

Allied Health Professional Staff who practice within the hospital are credentialed according to the “Allied Health Professional Staff Policy” approved by the Board. The process includes an evaluation of the applicant’s credentials, current competence, and peer recommendations. All individuals providing services shall be responsible to an Active or Courtesy Staff member of the Medical Staff, either through an employment agreement or a sponsorship arrangement. Allied Health Professional Staff personnel shall not be considered as licensed independent practitioners at the Hospitals. Allied Health Professional Staff personnel may provide services only as permitted in the Hospitals and in keeping with all applicable bylaws, rules, policies, and procedures of the Hospitals.

ARTICLE 7
EMERGENCY, TEMPORARY, AND DISASTER PRIVILEGES

SECTION 7.1. EMERGENCY PRIVILEGES

In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is in immediate danger, and any delay in administering treatment could add to that danger, any Staff member is authorized and will be assisted to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the member's license but regardless of Staff category, or delineated privileges. A clinician exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange for appropriate follow-up care.

SECTION 7.2 TEMORARY PRIVILEGES
7.2.1. Conditions for Temporary Privileges. The granting of temporary privileges is a wholly discretionary action, to be exercised only when the information then available is determined to provide an adequate basis for judgement concerning the competence and ethical standing of the requesting clinician. The privileges requested may be granted in whole or in part; shall in all cases be exercised by the requesting clinician under the supervision of the designated Staff member concerned; and may be made subject to special requirements of supervision and/or reporting. In all cases, the clinician requesting temporary privileges must, before any such privileges may be granted, acknowledge that he/she agrees to be bound by the terms of the Medical Staff Bylaws and Ethical and Religious Directives, and by the current Hospital policies in all matters relating to such temporary privileges and his/her conduct within the Hospital. In all cases, state licensure, DEA, DPS and malpractice insurance must be verified and the results of the National Practitioner Data Bank query obtained and evaluated before temporary privileges may be granted. Clinicians granted temporary privileges may not vote, hold office, or serve on committees, but will attend such meetings to which he/she is assigned.

7.2.2. Circumstances. Upon the written recommendation of the Executive Committee, and the Chief of Staff, or their designees, the Administrator may grant temporary privileges to an applicant for Staff membership after receipt of the application for specific temporary privileges. Such privileges may be granted in any of the following three circumstances.

1) During Pendency of Application. Upon receipt of an application for Staff membership from an appropriately licensed clinician, accompanied by a request for temporary privileges, the requesting clinician may be granted temporary privileges for an initial period of ninety (90) days, with subsequent renewals up to but not to exceed one-hundred twenty (120) days for each reappointment period of two years. Recommendations for temporary privileges can be made provided the Conditions of Temporary Privileges listed above are met and there is verification of relevant training or experience, current competency, ability to perform the privileges requested, other Medical and Dental Staff criteria for privileges/membership are met, the applicant has a complete application with no current or previously successful challenge to licensure or registration; not been subject to involuntary termination of medical staff membership at another organization; and has not been subject to involuntary limitation, reduction, denial or loss of clinical privileges.

2) To Treat Specific Patients. Upon receipt of an application from an appropriately licensed clinician to admit, attend, or consult one or more specific patients, such requesting clinician may be granted temporary privileges for admitting, attending or consulting such patients, provided the Conditions for Temporary Privileges listed above are met and current competence is verified. The licensed clinician may treat a patient for a maximum of 15 days and may be granted an extension for successive 15 day periods, if the situation demands, but in no event longer than 90 days.

3) During Locum Tenens. Upon receipt of an application from an appropriately licensed clinician who is serving a locum tenens for a Staff member, such clinician may be granted temporary privileges, for a maximum period of ninety (90) days, but in no event longer than the period of such locum tenens provided the Conditions for Temporary Privileges listed above are met and current competency is verified. Additionally, an applicant for Locum Tenens must have the same credentials as the member of the medical staff they are replacing and must meet all requirements of membership to the medical staff.

7.2.3. Termination. Temporary privileges shall automatically expire in accord with the terms by which they were originally granted or renewed. The Administrator after consultation with the Chief Staff,
may on the discovery of any information or the occurrence of any event of a nature which raises
question about a clinician's professional qualifications or ability to exercise any or all of the
temporary privileges granted, and may at any other time after consultation with the Staff member
responsible for supervision, terminate any or all of the clinician's temporary privileges, provided
that where the life or well-being of a patient is determined to be endangered, the termination may
be effected by any person entitled to impose summary suspensions under these Bylaws. In the
event of any such termination, the clinician's patients then in the Hospital shall be assigned to
another clinician by the Chief of Staff. The wishes of the patient shall be considered, where
feasible, in choosing a substitute clinician.

7.2.4. Rights of the Clinician. A clinician is not entitled to the procedural rights afforded by the Bylaws
because his request for temporary privileges is refused or because all or any portion of his
temporary privileges are terminated or suspended. An individual who is granted temporary
privileges may, but is not required to, attend Staff meetings, but may not vote or hold office.

7.3 DISASTER PRIVILEGES

In the event the disaster plan is activated by the Administrator, the President of the Medical Staff,
or his designee, shall have authority with respect to the treatment and disposition of all hospital
patients as outlined in the disaster plan. Disaster privileges may be granted by the Administrator
or designee upon the recommendation of either the applicable clinical section chairperson or the
President of the Medical Staff only when the following two conditions are present:

• The emergency management plan has been activated
• The organization is unable to meet immediate patient needs

These privileges will be in effect at maximum only for the duration of the event and will
automatically terminate when the Administrator declares the emergency to be over. The
volunteer shall be granted core privileges on an emergency basis for his or her specialties. The
Administrator, or designee, shall assign tasks consistent with the hospital's immediate needs.

Procedures for credentialing during a large-scale disaster may be found in the “Policy For
Emergency Credentialing Clinicians Who are not Members of the Hospital's Medical Staff or
Privileges at This facility”.

ARTICLE 8
DISCIPLINARY AND CORRECTIVE ACTION

SECTION 8.1. ROUTINE DISCIPLINARY ACTION

8.1.1. Request and Notices. All requests for routine disciplinary action must be in writing, submitted to
the Executive Committee, and supported by reference to the specific activities or conduct which
constitute the grounds for the request. The Staff President promptly notifies the Administrator in
writing of all requests.

8.1.2. Investigation. After deliberation, the Executive Committee may either act on the request or direct
that an investigation concerning the grounds for the disciplinary action request be undertaken.
The Executive Committee may conduct such investigation itself or may assign this task to a Staff
official, Section, or other clinical unit, standing or ad hoc committee, or other organizational
component. This investigative process is not a "hearing" as that term is used in the Fair Hearing
Procedures. It may include a consultation with the Staff Member involved and with the individual
or group making the request and with other individuals who may have knowledge of the events involved. If the investigation is accomplished by a group or individual other than the Executive Committee, that group or individual must forward a written report of the investigation to the Executive Committee as soon as is practicable after the assignment to investigate has been made. The Executive Committee may at any time within its discretion, and shall at the request of the Board, terminate the investigative process and proceed with action as provided below 8.1.3 Executive Committee Action. As soon as is practicable after the conclusion of the investigative process, if any, but in any event within thirty (30) days after receipt of the request for corrective action unless deferred, the Executive Committee acts upon such request. The recommended corrective action shall be subject to final approval by the Board. Its action may include, but is not limited to:

1) Recommending rejection of the request for corrective action.

2) Recommending a warning or a formal letter of reprimand.

3) Recommending a probationary period with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision.

4) Recommending suspension of membership prerogatives that do not affect clinical privileges.

5) Recommending individual requirements of consultation or supervision.

6) Recommending reduction, suspension or revocation of clinical privileges.

7) Recommending reduction of Staff category or suspension or limitation of any prerogatives directly related to the Staff Member’s provision of patient care.

8) Recommending suspension or revocation of Staff membership.

8.1.3. Deferral. If additional time is needed to complete the investigative process, the Executive Committee may defer action on the request but only upon written consent of the affected Staff Member. A subsequent recommendation for any one or more of the actions provided above must be made within the time period specified in the consent, and if no time is specified, then within five (5) days of the deferral.

8.1.4 Procedural Rights. An Executive Committee Section 8.1.3 recommendation for an action that is "adverse" to the Staff Member as that term is defined in Section 9.2.3 of the Bylaws, entitles the Staff Member to the procedural rights contained in the Fair Hearing Procedures.

8.1.5. Other Action.

1) An Executive Committee Section 8.1.3 recommendation for rejection of the request for corrective action or diminished prerogatives that do not affect clinical privileges is not deemed "adverse" and is transmitted to the Board together with all supporting documentation. If the Board’s action on any such recommendation represents a substantive change from the Executive Committee’s recommendations, the matter will be submitted to a joint conference, composed of three (3) members each from the Medical Staff and the Board. The members will be appointed respectively by the Staff President and the Board Chairperson. The decision from the Joint Conference will be submitted to the Board prior to rendering a final decision.
SECTION 8.2. DISCRETIONARY INTERVIEW PRIOR TO DISCIPLINARY ACTION

Prior to initiating disciplinary action against a clinician, the initiating party may, but is not obligated to, afford the clinician a formal interview at which the circumstances prompting the disciplinary action are discussed and the clinician is permitted to present relevant information in his/her own behalf. A formal interview must be initiated by special notice to the clinician, with copies transmitted to the Chief of Staff and the Administrator. The Chief of Staff and the Administrator may, at their option, be present as observers at a formal interview if they are not otherwise involved in the interview.

If the clinician fails to respond to the special notice or declines to participate in the interview, corrective action must immediately proceed in accordance with these Bylaws.

The formal interview provided in this Section is not a procedural right of the clinician and need not be conducted according to the procedural rules provided in these Bylaws.

SECTION 8.3. ROUTINE CORRECTIVE ACTION

Whenever a clinician with clinical privileges engages in, makes or exhibits acts, statements, demeanor or professional conduct, either within or outside of the Hospital, and the same is, or is reasonably likely to be detrimental to patient safety or to the delivery of quality or efficient patient care or disruptive to hospital operations such that the quality or efficiency of patient care services is or may reasonably be adversely affected, or if a clinician has violated the Bylaws or related documents, disciplinary action against the clinician may be initiated by any officer of the Medical Staff, by the Administrator or by the Board. The procedure for processing a routine disciplinary action matter is contained in the Credentialing Procedures Manual.

SECTION 8.4. SUMMARY SUSPENSION

Whenever a clinician's conduct requires that immediate action be taken to protect the life of any patient(s) or to reduce the substantial likelihood of injury or damage to the health or safety of any patient, employee or other person present in the Hospital, either the Chief of Staff, or the Administrator, or their respective designated representatives or the Executive Committee or the Board has the authority to summarily suspend the Medical Staff membership status or all or any portion of the clinical privileges of such a clinician. A summary suspension is effective immediately upon imposition, subject to final approval by the Board, and the person imposing the suspension is to give prompt special notice to the clinician, Chief of Staff, and Administrator.

A disciplinary action proposed by the MEC against a practitioner for a by-laws infraction may be sent to the General Medical staff for final approval at the request of the disciplined practitioner. The peer review process will remain within the MEC. It is the expectation that any MEC physician felt to have a conflict of interest abstain from the peer review process.  Added October 24, 2013

A suspended clinician's patients then in the Hospital must be assigned to another clinician by the Chief of Staff or his designee, considering the wishes of the patient, where feasible, in choosing a substitute clinician.

SECTION 8.5. AUTOMATIC SUSPENSION
8.4.1. License.

1) **Revocation.** Whenever a clinician's license to practice in this state is revoked, his/her Staff membership and clinical privileges are immediately and automatically revoked.

2) **Restriction.** Whenever a clinician's license is partially limited or restricted in any way, those clinical privileges which he/she has been granted that are within the scope of the limitation or restriction are similarly limited or restricted, automatically. Any further action on the matter proceeds according to the Fair Hearing Plan.

3) **Suspension.** Whenever a clinician's license is suspended his/her Staff membership and clinical privileges are automatically suspended effective upon and for at least the term of the suspension. Any further action on the matter proceeds according to the Fair Hearing Plan.

4) **Probation.** Whenever a clinician is placed on probation by the licensing authority, his/her voting and office–holding prerogatives are automatically suspended effective upon and for at least the term of the probation and clinical privileges are reviewed in light of the terms of the probation and revised as necessary. Any further action on the matter proceeds according to the Fair Hearing Plan.

8.4.2. Drug Enforcement Administration (DEA).

1) **Revocation.** Whenever a clinician's DEA or other controlled substances number is revoked, he/she is immediately and automatically divested at least of his right to prescribe medications covered by the number. Any further action on the matter proceeds according to the Fair Hearing Plan.

2) **Restriction.** Whenever a clinician's use of his DEA or controlled substances is partially restricted or limited in any way, his/her right to prescribe medications covered by the number is similarly restricted or limited effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation. Any further action on the matter proceeds according to the Fair Hearing Plan.

3) **Suspension.** Whenever a clinician's DEA or other controlled substances number is suspended, he/she is divested at least of his right to prescribe medications covered by the number effective upon and for at least the term of the suspension. Any further action on the matter proceeds according to the Fair Hearing Plan.

4) **Probation.** Whenever a clinician is placed on probation insofar as the use of his/her DEA or other controlled substances number is concerned, any action on the matter proceeds according to the Fair Hearing Plan.

8.4.3. Medical Records. Failure to timely complete medical records shall result in automatic corrective action as further specified in the Rules and Regulations.

8.4.4 Federal Healthcare Program Sanction/Suspension and/or Exclusion. Any Staff Member or other credentialed provider, who is sanctioned or assessed a fine by any agency relating to a federal or state sponsored healthcare program may be subject to suspension or termination of membership and privileges at the discretion of the Medical Executive Committee. Any Staff Member or other credentialed provider who is suspended or excluded by any agency relating to a federal or state sponsored healthcare program is subject to automatic suspension and/or termination of
8.4.5 **Lapse in Medical Malpractice Coverage.** If a lapse in coverage and/or cancellation of liability insurance occurs, the Staff Member’s clinical privileges are automatically revoked and may only be reinstated following receipt of proof of coverage in the required amounts as stated in Section 4.1.7. If this occurs more than two times in any reappointment period, the Staff Member’s privileges may be terminated at the discretion of the Medical Executive Committee.

8.4.6 **Criminal Activity.** A provider’s appointment and clinical privileges may be automatically suspended if any of the following occur at the discretion of the MEC and Board: Indictment, conviction, or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving controlled substances; illegal drugs; Medicare, Medicaid, or insurance or health care fraud or abuse; or violence or abuse against another.

8.4.7 **Admission and Care Coverage.** Failure to make provisions for the admission and care of clinician’s patients by another qualified Staff member in event of the clinician’s absence as outlined in the CREDENTIALING PROCEDURES MANUAL may result in automatic corrective action at the discretion of the Medical Executive Committee.

**ARTICLE 9**

**MEDIATION, HEARING AND APPELLATE REVIEW PROCEDURAL RIGHTS**

**SECTION 9.1. NECESSITY FOR ADVERSE ACTION**

When a Staff Member receives special notice of an adverse recommendation as defined below, he/she is entitled, upon timely and proper request to a hearing before an ad hoc hearing committee of the Staff and/or a mediation pursuant to Section 9.4. If a mediation is requested the mediation shall occur first. If the recommendation following any hearing is still adverse to the Staff Member, he/she is then entitled, upon timely and proper request, to an appellate review by the Board.

**SECTION 9.2. ADVERSE ACTIONS**

9.2.1. **When Deemed Adverse.** An adverse recommendation or decision is deemed adverse only when it has been recommended:

1) by the Administrator under section 8.4,

2) by the Executive Committee, or

3) by the Board

9.2.2. **Actions Not Deemed Adverse.** Neither the issuance of a warning, or a formal letter of reprimand by a, Section or Committee, except as noted in 9.2.1 above, nor the imposition of a period with retrospective review of practice but without special requirements of consultation or supervision, nor the denial, termination, or reduction of temporary privileges, nor any other actions except those specified in Section 9.2.3 entitle the Staff Member to any hearing or appellate review rights.

9.2.3. **Adverse Recommendations and Decisions Defined.** Except in the case of an automatic suspension, the following recommendations or decisions are adverse when made by the
Administrator with respect to section 8.3, by the Executive Committee or the Board.

1) denial of initial Staff appointment
2) denial of reappointment
3) suspension of Staff membership
4) revocation of Staff membership
5) denial of requested appointment to or advancement in Staff category
6) reduction in Staff category
7) suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the Staff Member's provision of patient care if the suspension/limitation is for longer than 30 days and related to quality of care
8) denial of requested Section or other clinical unit affiliation
9) denial or restriction of requested clinical privileges
10) reduction in clinical privileges
11) suspension of clinical privileges, if the suspension is for longer than 30 days and related to quality of care
12) revocation of clinical privileges
13) individual application of, or individual changes in, mandatory consultation requirement
14) mandatory prospective review of all admissions, except emergencies, if the admission must be cleared or approved in some way by a consulting or independent physician with appropriate recommendations
15) denial of a timely request for reinstatement of Staff membership or clinical privileges following a return from an authorized leave of absence.

SECTION 9.3. PROCEDURES FOR HEARINGS AND APPELLATE REVIEWS

All hearings and appellate reviews will be conducted in accordance with the procedures and safeguards set forth in the Fair Hearing Procedures.

SECTION 9.4. MEDIATION

Texas State Law effective June 15, 2001 revised section 241.101 of the Health and Safety Code requiring the Hospital to offer a physician, podiatrist, or dentist an opportunity to participate in mediation as provided in Chapter 154.052, Civil Practice and Remedies Code in the following instances.

This mediation may be requested prior to initiation of the Fair Hearing Process.
9.4.1. **Initiation of Mediation.** A Staff Member may require the Hospital to participate in mediation as provided in Chapter 154.052, Civil Practice and Remedies Code. This does not authorize a cause of action by a Staff Member against the Hospital other than to require the Hospital to participate in mediation. Mediation may be requested in the following circumstances: (1) Once the processing time period has lapsed and the Medical Executive Committee has failed to take action on a completed application within the customary processing time as stated in Section 1.5.9 of the Credentialing Procedures Manual or (2) the Staff Member is the subject of an adverse action that may adversely affect his/her Medical Staff membership or privileges, and the member believes that mediation of the dispute is desirable. The Staff Member shall have 30 days following the receipt of the notice of the adverse action within which time to request in writing, delivered in person or by certified mail to the Administrator, a mediation.

9.4.2. **Mediation Costs.** Mediation costs shall be shared equally between the Staff Member requesting the mediation and the Hospital.

9.4.3. **Mediation Procedure.** If the mediation is requested in a timely manner, both parties may suggest an acceptable Mediator. If an acceptable Mediator cannot be agreed upon by both parties, the mediator will be court appointed. The mediation shall be provided in accordance with Chapter 154.052 of the Texas Civil Practice and Remedies Code.

9.4.4. **Executive Committee Representation.** The Executive Committee will appoint a member of the medical staff to represent their interests at the mediation.

9.4.5. **Mediation Decision.** The recommendation resulting from the mediation will be forwarded to the Executive Committee for their consideration. The Staff Member will be notified of the Executive Committee’s decision within 14 days. If applicable, the Staff Member will be notified of his/her right to request a Fair Hearing.

**ARTICLE 10 OFFICERS**

**SECTION 10.1. OFFICERS OF THE STAFF**

The officers of the Staff shall be the Chief of Staff, Secretary/Treasurer, Member at Large, Immediate Past Chief, and Chief Elect.

**SECTION 10.2. QUALIFICATIONS**

Officers must be members of the Active Staff, in good standing to be elected and to remain in office.

**SECTION 10.3. ELECTION OF OFFICERS**

Officers shall be elected by majority vote of the eligible members of the Active Staff, present and voting, at the annual Staff meeting at which a quorum is present. If a majority is not obtained, the candidate receiving the least number of votes shall be dropped and the vote repeated until a majority vote is obtained.

**SECTION 10.4. NOMINATIONS**
SECTION 10.5. TERM OF OFFICE, REMOVAL FROM OFFICE & ADVANCEMENT OF OFFICERS

All officers shall serve a term of one year or until a successor is elected. Officers take office the first day of the Staff Year.

An officer of the Medical Staff may be removed by two-thirds (2/3) vote of the regular Active Staff members eligible to vote for staff officers. Removal may be based only upon failure to perform the duties of the office held as described in these bylaws or upon failure to otherwise adhere to the requirements of these bylaws.

Officers may be removed from office if there is a final recommendation by the Board to take an adverse action as defined in Section 9.2.3 of these Bylaws.

SECTION 10.6. VACANCIES IN OFFICE

Vacancies in office, other than that of Chief of Staff or Chief-Elect, during the Staff Year shall be filled by vote of the Executive Committee. In case of vacancy in the office of the Chief of Staff, the Chief-Elect shall serve out the remaining term. In case of vacancy in the office of the Chief-Elect, the Secretary/Treasurer shall serve out the remaining term.

SECTION 10.7. DUTIES OF OFFICERS

10.7.1. Chief of Staff: The Chief of Staff shall serve as the chief administrative officer of the Staff. The Chief of Staff shall:

1) act in coordination and cooperation with the Administrator in matters of mutual concern within the Hospital
2) call, preside at, and be responsible for the agenda of all general meetings of the Staff
3) serve on the Executive Committee as its Chairperson
4) serve as ex-officio member of all other Staff committees, without vote
5) be responsible for the enforcement of Staff Bylaws, for implementation of sanctions where these are indicated, and for the Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a clinician
6) appoint members and chairmen to all standing, special, or ad hoc Staff committees, except the Executive Committee and others whose membership is specified by these Bylaws, and he/she is also authorized to fill any vacancies or remove Committee members
7) represent the views, policies, needs, and grievances of the Staff to the Board and the Administrator of the Hospital, and
8) be the spokesman for the Staff in its external, professional and public relations unless this is specifically delegated to another individual by the Executive Committee.

10.7.2. Secretary/Treasurer: He/She shall be a member of the Executive Committee of the Staff. The Secretary/Treasurers shall keep accurate and complete minutes of all Staff and Executive Committee meetings; call Staff meetings on order of the Chief of Staff; attend to all correspondence; and perform such other duties as ordinarily pertain to his/her office.
10.7.3. Member at Large: He/She shall be a member of the Executive Committee of the Staff. The Member at Large will in the absence of the Chief of Staff, Vice Chief of Staff, and/or the Secretary/Treasurer will fill the vacancy if the next available officer is not available.

10.7.4 Chief Elect: In the absence of the Chief of Staff, he/she will assume all the duties and have the authority of the Chief of Staff. He/she shall be a member of the Executive Committee, and shall be a member of other committees as herein specified. He/she shall automatically succeed the President when the latter fails to serve for any reason. He/she shall serve a one- (1) year grooming period. His/her attendance is recommended at the meetings of the Executive Committee. The Chief Elect will have voting rights as a member of the Executive Committee when in attendance.

ARTICLE 11
SECTIONS OF THE STAFF

SECTION 11.1. ORGANIZATION

11.1.1. The membership of the Staff shall be divided into services, which are medicine, surgery, and obstetrics.

11.1.2. Each service shall be headed by the Chief of Staff and shall function under the Executive Committee.

ARTICLE 12
COMMITTEES

SECTION 12.1. GENERALLY

Whenever it is deemed necessary to carry out the proper functions of the Staff, the Chief of Staff may appoint special or ad hoc committees, and standing committees in addition to those listed in this Article 12.

The Chairperson of each committee shall be appointed by the Chief of Staff and is responsible for the diligent discharge of committee functions. The Chairperson may appoint subcommittees for such special tasks as circumstances warrant. Such subcommittees shall limit their activities to the accomplishment of the task for which the subcommittee was created and shall have no power to act except as specifically authorized by the Chairperson. Upon completion of the task for which the subcommittee was appointed, the subcommittee shall stand discharged.

Except where otherwise specifically provided, the Chief of Staff shall appoint the members of all committees from among the members of the Active Staff and/or Allied Health Professionals as appointed by the Chief of Staff.

The Chief of Staff may appoint a non-staff physician as an ex-officio member of the Committee, who shall assist and advise in any medical quality care review activity as deemed appropriate. This physician may be paid by Jasper Memorial Hospital for these services.

Standing committee members shall serve for a one–year term coinciding with the Medical Staff Year. Committees may include non-clinicians or nonmedical personnel or nurses if, in the opinion of the Chairperson of the committee or Chief of Staff the addition of these members will enhance the function
and effectiveness of the particular committee. The Chief of Staff, the Administrator and their designees shall be ex officio members of all committees listed in this Article 12.

Additional Medical and Dental Staff Committees are listed and described in the appended CHRISTUS Jasper Memorial Hospital policies or Performance Improvement Plan.

A member of any committee may be removed by the Chief of Staff, with or without cause, whenever in his judgement the best interest of the Hospital will be served by such removal. Vacancies in the membership of any Committee may be filled by the Chief of Staff.

Each committee will meet at the call of its Chairperson with sufficient frequency to promptly discharge its duties. Meetings of all committees shall be conducted in accordance with Article 15 of these Bylaws.

Minutes of the meetings of each standing committee must be prepared, and the original placed in a file in the Administrator's office. All standing committees shall report to the Medical Staff at the annual meeting and shall report to the Executive Committee after each committee meeting.

SECTION 12.2. STANDING COMMITTEES

In addition to the Executive Committee, the Standing Committees of the Staff shall be the Credentials Committee and the Bylaws Committee, which the Executive Committee will function as.

SECTION 12.3. ORGANIZATION AND FUNCTION OF THE STANDING COMMITTEES

12.3.1 Executive Committee (MEC)

1) **Composition:** The Executive Committee shall be a standing committee including physicians and may include other licensed independent practitioners and/or Allied Health Professionals, and shall consist of the Officers of the Staff and one member at large elected by the general staff. The Chief of Staff shall be Chairperson of the Executive Committee. The Administrator (or designee) shall be an ex officio member of the Executive Committee. The Chief of Staff may appoint additional ex officio members as deemed appropriate.

2) **Duties:** The duties of the Executive Committee shall be to:

   a) represent and act on behalf of the Medical Staff, between meetings of the staff, subject to such limitations as may be imposed by these Bylaws.

   b) coordinate the activities and general policies of the various services

   c) receive and act upon committee reports

   d) implement policies and procedures of the Staff not otherwise the responsibility of the services

   e) provide liaison between the Staff and the Administrator and the Board

   f) recommend action to the Administrator on matters of medical-administrative nature

   g) carry out other functions as specified throughout these Bylaws
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h) report at each General Staff meeting, and

i) review periodically, the accreditation status of the Hospital.

j) make recommendations to the Board for its approval, with such recommendations pertaining to:

1) the mechanism used to review credentials and to delineate individual clinical privileges
2) recommendations of individuals for Staff membership
3) recommendations for delineated clinical privileges for each eligible individual
4) the mechanism by which membership on the Staff may be terminated
5) the mechanism for fair-hearing procedures
6) the medical staff structure

k) make recommendations to the Board for its approval, pertaining to the organization of the quality assessment and improvement activities of the Staff as well as the mechanism used to conduct, evaluate, and revise such activities.

l) request evaluations of practitioners privileged through the medical staff process in instances where there is doubt about an applicant’s ability to perform the privileges requested;

m) set emergency room call policy or exemption from call, subject to Board approval;

n) recommend bylaw amendments to the medical staff for approval;

o) recommend rules and regulations to the Board for approval after communication with the Staff;

p) forward to the Board, all bylaws, rules and regulations, and policies either proposed by the Staff or the Executive Committee.

3. Meetings: The Executive Committee shall meet at least every other month and maintain a permanent record of its proceedings and actions. The Chief of Staff may call a special meeting of the Executive Committee and shall indicate the time and place where it shall be held. A majority of those present at the meeting and entitled to vote shall constitute a quorum. Action shall be taken by a majority of the voting members in a meeting at which a quorum is present.

4) Removal of authority to act. If at any time, the Staff disagrees with any policies, procedures, or rules and regulations enacted by the Executive Committee, it can utilize the Conflict Resolution Policy.

12.3.2. The Credentials Committee.

1) Composition: The Executive Committee shall function as the Credentials Committee.

2) Functions and Meetings: The Credentials Committee coordinates the Staff credentials function by: (a) receiving and analyzing applications and recommendations for appointment, provisional period conclusion or extension, reappointment, clinical privileges
and changes therein, and recommending action thereon; (b) maintaining a current credentials file for each Staff member; (c) initiating, investigating, reviewing and reporting on any other matters involving the clinical, ethical, or professional conduct of any clinician as may be requested by the Chief of Staff, the Executive Committee or the Board; (d) initiating, receiving, and analyzing requests for new procedures/privileges to be performed in the Hospital; and, (e) periodically reviewing and updating, with input from appropriate services, each delineation of privileges form.

12.3.3. Bylaws Committee.

1) The Executive Committee shall function as the Bylaws Committee.

2) The committee shall propose from time to time, as needed, amendments to the Bylaws. The committee shall review the Bylaws annually and recommend such changes as are appropriate.

3) The committee shall meet as often as needed to accomplish its purpose.

ARTICLE 13
STAFF MEETINGS

SECTION 13.1. REGULAR STAFF MEETINGS

13.1.1 Regular Staff Meetings – The annual meeting of the Medical Staff shall be the August meeting. At this meeting the retired officers and committees shall make reports as may be desirable. The primary objective of medical staff meetings is to improve the care and treatment of the patients in the hospital. In addition to matters of organization, the meetings shall include a report of other committees and be limited largely to a review of current or recent cases in the hospital. Business or other executive sessions of the staff will be conducted by the active staff and other categories of the staff may be excluded. Staff meetings may be held more frequently if needed.

SECTION 13.2. SPECIAL MEETINGS

The Chief of Staff may call a special meeting of the Staff at any time. The Chief of Staff shall call a meeting within 14 days after receiving a written request from the Board or the Executive Committee or a written petition signed by 5 members of the Active Staff. The request or petition must state the purpose for the special meeting. The Executive Committee determines the time and place for any special meeting.

In the event that it is necessary for the Staff to act on a question without being able to meet, the Active Staff may be presented with the question by mail or facsimile, and their votes returned to the Chief of Staff by mail or facsimile. Such a vote shall be valid so long as the question is voted on by a majority of the Staff eligible to vote.

Written notice stating the place, day and hour of any special meeting of the Staff shall be delivered either personally or by mail or facsimile, to each of the Active Staff not less than 7 days or more than 14 days before the date of such meeting by or at the direction of the Chief of Staff.

When mailed, the notice shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each appointee at his/her address as it appears on the records of the Hospital.
Such posting and mailing shall be deemed to constitute actual notice to the persons concerned. The attendance of any individual at any meeting shall constitute a waiver of that individual's notice of said meeting.

No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

SECTION 13.3. QUORUM AND MANNER OF ACTION

13.3.1 Quorum. The presence of nine percent (9%) of the total membership of the active Medical Staff at any regular or special meeting shall constitute a quorum.

13.3.2 Manner of Action. Except as may otherwise be specified in these Bylaws, the action of a majority of the members in good standing of the Active Staff who are present and vote at a meeting at which a quorum is present constitutes action of the Staff.

SECTION 13.4. ATTENDANCE REQUIREMENTS

Attendance at Committees and General Staff meetings is encouraged.

Special appearance requirements: Any Staff member involved in the treatment of a case under review or involved in a special investigation may be required to attend a meeting to discuss the issue, provided that the individual was given reasonable advance notice. Failure on the part of a medical staff member to comply with this special appearance requirement will, after two written notices either hand delivered or sent by certified or registered mail return receipt requested, be deemed a resignation of medical staff membership and clinical privileges.

ARTICLE 14
COMMITTEE MEETINGS

SECTION 14.1. REGULAR MEETINGS

Committees may, by resolution, provide a time for the holding of regular meetings without notice other than such resolution. Each service shall hold regular meetings as designated by that committee, to review and evaluate the functioning of the service and its members.

SECTION 14.2. SPECIAL MEETINGS

A special meeting of any committee may be called by or at the request of the Chairperson or chief thereof, by the Chief of Staff, or by a petition signed by not less than one-fourth, but not less than two of the members of the committee.

SECTION 14.3. NOTICE OF MEETINGS

Written or oral notice stating the place, day and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be given to each member of the committee not less than seven (7) days before the time of such meeting by the person or persons calling the meeting.

SECTION 14.4. QUORUM

Unless otherwise specified in these bylaws, those persons present and eligible to vote shall constitute a quorum for any regular or special meeting.
SECTION 14.5. MANNER OF ACTION

The action of a majority of the members present at a meeting at which a quorum is present shall be the action of a committee.

Action may be taken without a meeting by presenting the voting members with the question, in person or by facsimile or mail, and having their vote returned to the chief or chairperson of the Committee. Such a vote shall be binding so long as the question is voted on by a majority of the Committee eligible to vote.

SECTION 14.6. MINUTES

Minutes of each regular and special meeting of a committee shall be prepared, and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof made available to members of the committee for review in the Medical Staff Office. The minutes of each meeting shall be forwarded to the Executive Committee. Each committee shall maintain a permanent file of the minutes of each meeting.

ARTICLE 15
CONFIDENTIALITY, IMMUNITY AND RELEASES

SECTION 15.1. SPECIAL DEFINITIONS

For the purposes of this Article 15, the following definitions shall apply:

1. Information. The record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data and other disclosures whether in written or oral form relating to any of the subject matter specified in Article 15, Section 15.5.

2. Malice. The dissemination of a knowing falsehood or of information with a reckless disregard for whether or not it is true or false.

3. Representative. The Board and any member or committee thereof; the Administrator, Associate, and their designees; a Staff organization and any member, officer, Service or Committees thereof; and any individual authorized by any of the foregoing to perform specific information gathering or disseminating functions.

4. Third Parties. Both individuals and organization providing information to any Representative.

SECTION 15.2. AUTHORIZATIONS AND CONDITIONS

By applying for or exercising Staff membership, clinical privileges, or providing specified patient care services within this Hospital, a clinician and/or Specified Professional Personnel, whether applicant or member, authorizes Representatives to solicit, provide and act upon information bearing on his or her professional ability and qualifications; agrees to be bound by the provisions of this Article and to waive all legal claims against any Representative who acts in accordance with the provisions of this Article 15; and acknowledges that the provisions of this Article 15 are express conditions to his or her application for, or acceptance of, Staff or Specified Professional membership and the continuation of such membership or to exercise of clinical privileges or provision of specified patient services at the Hospital.
SECTION 15.3. CONFIDENTIALITY OF INFORMATION

Information with respect to any clinician or Specified Professional Personnel submitted, collected or prepared by any Representative for the purpose of achieving and maintaining patient care, reducing morbidity or mortality, shall, to the fullest extent permitted by laws, be confidential and shall not be disseminated to anyone other than a Representative nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's file or of the general Hospital records. Any inappropriate disclosure of information shall be deemed a breach of these Bylaws, which shall result in disciplinary action pursuant to Article 8.

A written request for information about a member of the Staff, which is not initiated, by that Staff member, shall be forwarded immediately to the Administrator who shall forward a copy of the request to such clinician.

SECTION 15.4. IMMUNITY FROM LIABILITY

15.4.1. For Action Taken. No Representative and no Third Party shall be liable to a clinician or Specified Professional Personnel for damages or other relief for any action taken or statement or recommendation made within the scope of his or her duties as a Representative, if such Representative acts in good faith and without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement or recommendation is warranted by such facts.

15.4.2. For Providing Information. No Representative and no Third Party shall be liable to a clinician, or Specified Professional Personnel for damages or other relief for reason of providing information including otherwise privileged or confidential information to a Representative or to any other health care facility or organization of health professionals or as otherwise required by law to be reported, such as to the National Practitioner Data Bank or similar entity concerning a clinician or Specified Professional Personnel who is or has been an applicant to or member of the Staff or Specified Professional Personnel staff and who did or does exercise clinical privileges or provide specified services at the Hospital, provided that such Representative or Third Party acts in good faith and without malice.

15.4.3. Defense. Legal defense and protection will be provided to any Representative in connection with the Representative's activities pursuant to this Article 15 according to Hospital policies for the Representative's acts in good faith and without malice.

SECTION 15.5. ACTIVITIES AND INFORMATION COVERED

15.5.1. Activities. The confidentiality and immunity provided by this Article 15 shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with the Hospital's or any other health care facility's or organization's activities concerning but not limited to:

1) applications for appointment, clinical privileges or specified services;
2) periodic reappraisals for reappointment, clinical privileges or specified services;
3) corrective action;
4) hearings and appellate reviews;
5) patient care audits;
6) utilization reviews; and
7) other Hospital, Committee or Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

15.5.2. **Information.** The acts, communications, reports, recommendations, disclosures and other information referred to in this Article 15 may relate to a clinician's or Specified Professional Personnel's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

**SECTION 15.6. RELEASES.**

Each clinician or Specified Professional Personnel shall, upon request of the Hospital, execute general and specified releases in accordance with the tenor and import of this Article 15 subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of Texas. Execution of such releases shall not be deemed a prerequisite of the effectiveness of this Article 15.

**SECTION 15.7. CUMULATIVE EFFECT**

Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof, and in the event of conflict, the applicable law shall be controlling.

**ARTICLE 16
ADOPTION AND AMENDMENTS BYLAWS, RULES AND REGULATIONS, CREDENTIALING PROCEDURES MANUAL, OR POLICIES.**

The Medical Staff shall have the responsibility to formulate and review, at least biennially and recommend to the Board any Staff Bylaws, Rules and Regulations, policies or procedures and amendments as needed. The following provisions outline the approved medical staff process for amendment and/or adoption of new Bylaws, Rules & Regulations and the Credentialing Procedures Manual or policies. Only Physician and Practitioners with voting rights can vote to adopt and amend the bylaws.

The Medical Staff shall submit recommendations to the Board to determine which policies, procedures or related issues are contained in the supplemental Medical Staff Manuals utilizing the following criteria: i) all rules and regulations which are subject to periodic revisions as per changes in regulatory or statutory changes and ii) specific details of the credentialing process which may fluctuate frequently based on regulatory or statutory changes.

A. **Bylaws.** In that the Board has delegated to the Medical Staff the authority and responsibility to initiate and recommend to the Board the content of these Medical Staff Bylaws, subject only to certain limitations detailed in the Hospital bylaws or law, the adoption and amendment of these Medical Staff Bylaws shall require the following:

1. Any proposed amendment to the Medical Staff Bylaws or adoption of new bylaws may be proposed by the Medical Staff as a whole by petition signed by a majority of the voting members of the Staff and submitted directly to the Board for consideration after first submitting to the MEC for review and approval;

2. Or by the MEC, on its own initiative and submitted to the Active Medical Staff for approval.

Amendments may be presented for approval at the next meeting of the Medical Staff or may be submitted to members of the Active Staff for approval by written or electronic ballot. Prior to an amendment to the Medical Staff Bylaws or adoption of new bylaws being put to vote, the MEC shall determine the method
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for voting. Bylaw amendments submitted for approval by mail or electronically shall be subject for approval by a majority of the members of the active staff submitting written or electronic ballots received within twenty-one calendar days after the ballots are mailed or electronically sent.

3. The Medical Executive Committee shall have the authority to adopt amendments to the Medical Staff Bylaws without authority of the full Medical Staff if such amendments are solely for technical modifications or clarifications, reorganization or renumbering, or to correct grammatical errors.

4. After confirmation by a majority affirmative vote, the recommendation for amendment of the Medical Staff Bylaws or adoption of new bylaws will be forwarded to the Board for approval. Medical Staff recommendations are effective upon approval by the Board.

B. Rules and Regulations, Credentialing Procedures Manual, or Policies

Adoption of the Rules and Regulations, Credentialing Procedures Manual or Policies:

1. Any proposed amendment to the Medical Staff Rules & Regulations, Credentialing Procedures Manual, or Policies may be proposed by the:
   a. Medical Staff as a whole by petition signed by a majority of the voting members of the Staff and submitted directly to the Board for consideration after first submitting to the MEC for review and approval;
   b. Medical Executive Committee;
   c. Board on its own initiative; and
   d. Proposed amendments or new provisions under this section should be communicated to the Medical Staff with sufficient time for comments prior to enactment however the Medical Staff approval process for bylaws as described above is not required.

2. These Rules and Regulations, Credentialing Procedures Manual, or Policies may be amended or new provisions adopted;
   a. Upon recommendation of the Executive Committee to the Board at any regular meeting in which a quorum has been established, approves amendment or adoption by a majority vote of the voting members.
   k) The Rules & Regulations and Credentialing Procedures Manual, become effective upon approval by the Board.

C. Communication. Adopted amendments to the Medical Staff Bylaws, Rules and Regulations, and Credentialing Procedure Manual or Policies will be made available and communicated to medical staff members and other individuals who have delineated clinical privileges.

Responsibilities and Authority.
The procedures outlined in the Staff and CHRISTUS Health SETX Board Bylaws regarding Staff responsibility and authority to formulate, adopt, and recommend Medical Staff Bylaws and amendments thereto apply as well to the formulation, adoption, and amendment of the various parts of this manual. Subject to the authority and approval of the Board, the Staff will exercise such power as is reasonably necessary to discharge its responsibility under these bylaws and associated rules and regulations and policies, and under the corporate bylaws of the Hospital in compliance with law and regulation. Neither the Board, nor the Staff may unilaterally amend these Bylaws.

APPENDIX A – FAIR HEARING PROCEDURES
1. INITIATION OF HEARING

1.1 TRIGGERING EVENTS

1.1.1 Actions: The following actions, if deemed adverse under Section 1.1.2 below, entitle the staff member to a hearing upon proper and timely request:

1) Denial of initial Staff appointment
2) Denial of Reappointment
3) Suspension of Staff membership
4) Revocation of Staff membership
5) Denial of Requested Appointment to or Advancement in Staff category
6) Reduction in Staff category
7) Suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the staff member’s provision of patient care if the suspension/limitation is for longer than 30 days and related to quality of care
8) Denial of requested Section or other clinical unit affiliation
9) Denial or restriction of requested clinical privileges
10) Reduction in clinical privileges
11) Suspension of clinical privileges, if the suspension is for longer than 30 days and related to quality of care
12) Revocation of clinical privileges
13) Individual application of, or individual changes in, mandatory consultation requirement
14) Mandatory prospective review of all admissions, except emergencies, if the admission must be cleared or approved in some way by a consulting or independent physician, with appropriate recommendations.
15) Denial of a timely request for reinstatement of Staff membership or clinical privileges following return from an authorized leave of absence.

1.1.2 When Deemed Adverse: An action listed above is adverse only when it has been recommended:

1) By any of the individuals authorized under section 8.4;
2) By the Executive Committee; or
3) By the Board

1.2 NOTICE OF ADVERSE ACTION

The Administrator shall promptly give the staff member special notice of the action. The notice:

1) advises the staff member that a professional review action has been proposed and specifically states the recommendation or action, the reason for such action and of the right to request a hearing and/or a mediation pursuant to the provisions of these Bylaws; if a mediation is requested the mediation will be completed prior to initiation of a Fair Hearing.

2) specifies that a request for a hearing or mediation must be submitted within thirty (30) days after receiving the notice of adverse action and that the request must satisfy the conditions of Section 1.3 of Appendix A; if a mediation was requested, the thirty (30) days timeframe for a Fair Hearing request does not begin until the physician has received the recommendation of the Medical Executive Committee as per section 1.3 below.
3) states that failure to request a hearing or mediation within that time period and in the proper manner constitutes a waiver of rights to a hearing and to an appellate review on the matter that is the subject of the notice;

4) advises the physician of his/her rights in the hearing (this may be accomplished by attaching a copy of the bylaws and the Fair Hearing Procedures).

1.3 REQUEST FOR HEARING

The staff member has thirty (30) days after receiving the notice outlined in Section 1.2, to file a written request for a hearing or to file a written request for mediation pursuant to Article 9.4. If a mediation is requested, the Mediation occurs prior to initiation of a Hearing and is conducted pursuant to 9.4. At the completion of the mediation if the recommendation of the Executive Committee upon the report of the mediation is both adverse to the clinician and was not agreed upon by the staff member at the mediation, then the staff member has 30 days after receiving notice of the Executive Committee’s adverse recommendation to file a request for a hearing.

Any request for hearing or mediation must be delivered to the Administrator either in person or by certified or registered mail.

No staff member shall be entitled to more than one mediation, one fair hearing, or one appellate review of an adverse action.

1.4 WAIVER BY FAILURE TO REQUEST A HEARING

A staff member who fails to request a hearing or mediation within the time (30 days) and in the manner specified waives his/her right to any hearing or any appellate review to which he/she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the Section 1.2 notice. The Administrator promptly sends the staff member special notice of each action taken under any of the following Sections and notifies the President of the Staff of each such action. A waiver constitutes acceptance of the action, which then becomes the final decision of the Board.

2. HEARING PREREQUISITES

2.1 NOTICE OF TIME AND PLACE FOR HEARING

After receipt of a timely request for hearing, the President of the Staff shall schedule and arrange for a hearing. At least thirty (30) days prior to the hearing, the Administrator sends the staff member special notice of the time, place and date of the hearing. The hearing date shall be not less than thirty (30) nor more than forty-five (45) days after receiving the request; provided, however that a hearing for a staff member who is under suspension then in effect shall be held as soon as the arrangements may reasonably be made and mutually agreed upon.
2.2 STATEMENT OF ISSUES AND EVENTS

The notice of hearing shall contain:
1) a concise statement of the staff member's alleged acts or omissions and/or the other reasons or subject matter forming the basis for the adverse action which is the subject of the hearing;
2) a list of the witnesses, if any, expected to testify at the hearing on behalf of the party recommending the adverse action;

Additional relevant information may arise subsequent to the statement of issues but prior to the hearing date. The hearing officer shall determine if such additional information is relevant and if so each party will be given a minimum of seven (7) days in which to review the information prior to the information being introduced into the hearing.

2.3 APPOINTMENT OF HEARING COMMITTEE

A hearing occasioned by an adverse recommendation is conducted by a hearing committee appointed by the President of the Staff and composed of at least three (3) members of the Staff who are not in direct economic competition with the physician involved. The Staff President designates one of the appointees as Chairperson of the committee.

The Notice of Time and Place for Hearing shall contain a list of the members of the Hearing Committee, as appointed by the Staff President. Either party may challenge for specified cause any staff member listed on the Hearing Committee whom such party believes would be unable to fairly serve as a member of the Hearing Committee. A party desiring to challenge a member of the Hearing Committee must, within ten (10) days of the date of the notice, send the Staff President the names of the Hearing Committee members being challenged for cause. The challenging party must specify each challenge, the nature of the cause, and the facts and circumstances to substantiate the cause. The Staff President shall consider and render a final decision on all challenges timely received. Thereafter, the Staff President shall appoint at least three members to the Hearing Committee and shall designate a chairperson from among the three members. The Staff President may at any time appoint alternate members and fill vacancies as necessary.

2.3.1 Service on Hearing Committee: A Staff member is not disqualified from serving on a hearing committee merely because he participated in investigating the underlying matter at issue or because he has heard of the case nor has knowledge of the facts involved or what he supposes the facts to be. Only under extreme circumstances, shall a member of the body whose adverse recommendation or action occasioned the hearing serve on the hearing committee.

3. HEARING PROCEDURE

3.1 PERSONAL PRESENCE

The personal presence of the staff member is required. A staff member who fails without good cause, as determined by the Chairperson of the Hearing Committee, to appear and proceed at the hearing waives his/her rights in the same manner and with the same consequences as provided in Section 1.4.

3.2 HEARING OFFICER/PRESIDING OFFICER

The use of a hearing officer to preside at the hearing is optional, and is determined by the Staff President.
A hearing officer may or may not be an attorney but must be experienced in conducting similar hearings.

The hearing officer, if appointed, or if not appointed, the hearing committee Chairperson, shall be the presiding officer. This officer maintains decorum and assures that all participants have a reasonable opportunity to present relevant oral and documentary evidence. He/she determines the order of procedure during the hearing and makes all rulings on matters of law, procedure, and the admissibility of evidence.

3.3 \textbf{REPRESENTATION}

The clinician may be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of the local professional society. The Executive Committee of the Medical Staff or the Board shall appoint an individual to represent it. Since the hearings provided for herein are for the purpose of intraprofessional resolution of matters bearing on professional competency and conduct, neither the staff member nor other parties shall be represented in the hearing by an attorney at law. An attorney for either party may be present in a convenient location in close proximity to the hearing location to be available for consultation at any time.

3.4 \textbf{RIGHTS OF PARTIES}

During a hearing each party may:

1) call and examine witnesses
2) introduce evidence and/or exhibits as determined to be relevant by the hearing officer
3) cross–examine any witness on any matter relevant to the issues
4) impeach any witness
5) rebut any evidence
6) request that a record of the hearing be made by a means determined by the hearing officer
7) to submit a written statement at the close of the hearing

If the clinician does not testify in his own behalf, he may be called and examined as if under cross–examination.

3.5 \textbf{PROCEDURE AND EVIDENCE}

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party is entitled, prior to or during the hearing to submit memoranda concerning any issue of law or fact, and those memoranda become part of the hearing record.

3.6 \textbf{OFFICIAL NOTICE}

In reaching a decision, the hearing committee may take official notice, either before or after submission of
the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, in a manner to be determined by the hearing committee. The committee shall also be entitled to consider all other information that can be considered in connection with the credentials matters.

3.7 **BURDEN OF PROOF**

The body whose adverse action or recommendation occasioned the hearing has the initial obligation to present evidence in support thereof, but the staff member thereafter is responsible for supporting his/her challenge that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn therefrom are either arbitrary, unreasonable, or capricious.

3.8 **HEARING RECORD**

A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing committee Chairperson may select the method to be used for making the record, such as court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings.

3.9 **POSTPONEMENT**

Requests for postponement of a hearing may be granted by the hearing committee only upon a showing of good cause and only if the request is made as soon as reasonably practicable.

3.10 **PRESENCE OF HEARING COMMITTEE MEMBERS AND VOTE**

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, he may not participate in the deliberations or the decision.

3.11 **RECESSES AND ADJOURNMENT**

The hearing committee may recess and reconvene the hearing without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. New evidence, including the occurrence of subsequent activity which may be relevant to the matters under consideration before the panel, may be introduced by either party as long as both parties have at least seven (7) days notice of the additional information to be submitted. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be adjourned.

4. **HEARING COMMITTEE REPORT AND FURTHER ACTION**

4.1 **HEARING COMMITTEE REPORT**

Within twenty (20) days after final adjournment of the hearing, the hearing committee shall make a written report of its findings and recommendation with specific reference to the hearing record and other
documentation considered and forward the report to the body whose adverse action occasioned it and a copy to the staff member. Representative(s) of the hearing committee may be requested to orally present a report to the body whose adverse action occasioned the hearing.

4.2 ACTION ON HEARING COMMITTEE REPORT

Within twenty (20) days after receiving the hearing committee report, the body whose adverse action occasioned the hearing, shall consider it and affirm, modify or reverse its action or could return it to the Hearing Committee for further deliberation. It shall transmit the result, together with the hearing record, the hearing committee report and all other documentation considered, to the Administrator.

4.3 NOTICE AND EFFECT OF RESULT

4.3.1 Notice. The Administrator promptly sends a copy of the result to the staff member by special notice, to the Staff President, to the Executive Committee.

4.3.2 Effect of Result:

If the Executive Committee's result is favorable to the clinician, the Administrator promptly forwards it, together with all supporting documentation, to the Board. Favorable action by the Board becomes its final decision. The Administrator promptly sends the staff member special notice informing him/her of the action taken under this section.

If the Executive Committee's result is favorable but the Board action is adverse to the staff member the staff member may request an Appellate Review as outlined in Section 5. The Administrator shall promptly notify the staff member of his/her right to an Appellate Review under this section.

If the result of the Executive Committee continues to be adverse to the staff member, the Administrator shall inform him/her of the right to request an Appellate Review prior to final action by the Board as provided in Section 5.

5. INITIATION AND PREREQUISITES OF APPELLATE REVIEW

5.1 REQUEST FOR APPELLATE REVIEW

A staff member shall have fifteen (15) days after receiving special notice to file a written request for an appellate review. The request shall be delivered to the Administrator in person or by certified or registered mail and may include a request for a copy of the hearing committee report and record and all other material, favorable or unfavorable, if not previously forwarded, that was considered in taking the adverse action.

5.2 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW

A staff member who fails to request an appellate review within the time and in the manner specified waives any right to a review. The waiver has the same force and effect as provided in Section 1.4.
5.3 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW

The Administrator shall deliver a timely request to the Board. As soon as practicable, the Board shall schedule and arrange for an appellate review which shall be not less than twenty (20) days nor more than forty (40) days after receiving the request; provided, however, that an appellate review for a staff member who is under a suspension then in effect shall be held as soon as the arrangements for it may be reasonably made. At least fifteen (15) days prior to the appellate review, the Administrator shall send the clinician special notice of the time, place and date of the review. The time may be extended by the appellate review body for good cause and if a request is made as soon as is reasonably practical.

5.4 APPELLATE REVIEW BODY

If an Executive Committee recommendation pursuant to Section 4.2 occasions the appellate review, the review may be conducted by an ad hoc committee of the Board appointed by the Chairperson of the Board or by the Board as a whole. If the Board action occasions the review, the appellate review is conducted by the Board as a whole.

6. APPELLATE REVIEW PROCEDURE

6.1 NATURE OF PROCEEDINGS

The proceedings by the review body are a review based upon the hearing record, the hearing committee’s report, all subsequent results and actions, the written statements, if any, provided below and any other material that may be presented and accepted.

6.2 WRITTEN STATEMENTS

The clinician may submit a written statement detailing the findings of fact, conclusions and procedural matters with which he disagrees and his reasons. This written statement may cover any matters substantive or procedural raised at any step in the hearing process. The statement shall be submitted to the appellate review body through the Administrator at least ten (10) days prior to the scheduled date of the review, except if the time limit is waived by the review body. A similar statement may be submitted by the group whose adverse action occasioned the review, and if submitted, the Administrator shall provide a copy to the clinician at least three (3) days prior to the scheduled date of the appellate review.

6.3 PRESIDING OFFICER

The Chairperson of the appellate review body is the presiding officer. He determines the order of procedure during the review, makes all required rulings, and maintains decorum.

6.4 ORAL STATEMENT

The appellate review body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing is required to answer questions put by any member of the review body.
6.5 CONSIDERATION OF NEW OR ADDITIONAL MATTERS

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only in the discretion of the review body and only if the party requesting consideration of the matter or evidence shows that it could not have been discovered in time for the initial hearing even with a reasonable effort.

6.6 POWERS

The appellate review body shall have all the powers granted to the hearing committee, and any additional powers that are reasonably appropriate to or necessary for the discharge of its responsibilities.

6.7 PRESENCE OF MEMBERS AND VOTE

A majority of the review body must be present throughout the review and deliberations. If a member is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.

6.8 RECESSES AND ADJOURNMENTS

The review body may recess and reconvene the proceedings without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The review body shall then, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The appellate review shall be adjourned at the conclusion of those deliberations.

6.9 ACTION TAKEN

6.9.1 When Ad Hoc Committee is Review Body

1) Review Body Action: The review committee may recommend that the Board affirm, modify or reverse the adverse result or action, or in its discretion, may refer the matter back to the Executive Committee for further review and recommendation to be returned to it within fifteen (15) days and in accordance with its instructions. Within fifteen (15) days after receipt of such recommendation after referral, the review committee will make its recommendation to the Board, and the appellate review is deemed finally concluded.

2) Board Action: Within 30 days after the conclusion of the appellate review, the Board shall render a final decision in writing. If this decision is in accord with the Executive Committee's recommendation pursuant to the preceding paragraph 1), if any, it shall be immediately effective and final. If the Board action has the effect of changing the Executive Committee's recommendation, if any, the Board shall refer the matter to a joint conference as provided in Section 6.10 below. The Board's action on the matter following receipt of the joint conference recommendation shall be immediately effective and final. The Administrator shall send notice of each action taken to the clinician by special notice, to the Staff President, and to the Executive Committee.

6.9.2 When Board is Review Body: The Board may affirm, modify, or reverse the adverse result or action, or in its discretion, may refer the matter back to the Executive Committee for further review and recommendation to be returned to it within twenty (20) days and in accordance with its instructions. Within twenty (20) days after receipt of such recommendation after referral, the Board
takes action. If the Board's decision is in accord with the Executive Committee's recommendation in the matter, if any, it is immediately effective and final. If the action has the effect of changing the Executive Committee's recommendation, if any, the matter shall be referred to a joint conference as provided in Section 6.10 below. The Board's action on the matter following receipt of the joint conference recommendation shall be immediately effective and final. The Administrator shall send notice of each action taken to the clinician by special notice, to the Staff President, and to the Executive Committee.

6.10 JOINT CONFERENCE REVIEW. Within fifteen (15) days after receiving a matter referred to it under Appendix A a joint conference of equal numbers of Medical Staff and Board members shall convene to consider the matter and submit its written recommendation to the Board. The joint conference shall be composed of a total of six (6) members selected in the following manner; Three Board members appointed by the Board Chair and three Medical Staff members appointed by the Staff President.

7. GENERAL PROVISIONS

7.1 HEARING OFFICER APPOINTMENT AND DUTIES

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by the Board after consultation with the Staff President. A hearing officer may or may not be an attorney at law, but must be experienced in conducting hearings.

7.2 NUMBER OF HEARINGS AND REVIEWS

Notwithstanding any other provision of the Staff Bylaws, no clinician is entitled as a right to more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse recommendation or action triggering the right.

7.3 RELEASE

By requesting a hearing or appellate review, a clinician agrees to be bound by the provisions of the Staff Bylaws relating to immunity from liability.

SPECIAL DEFINITIONS

In reference to Section 12, Allied Health Professional members of the Medical Executive Committee will be eligible voting members, but cannot count towards a quorum unless a licensed physician member is in attendance at the meeting in question.

BYLAWS HISTORY

07/31/03 – Approved by the Board.

February, 2011- Revised
November 7, 2011 – Revised
January 26, 2012 – Approved by the Board
February 29, 2012 – Revised
April 26, 2012 – sent to Board for approval
July 25, 2013 – sent to Board for approval
October 24, 2013 – sent to Board for approval
October 29, 2014 - Reviewed, no changes
October 22, 2015 – Article 10, Officers revised to clarify that the Chief Elect position automatically succeeds the Chief of Staff in case of vacancy in office and assumes all duties of the Chief of Staff in his/her absence. Therefore, the Vice-Chief position is not necessary and has been eliminated.
July 27, 2017 – Revised the following sections of Bylaws to bring into compliance: Definition Section; 4.2.4; 4.3; 4.5; 6.7; 6.8; Article 7; 8.4.6; 12.3.1; 13.1; 13.4; Article 16; Article 18.
September 12, 2019 – Revised Section 12.3 (1) to allow for Allied Health Professionals to participate in the Medical Executive Committee, within state regulations