

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Paul L. Foster School of Medicine

PROFESSIONAL STAFF BYLAWS

AMBULATORY CLINICS

Date of Adoption:

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PREAMBLE

WHEREAS, Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine (“PLFSOM”) is established under the laws of the State of Texas to provide medical education, health care and research: and

WHEREAS, one of its principle objectives is to promote the delivery of health care in a multi-specialty group practice that is safe, effective, patient-centered, timely, efficient, and equitable; and

WHEREAS, the practitioners in the multi-specialty group practice may provide health care services in a variety of settings including the Ambulatory Clinics which are established to serve as the primary teaching and research clinics for PLFSOM; and

WHEREAS, the Governing Body of PLFSOM must rely on the Professional Staff to evaluate and advise the Governing Body as to the qualifications and competence of certain Practitioners of health care services and quality of such services, and fulfill certain legal obligations;

THEREFORE, these Bylaws are created to set forth principles and requirements within which the Professional Staff at PLFSOM shall be organized and carry out their responsibilities and set forth procedures pursuant to which they shall act.

MISSION STATEMENT

The mission of the PLFSOM is to provide exceptional opportunities for students, trainees, and physicians; to advance knowledge through innovative scholarship and research in medicine with a focus on international health and health care disparities; and to provide exemplary patient care and service to the entire El Paso community and beyond.

DEFINITIONS

1. **Ambulatory Clinics:** The ambulatory clinics of the PLFSOM.
2. **Associate Dean for Finance & Administration:** Individual appointed by Dean who has executive responsibility for the short and long term planning, administration, and management of all fiscal affairs.
3. **Clinic Medical Director:** Physician appointed to coordinate and supervise medical activities and issues of the Ambulatory Clinics.
4. **Clinical Privileges:** Permission, defined in writing, to provide medical care in the PLFSOM Ambulatory Clinics within specified limits, based upon the Practitioner's professional license, experience, competence, ability, and judgment.
5. **Day:** All days including weekends and holidays.
6. **Dean:** The individual appointed by the President of the Texas Tech University Health Sciences Center charged with the overall management of the PLFSOM and its Ambulatory Clinics.
7. **Dentist:** An individual who is fully licensed to practice dental medicine or oral surgery.
8. **Ex-Officio:** Membership by virtue of an office or position with the rights and privileges of regular members except that the member shall not be counted in determining the existence of a quorum and shall not have voting rights.
9. **Faculty:** Any individual who has applied for and received appointment to the full time faculty of PLFSOM
10. **Faculty Appointments Committee:** An administrative committee who makes recommendations to the Dean for faculty appointment.
11. **Governing Body:** The Board of Regents of the Texas Tech University Health Sciences Center acting through the Chancellor, President, and Dean of the PLFSOM.
12. **House Staff:** Medical School graduates who participate in a Residency Training or Fellowship Program sponsored by the PLFSOM which has been approved by the Liaison Committee on Graduate Medical Education.
13. **Licensed Nurses:** Registered Nurses (RN) and Licensed Vocational Nurses (LVN) who are fully licensed to practice nursing.
14. **MPIP:** Medical Practice Income Plan. The faculty practice plan.

15. **MPIP Policy Committee:** The regional policy committee of the Medical Practice Income Plan with members and duties as delineated in the TTUHSC MPIP Bylaws.
16. **Physician:** An individual with an M.D. or D.O. degree who is fully licensed to practice medicine in the state of Texas.
17. **Physician Extender:** Appropriately licensed Physician Assistants, Advanced Practice Nurses, CRNA's, and Nurse Midwives.
18. **Podiatrist:** An individual with a D.P.M. degree who is fully licensed to practice podiatry in the state of Texas.

19. **Practitioner:** A physician, podiatrist, dentist, oral surgeon, psychologist, physician's assistant, nurse practitioner, certified registered nurse anesthetist, Clinical Pharmacist, or certified nurse midwife, licensed to practice his/her profession in the State of Texas who has applied for or who has been appointed to the professional staff of the PLFSOM
20. **Professional Staff:** All Practitioners employed by or under contract with the PLFSOM who are authorized by the Governing Body to provide health care services.
21. **Professional Support Staff:** Includes Social Workers, Licensed Professional Counselors, Certified Drug and Alcohol Counselors, Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Occupational Therapists, Physical Therapists, Dietitians, and other Allied Health Professional who regularly attend patients in the Ambulatory Clinics under the supervision of a Professional Staff Practitioner.
22. **Professional Staff Year:** The year commencing on the first day of September and ending on the 31st day of August each year.
23. **Chairperson:** Professional Staff Member appointed by Dean as the Chairperson of a Clinical Department.
24. **Dean of the School of Medicine:** Individual appointed by the President of the Texas Tech University Health Sciences Center to act in its behalf in the overall management of the PLFSOM.
25. **Staff Provider:** A practitioner, employed on a full time basis by the PLFSOM, who does not have a full time faculty appointment with the PLFSOM
26. **Special Notice:** Notice in writing, delivered either by hand, or by certified mail, return receipt requested.

27. **TTUHSC:** Texas Tech University Health Sciences Center.

ARTICLE I: NAME

Practitioners authorized by the Governing Body to provide health care services as a part of or in connection with their duties, responsibilities or training shall be referred to as the Professional Staff of the PLFSOM.

ARTICLE II: PURPOSES

The purposes of the Professional Staff shall be to:

1. Promote the delivery of quality care to the patients treated in or by any of the facilities, departments, or services of the PLFSOM and its' Ambulatory Clinics
2. Provide a mechanism for accounting to the Governing Body as to the appropriateness and quality of health care services, the qualifications and competency of Practitioners and other individuals exercising clinical privileges at the PLFSOM and its' Ambulatory Clinics.
3. Provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill, in accordance with the needs of the PLFSOM
4. Initiate and maintain rules and regulations for self government.
5. Provide a means whereby issues concerning the Professional Staff of the PLFSOM and its' Ambulatory Clinics may be discussed by the Professional Staff with the Dean, and through him, the President and Governing Body of TTUHSC School of Medicine; and
6. Adhere to the Mission Statement of the PLFSOM.

ARTICLE III: PROFESSIONAL STAFF APPOINTMENT

Section A. Nature of Appointment

Appointment to the Professional Staff of PLFSOM and its Ambulatory Clinics is a privilege which shall be extended only to professionally and academically competent Practitioners who continually meet the qualifications, standards, and requirements set forth in these Bylaws. There shall be no discrimination as to race, creed, national origin, sex religion, color, age or other grounds not permitted by law in determining eligibility for Professional Staff Appointment.

As part of the application process the applicant has the responsibility for producing adequate information for a proper evaluation of his or her experience, training, current clinical competence, and health status; and or resolving any doubts about these or any of the qualifications required for Professional Staff membership, clinical privileges and of satisfying any reasonable request for information, or clarification (including health examinations) made by the Credentials Committee or MPIP Policy Committee

Section B. Qualifications for Appointment

1. General: Only Practitioners currently appointed as a faculty or a staff Provider of the PLFSOM shall be qualified for appointment to the Professional Staff.
2. Basic Qualifications: In order to qualify for appointment to the Professional Staff, Practitioners shall document their qualifications. Such documentation shall include, at a minimum:
 - a. Licensure - A valid and current license to practice his/her profession in the State of Texas;
 - b. Controlled Substances Registration - Appropriate state and federal registration to prescribe controlled substances;
 - c. Professional Education - Graduation from an accredited medical, osteopathic, dental, podiatrist or other professional school or fulfillment of such other educational qualifications which satisfy the state eligibility requirements for licensure;
 - d. Board Certification – Physicians are expected to achieve and maintain certification by a Board recognized by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists, the American Board of Podiatric Surgery, or a board with equivalent requirements approved by the Texas State Board of Medical Examiners in a specialty for which the Physician will seek privileges and will practice in the clinics.

Physicians not board certified at the time of initial employment shall have two attempts to complete any single examination required for certification. Failure to register for, or to take an exam when eligible to take it, shall be considered an attempt.

Physicians who fail to maintain their certification during their appointment to the Professional staff shall have two attempts to complete any single examination required for re-certification. Failure to register for, or to take an exam when eligible to take it, shall be considered an attempt.

In the event a practitioner fails to achieve board certification or maintain Certification as required, their membership on the medical staff of the PLFSOM Ambulatory Clinic shall terminate. This termination shall not be considered an adverse action.

The Dean may waive the requirement for Board Certification, at the time of initial employment, for candidates whose training renders them ineligible to sit for the applicable board certification exam.

This provision shall not apply to a) members of the Provisional Professional Staff at the time of adoption of these bylaws in consideration of their advancement to the Active or Courtesy Professional Staff, or b) members of the Active or Courtesy Professional Staff at the time of adoption of these bylaws in consideration of their reappointment to the same Category of Professional Staff as they held at the time of the adoption of these bylaws.

- e. Clinical Competence - Experience, clinical results, and / or references documenting the ability to provide care to patients consistent with accepted standards of practice.
- f. Location - Office and residence close enough to the PLFSOM to provide continuous care to patients of PLFSOM and its Ambulatory Clinics; such distance to be determined by the Credentials Committee on an individual basis;
- g. Ability to Work with Others - Ability to work with and communicate with other staff members, employees, the Governing Body as delegated through designated leadership of the school, patients and others in a cooperative and professional manner that promotes quality and efficient care;
- h. Professional Ethics and References - Adherence to generally recognized professional ethics and satisfactory references from peers;
- i. Insurance:

For Physician Providers, participation in the PLFSOM Professional Medical Malpractice Self-Insurance Plan or the existence, documented by certificate, of professional liability insurance coverage in such amounts and form as deemed sufficient by the Governing Body.

For PLFSOM non physician providers, the general liability coverage afforded to all state employees shall be deemed sufficient.

For non state employee, non physician providers, the existence, documented by certificate, of professional liability insurance coverage in a minimum amount of \$100,000 per occurrence and \$300,000 cap. The Dean may change the minimum amount of required coverage individually, or within specific categories of providers, based upon an assessment of the types of services provided.

- j. For Physician applicants, Completion of Accreditation Council for Graduate Medical Education approved residency program in the applicant's specialty area.
3. Agreement to Maintain Qualifications: Acceptance of appointment to the Professional Staff shall constitute the Practitioner's agreement to maintain the basic qualifications for appointment
 4. Obligations of Appointment: Each Practitioner, as a condition of obtaining and maintaining appointment to the Staff and in accord with these Bylaws shall:
 - a. Provide patients with care consistent with accepted standards of practice;
 - b. Abide by the Staff Bylaws, Department requirements, PLFSOM policies and procedures, and the Texas Tech University Health Sciences Center Operational Policies and Procedures;
 - c. Appear before any Staff committee, Department, the Dean, or the Governing Body and provide requested information.
 - d. Comply with the established code of ethics of his/her profession;
 - e. Maintain hospital privileges in Practitioner's specialty at hospital(s) determined by the Chair of the practitioner's primary department of appointment. Loss of hospital privileges in Practitioner's specialty at any hospital as a result of adverse action shall result in the request for investigation and corrective action according to Article XIII.
 - f. Notify the Dean and the Credentials committee immediately of any change in licensure, controlled substances registration, insurance, medical staff membership or clinical privileges at any hospital or other

health care entity; Medicare and Medicaid provider status; any requested appearance, investigation or disciplinary action by any licensing or other governmental agency to include the Texas Medical Foundation; or any other change in the information provided on applications for appointment and reappointment;

- g. Attend Staff, Department, and Committee meetings as required by these Bylaws;
 - h. Cooperate and participate in quality assurance and risk management activities;
 - i. Participate in the medical school and residency programs as required by the Chairperson or the Dean; and
 - j. Provide consultations in accordance with PLFSOM and its Ambulatory Clinics requirements.
5. Effect of Affiliations: No Practitioner shall be entitled to appointment to the Professional Staff or to exercise clinical privileges in the Ambulatory Clinics solely by reason of:
- a. Licensure to practice his/her profession;
 - b. Status as a faculty member, resident, or clinical fellow of the PLFSOM;
 - c. Membership in any professional organization; or
 - d. Past or existing privileges at another institution.
6. Qualifications for Reappointment: Practitioners seeking reappointment shall be required to demonstrate continued satisfaction of basic qualifications for appointment as set forth under Section B (2) above, as well as:
- a. Active participation in quality assessment and improvement, risk management, peer review, and continuing medical education programs;
 - b. Cooperation and ability to work with Staff Practitioners of the PLFSOM and its Ambulatory Clinics personnel;
 - c. Professional attitude toward patients and the public;
 - d. Teaching activities and responsibilities as assigned by the Chair of the practitioner's primary department of appointment; and

- e. Such other specific information that may bear on the Practitioner's ability to provide health care services in the PLFSOM and its Ambulatory Clinics consistent with accepted standards.

Section C. Conditions and Duration of Appointments

1. Appointment Decision: Initial appointments and reappointments to the Professional Staff shall be made by the Dean, on behalf of the Governing Body. Action on appointments, reappointments, or revocation of appointments shall be made only after there has been a recommendation from the Credentials Committee to the MPIP policy committee as provided in these Bylaws. Appointment to the Professional Staff shall confer on the Practitioner only such clinical privileges in the Ambulatory Clinics as have been granted through the credentialing and privileging process.
2. Term: All initial appointments to the Professional Staff shall be provisional for a period of one year. Appointments to the provisional staff may not exceed one full year. All reappointments shall be for a period of two years.

ARTICLE IV: CATEGORIES OF THE PROFESSIONAL STAFF

Section A. General

The Professional Staff shall be divided into the following categories:

1. Active Professional Staff
2. Courtesy Professional Staff
3. Provisional Professional Staff
4. Staff Provider-

Section B. The Active Professional Staff

1. The Active Professional Staff shall consist of Practitioners who have been advanced in status from the Provisional category and who hold full-time faculty appointments at the PLFSOM and attend patients in the PLFSOM Ambulatory Clinics at least monthly, as determined by the Chairman of the applicant's department of assignment.
2. They must assume all the functions and responsibilities of membership on the Active Professional Staff including, where appropriate, consultation assignments.
3. Members of the Active Professional Staff shall be able to vote, hold office, and serve on Professional Staff committees.
4. Nonsalaried Practitioners with clinical appointments shall not be members of the Active Professional Staff.

Section C. The Courtesy Professional Staff

1. The Courtesy Professional Staff shall consist of Practitioners who have been advanced in status from the Provisional category and who attend patients in the ambulatory clinics less than once a month, or are non-salaried faculty members, or are physicians providing services for the PLFSOM via contract, or provide only consultative services.
2. Non-salaried Practitioners with clinical appointments shall be members of the Courtesy Professional Staff.
3. Courtesy Professional Staff members shall not be eligible to vote or hold office in this Professional Staff organization.
4. They shall be eligible to serve on Professional Staff committees and to vote on matters before such committees.

5. Courtesy Professional Staff members shall not be required to attend Professional Staff meetings unless specifically requested to attend by the Dean.
6. Courtesy Professional Staff members shall abide by the rules and regulations and policies and procedures of the PLFSOM and its Ambulatory Clinics.

Section D. The Provisional Professional Staff

1. All initial appointments to any category of the Professional Staff shall be provisional for period of one year. Reappointment shall be in accord with Article III and for the term and duration as set out in Article III Section C.
2. Provisional Professional Staff members shall have all of the responsibility and obligations of the staff category for which they apply and are appointed.
3. The failure to advance a Provisional Professional Staff member to regular staff status after two consecutive years shall be deemed a termination of staff appointment.
4. A Provisional Professional Staff member whose appointment is terminated shall be entitled to the procedural rights of review accorded by these Bylaws.
5. The performance of a Provisional Professional Staff member shall be observed by the Chairperson or other departmental representative to determine eligibility for regular staff appointment.

Section E. The Staff Professional Staff

1. The Staff Professional Staff shall consist of Practitioners who have been advanced in status from the Provisional category and are full time employees of the Paul L. Foster School of Medicine.
2. They must assume all the functions and responsibilities of membership on the Staff Professional Staff including, where appropriate, consultation assignments.
3. Members of the Staff Professional Staff shall be able to vote, hold office, and serve on Professional Staff committees.

ARTICLE V: HOUSE STAFF

1. The House Staff shall consist of medical school graduates who participate in a Residency Training or Fellowship Program for PLFSOM which has been approved by the Liaison Committee on Graduate Medical Education and are enrolled through the Office of Graduate Medical Education. House Staff Physicians are not members of the Professional Staff.
2. House Staff members may provide direct medical care to patients consistent with their educational and experiential level under the supervision of an appropriately qualified Professional Staff member. House Staff members shall be under the general supervision of the Department in which they are assigned.
3. The members of the House Staff shall abide by these Bylaws, Administrative Guidelines, and all other rules, regulations, policies and procedures of the PLFSOM and its Ambulatory Clinics.
4. Failure of a member of the House Staff to perform assigned duties or to abide by the requirements listed in Article VI, Section A.3 above shall be reported to the appropriate Chairperson for necessary corrective action.
5. Members of the House Staff shall not be eligible to vote or hold office in the Professional Staff organization. They may, however, serve as non-voting members of Professional Staff committees and may attend meetings of the Professional Staff as designated by the Dean.
6. The activities of the House Staff shall be included in the review and evaluation of the quality of clinical care. Resolution of problems identified as a result of this review and evaluation will be the responsibility of the supervising physician, appropriate Chairperson and the Dean.
7. House Staff shall not be entitled to Procedural Rights under these Bylaws. Corrective actions involving House Staff shall be governed by the TTUHSC Paul L. Foster School of Medicine Policies and Procedures and the applicable institutional Graduate Medical Education Policies in compliance with current ACGME regulations.

ARTICLE VI: PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

Section A. Application for Appointment to the Professional Staff

1. General: All applications for appointment to the Professional Staff shall be in writing, signed by the Practitioner and submitted on the forms prescribed by the PLFSOM
2. Conditions of Application: In applying for appointment or reappointment to the Professional Staff each practitioner specifically signifies his/her agreement to comply with all provisions of these Bylaws, and to execute any requested authorization or other documents to necessary to facilitate the appointment process.
3. Submission of Application: The Practitioner shall document the basic qualifications for appointment set out in Article III, and provide information concerning any additional qualifications specified in these Bylaws or required by the Governing Body. A signed authorization for release of information and release from liability form, must accompany the application.
 - a. The application for appointment or reappointment shall be submitted to the Credentials Office. An application shall not be considered complete until all requested information has been received.
 - b. The Credentials Committee, acting on behalf of the Department, shall notify the Practitioner if an application for appointment or reappointment is not complete or requested information has not been received. Failure to submit a complete application, provide requested information (or have a third party provide requested information), or appear as requested for an interview may result in the application not being considered. The Practitioner shall not be entitled to any procedural rights of review provided in Article XIV or otherwise as a result of such non-consideration.
4. Practitioner Responsibilities: The Practitioner shall have the responsibility when applying for appointment and/or reappointment of producing adequate information to document competence, character, ethics and other qualifications to the satisfaction of the Department, any Staff committee, and the MPIP Policy Committee and for resolving any doubts about such qualifications. The Practitioner shall also have the duty to update information provided on the application. Failure to update or the making of any misstatement, misrepresentation or omission, whether or not intentional, constitutes grounds for denial of the application for appointment and/or reappointment or corrective action.
5. Content of Recommendation: A recommendation to appoint, reappoint, or grant clinical privileges must specifically indicate the clinical privileges to be

granted and any conditions on the exercise of such privileges. All adverse recommendations shall include the reasons or basis for the recommendation, with reference to specific acts or charges to the extent possible.

6. Time Periods for Processing: Any time periods herein, within which action by any committee, and/or the Dean on behalf of the Governing Body is to be taken, are intended as guidelines and not to create a right of a Practitioner to have an action taken within these precise time periods. Time periods may be extended by the Department, or appropriate committee for good cause, including without limitation the need for additional review or investigation. Time period may also be shortened or extended for good cause upon written request of the Practitioner. The Practitioner shall be advised in writing of any such extensions.

Section C. Application Form

1. Form: All applications for appointment or reappointment to the Professional Staff shall be in writing, clearly legible and suitable for reproduction, signed by the Practitioner and submitted on the Texas Standardized Credentialing Application and supplementary forms as may be prescribed by the PLFSOM
2. Content of Application: Every application must contain complete and accurate information concerning the following:
 - a. Professional licensure and controlled substances registration, including copies of certificates and malpractice coverage, if applicable;
 - b. Undergraduate, professional and postgraduate education, including names of individuals responsible for monitoring the Practitioner's performance;
 - c. Specialty board certification (or eligibility status) and any attempts to obtain certification.
 - d. Complete malpractice claims history and experience, including all claims and lawsuits and authorization required under Section 4 below;
 - e. Information regarding any pending or prior action involving requested appearance, investigation, denial, revocation, suspension, probation, limitation or termination of any of the following:
 - (1) professional licensure
 - (2) controlled substances registration
 - (3) membership or fellowship in any professional societies, boards, associations or organizations
 - (4) appointment or other status at any hospital or other entity where health care services are provided
 - (5) Medicare or Medicaid provider status

- (6) peer review organizations
 - f. Any instances of non-renewal, relinquishment, resignation, withdrawal or failure to proceed with an application or request for any of the matters listed above in Section C.2e;
 - g. Names and addresses of all individuals currently or previously professionally associated or affiliated with, and all hospitals or other entities where Practitioner practiced or practices, including the names of department chairperson or supervisors, if applicable;
 - h. Names of at least three individuals licensed in the same profession, including at least one from the same specialty, who have had sufficient experience in observing and working with the Practitioner to enable them and who are willing to provide a written opinion as to the Practitioner's professional competence, ethical character and any other matter requested, in such detail as required by PLFSOM.
 - i. Current and prior criminal history, including any criminal charges.
 - j. Clinical privileges and Staff category requested;
 - l. An account of activities and time frames from date of graduation from medical school to the date of application;
 - m. All staff memberships.
 - n. Statement by the applicant certifying his/her ability to perform the essential functions of his/her employment duties with or without accommodations;
 - o. Statement by the applicant of his/her lack of present illegal drug use;
 - p. Proof of professional liability insurance in such amounts and form as deemed sufficient by the Governing Body.
3. Reappointment: Applications for reappointment shall request an update of the information on the appointment form, including all changes in information status since initial appointment or prior reappointment, and any other information requested by PLFSOM.
4. Authorization and Releases:
- a. Each application for appointment, reappointment, or clinical privileges shall include an authorization for disclosure of information by third parties to PLFSOM and a release of the third parties and the PLFSOM and staff from liability, consistent with the provisions of Article XIV.

- b. Practitioner shall be required to execute an authorization to his liability insurance carrier(s) to provide any information requested by PLFSOM on past and current claims related to the Practitioner's practice; however the Practitioner has the ultimate responsibility of providing the PLFSOM with the information.
- c. By applying for appointment or reappointment to the Professional Staff, each Practitioner:
 - (1) Signifies willingness to appear for interviews in regard to the application;
 - (2) Authorizes the PLFSOM to consult with members of the professional staffs of the other institutions with which the Practitioner has been associated;
 - (3) Authorizes the PLFSOM to consult with others who may have information bearing on competence, character, and ethical qualifications.
 - (4) Consents to the PLFSOM inspection of all records and documents that may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested; as well as moral and ethical qualifications for Staff appointment.
 - (5) Releases from any liability PLFSOM and its employees and representatives for their acts performed in connection with evaluating the Practitioner's credentials;
 - (6) Releases from liability all individuals and organizations who provide information to the PLFSOM concerning the Practitioner's competence, ethics, character, and other qualifications for Staff appointment and clinical privileges, including privileged or confidential information;
 - (7) The application from shall include a statement that the applicant has read the Bylaws of the Professional Staff and agrees to be bound by the terms thereof if granted membership and/or clinical privileges.

Section D. Appointment Process

- 1. Department: The Credentialing Office shall forward each completed application to the Chair of the Department in which the applicant seeks primary appointment. The Chairperson or designee on behalf of the Department in which the Practitioner seeks clinical privileges shall review the application and supporting documentation. The Department may, at its discretion, hold a personal informal interview with the Practitioner. Within 14

days of the receipt of the application, the Department shall provide the Credentials Committee with a specific written recommendation that:

- a. The application be deferred for further consideration (not to exceed 30 days);
- b. The Practitioner's application be denied; or
- c. The Practitioner's application be approved.

The recommendations shall include an identification of the Professional Staff category to which the Practitioner should be assigned, a delineation of the clinical privileges that should be granted, and any probationary conditions to be imposed.

2. Credentials Committee:

- a. The Credentials Committee shall:
 - (1) Review the recommendation of the Chairperson;
 - (2) Examine the evidence of the character, professional competence, qualification, and technical standing of the Practitioner;
 - (3) Determine, through information given by the Practitioner, whether the Practitioner has established and meets all the necessary qualifications for the Staff category and the clinical privileges requested.
- b. The Credentials Committee may interview the Practitioner, conduct additional investigation and, if needed, defer action on the application for a period not to exceed 30 days.
- c. Within 30 days after receipt of the recommendation for appointment from the Department, the Credentials Committee shall forward a written recommendation to MPIP Policy Committee including:
 - (1) The Department's written, specific recommendations including a delineation of clinical privileges;
 - (2) The recommendation of the Credentials Committee; and
 - (3) An executive summary of the applicant's education, training, and experience, disciplinary actions, malpractice history, and any other factors discovered during the applications process that may reasonably be believed to impact on the practitioner's fitness for membership in the Professional Staff.

All recommendations for Professional Staff appointment should also include specific recommendations for clinical privileges to be granted, which may be qualified by probationary conditions.

3. **MPIP Policy Committee:** Upon receipt of a recommendation from the Credentials Committee, the MPIP Policy Committee shall review the application and issue a recommendation.
 - a. If the recommendation of the MPIP Policy Committee is favorable to the Practitioner, the committee, acting on behalf of the Dean, shall promptly forward it with all supporting documentation to the Governing Body.
 - b. If the recommendation of the MPIP Policy Committee is adverse to the Practitioner, as defined in Article XIV of these Bylaws, the Committee shall promptly notify the Practitioner by special notice and provide the Practitioner with a copy of the MPIP Policy Committee. The Practitioner shall be entitled to the procedures provided for in Article XIV, and all further procedures shall be in accord therewith.
4. **Governing Body:** Upon receipt of a recommendation from the MPIP Policy Committee, the Governing Body shall act on the matter.
 - a. When the Governing Body decision is favorable to the Practitioner, such results shall become the final decision of the Governing Body and the Dean shall promptly notify the practitioner of the decision.
 - b. When the Governing Body decision is adverse to the Practitioner, as defined in Article XIV of the Bylaws, the Dean on behalf of the Governing Body shall notify the Practitioner by special notice and provide the Practitioner with a copy of the Governing Body's decision. The Practitioner shall be entitled to the procedures provided for in Article XIV, and all further procedures shall be in accord therewith.

Section E. Reappointment Process

1. **Review:** Each member of the Professional Staff shall automatically be reviewed on a biennial basis beginning no later than 90 days before the Practitioner's reappointment review date. This review shall be done to determine whether or not to reappoint the Practitioner and whether or not to modify clinical privileges or Professional Staff category.

Procedure: The same procedure as is utilized in the Appointment Process as set out under Section C above shall be utilized in the Reappointment Process.

ARTICLE VII. CLINICAL PRIVILEGES

Section A. General

1. Exercise of Clinical Privileges: Every Practitioner appointed to the Professional Staff shall, in connection with practice in the PLFSOM Ambulatory Clinics, be entitled to exercise only those clinical privileges specifically granted by the Governing Body. All privileges to new appointees shall be probationary for a period of one year.
2. Request for Privileges: Initial privileges are to be applied for simultaneously with the filling of the application for Professional Staff membership. Requests for changes in privileges shall be made in a manner prescribed by the Credentials Committee. The evaluation of such requests shall be made in accordance with the appointment/reappointment procedures and shall be based upon:
 - a. Education, training, and experience;
 - b. Demonstrated competence;
 - c. References and other relevant information and an appraisal by the Clinical Department in which such privileges are sought.

The Practitioner shall have the responsibility of establishing qualifications and competency for the clinical privileges requested.

3. Criteria: During the reappointment process, determination of clinical privileges and the increase or curtailment of the same shall be based upon:
 - a. The direct observation of care provided;
 - b. Review of the records of patients treated in the Ambulatory Clinics or other institutions;
 - c. Review of the records of the Professional Staff which document the evaluation of the practitioner's participation in the delivery of health care.

Section B. Dentists, Podiatrists, Oral Surgeons, and Psychologists

Privileges granted to dentists, podiatrists, oral surgeons, and psychologists shall be based on their training, experience, demonstrated competence, and judgment.

1. The scope and extent of surgical procedures that each dentist, podiatrist, or oral surgeon may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.

2. Surgical procedures performed by podiatrists shall be under the overall supervision of the Department of Orthopedics.
3. Surgical procedures performed by dentists and oral surgeons shall be under the overall supervision of the Department of Surgery.
4. All dental, podiatry, and oral surgery patients shall receive the same basic medical appraisal as patients attended in other surgical services.
5. Medical problems that arise while a patient is being attended by a non-physician Practitioner will be referred to the appropriate Ambulatory Clinic or other facility.

Section C. Temporary Privileges

1. New Applicants: Upon receipt of an application for Professional Staff appointment from an appropriately licensed Practitioner, the Dean on behalf of the MPIP Policy Committee may grant temporary privileges to the Practitioner.
 - a. At a minimum, the individual seeking special temporary privileges shall produce:
 - (1) Current CV
 - (2) Proof of current Texas license and Controlled Substance Registration, and DEA registration if applicable, without restrictions;
 - (3) Proof of professional liability insurance coverage in the amounts designated by the Governing Body;
 - (4) Acknowledgment of receipt of these Bylaws and agreement to be bound by their terms;
 - (5) Favorable written references from two peers attesting to the applicant's clinical performance in the areas privileges are requested; and
 - (6) Signed consent and release for PLFSOM to query the National Practitioner Data Bank.
 - b. The granting of temporary privileges shall be based upon information currently available which may be reasonably relied upon as to the competence and ethical standing of the applicant.

- c. The written concurrence of the Chairman of appropriate Clinical Department is required.
 - d. The scope of temporary privileges granted shall be at the discretion of the Dean
 - d. The Practitioner shall act under the supervision of the Chairperson of the appropriate Clinical Department.
 - e. Temporary privileges while an application is being processed may be granted for a period of one hundred and twenty (120) days
2. Special Temporary Privileges: Special temporary privileges may be granted by the Dean to a physician, podiatrist, dentist, oral surgeon, or psychologist who is not an applicant for Staff appointment. Special temporary privileges may be granted for the care of specific patients, purposes of consultation, locum tenens, and as otherwise deemed appropriate by the Dean.
- a. Special temporary privileges will be granted in the same manner and upon the same conditions as set forth in Section C. 1 of this Article.
 - b. Special temporary privileges may be granted for a period of ninety (90) days and may be extended for successive ninety day (90) periods at the discretion of the Dean, but not exceed the period of services for the care of a specific patient or for locum tenens.
 - c. Practitioners who have been granted temporary privileges shall not be entitled to procedural rights of review under these Bylaws.
3. Emergency Privileges: In the event of an emergency, any Practitioner, regardless of department of assignment or scope of clinical privileges, shall be permitted and assisted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. For the purpose of this section, an emergency is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger, and any delay in administering treatment would add to that danger.

ARTICLE VIII. PRACTICE BY NON-PRACTITIONERS

Section A. Physician Extenders

1. Physician Extenders are those individuals who are actively involved in patient care, but are not physicians, dentists, podiatrists, or psychologists. Physician extenders may include physician assistants, advanced practice nurses, nurse midwives, and other professionals who may require credentialing through the Credentialing and Privileging Process.
2. Physician Extenders may be granted privileges to provide direct medical care to patients under the supervision of an appropriately qualified physician member of the Professional Staff.] Each Physician Extender shall be assigned to a clinical department and credentialed for privileges defined by the department of assignment within the legal scope of practice allowed by their discipline and approved by the Credentials Committee and Governing Body. The evaluation of such requests shall be made in accordance with the appointment/reappointment procedures and shall be based upon the applicant's licensure, experience, training, references, and supervision requirements.

Physician Extenders shall abide by these Bylaws, Administrative Guidelines, and all other rules, regulations, policies and procedures of the PLFSOM and its Ambulatory Clinics. The activities of Physician Extenders shall be included in the review and evaluation of the quality of clinical care. Resolution of problems identified as a result of this review and evaluation will be the responsibility of the supervising physician, appropriate Chairperson, and the Dean.

3. Physician Extenders may vote or hold office in the Professional Staff Organization,
4. Physician Extenders shall not be entitled to Procedural Rights under these Bylaws.

Section B. Professional Support Staff

1. Professional Support Staff: Includes Social Workers, Licensed professional Counselors, Certified Drug and Alcohol Counselors, Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Occupational Therapists, Physical Therapists, Dietitians, and other Allied Health Professionals who are employees of or contracted to TTUHSC or PLFSOM and attend patients in the Ambulatory Clinics under the supervision of a Professional Staff Member.

2. The licenses and/or certifications of these professionals are verified and maintained by Human Resources and their scope of practice is defined in their job descriptions.
3. Professional Support Staff are not members of the Professional Staff and shall not be entitled to Procedural Rights under these Bylaws. Professional Support Staff shall have access to the grievance procedures provided in the TTUHSC Operating Policy and Procedure Manual.

ARTICLE IX. PROFESSIONAL STAFF ORGANIZATION

Section A. Professional Staff Officers

The Officers of the Professional Staff shall be:

Dean, School of Medicine

Chairperson, MPIP Policy Committee

Chairperson, Clinic Operations Committee

The Dean shall be the Chief Executive and Administrative Officer of the Professional Staff. The Chairperson of the MPIP Policy Committee shall be elected annually by the MPIP Committee. The Chairperson of the Clinic Operations Committee shall be the Associate Dean for Clinical Affairs. The Chairperson of the MPIP Policy Committee and the Chairperson of the Clinic Operations Committee shall not be the same individual.

Section B. Duties of Officers

1. Dean: The Dean shall:
 - a. Be responsible for the overall implementation of these Professional Staff Bylaws and for compliance with procedural safeguards in all instances where corrective action has been requested with regard to a Practitioner;
 - b. Be spokesperson for the Professional Staff in its external professional and public relations;
 - c. Call, preside at, and be responsible for the agenda of all general meetings of the Professional Staff, and
 - d. Appoint Department Chairpersons and committee members as appropriate.
2. Chairperson, MPIP Policy Committee: The Chairperson of the MPIP Policy Committee shall:
 - a. Act in cooperation and coordination with the Dean in all matters of mutual concern within the Ambulatory Clinics;
 - b. Represent the views, policies, needs, and grievances of the Professional Staff to the Dean;
 - c. In the absence of the Dean, assume the duties of the Dean in his capacity as the Chief Executive and Administrative Officer of the Professional Staff.

3. Chairperson, Clinic Operations Committee: The Chairperson of the Clinic Operations Committee shall:
 - a. Serve as an ex-officio member of all other Professional Staff Committees;
 - b. Recommend individuals to the Dean for appointment to all standing, special, and multi-disciplinary staff committees;
 - c. Ensure publication of the policies of the PLFSOM Ambulatory Clinics to the Professional Staff;
 - d. Report to the Dean the performance and maintenance of quality with respect to the Professional Staff's responsibility to provide medical care.

ARTICLE X. CLINICAL DEPARTMENTS

Section A. Clinical Departments and Services

1. Organization: The administrative organizational plan of the Clinical Departments and their Services shall be in accord with the overall plans of PLFSOM. Each Department and any service within the Department is an integral part of the PLFSOM and its Ambulatory Clinics and shall, within the policy framework, establish rules consistent with overall Department and Ambulatory Clinic Policy. Each Service shall be directly responsible to the Clinical Department within which it functions.
2. List of Departments: The following Clinical departments are established. Additional Departments or services within the Departments, as may be required from time to time, may be established by the Dean after considering the recommendations from the appropriate Chairpersons. Departments are represented by a Chairperson. Established departments include:
 - a. Anesthesiology
 - b. Emergency Medicine
 - c. Family Medicine
 - d. Internal Medicine
 - e. Psychiatry
 - f. Neurology
 - g. Obstetrics & Gynecology
 - h. Orthopedics
 - i. Pathology
 - i. Pediatrics
 - j. Radiology
 - k. Surgery
3. Medical Peer Review Committee Status: Each Department shall serve as a medical peer review committee, as such term is defined under federal and state law, and is authorized by the Governing Body to evaluate health care services, including evaluation of the qualifications of Practitioners and health care services rendered by those Practitioners, and to evaluate the merits of complaints relating to Practitioners or other individuals provision of healthcare services in the PLFSOM and its Ambulatory Clinics. Members of the Department shall act as members of a medical peer review committee when performing a function or responsibilities of the Department.
4. Department Functions and Responsibilities: Each Department shall:
 - a. Establish written criteria for the granting of clinical privileges in the Department and each of its Services;

- b. Evaluate the qualifications and competence of Practitioners exercising or requesting to exercise clinical privileges in the Department and recommend what clinical privileges should be granted;
- c. Review findings from the ongoing monitoring and evaluation of the quality and appropriateness of health care services and perform quality assessment and improvement review of those services provided by Practitioners assigned to the Department;
- d. Conduct medical peer review of Practitioners exercising privileges in the Department, including supervising Practitioners during the provisional period of appointment and those exercising temporary privileges;
- e. Evaluate and make recommendations on the merits of complaints involving Practitioners; and
- f. Perform such other functions as set forth in these Bylaws or as assigned by the MPIP Policy Committee, Associate Dean for Clinical Affairs, Dean, or Governing Body.

The Chairperson of a Department may appoint any Department member to an ad hoc committee, composed of Practitioners assigned to the Department and others as appropriate, to assist in fulfilling any Department responsibilities or assigned functions.

Section B. Department Chairperson

- 1. Qualifications, Appointment and Removal: Each Chairperson shall be a member of the Active Staff and shall be appointed by the Dean. A Chairperson may be removed by action of the Dean on behalf of the Governing Body.
- 2. Functions: Each Chairperson shall:
 - a. Be responsible for the organization of all Department activities and for the general administration of the Department;
 - b. Appoint a Medical Director as necessary for the department's clinical service(s);
 - c. Review the professional performance of all individuals with clinical privileges in the Department and report and recommend to the Credentials Committee as part of the reappointment process and at such other times as may be indicated;

- d. Be responsible for enforcement of these Bylaws, and all other rules and regulations and policies and procedures of Texas Tech University Health Sciences Center PLFSOM and its Ambulatory Clinics;
 - e. Be responsible for implementation within the Department of actions taken by the Clinic Operations Committee and MPIP Policy Committee.
 - f. Make recommendations to the Credentials Committee concerning the appointment, category, reappointment, and the delineation of clinical privileges for all Practitioners in the Department;
 - g. Be responsible for the overall teaching, education, clinical care and research program in the Department and Clinic;
-
- h. Provide for the administration of the Department through cooperation with the nursing service, ambulatory clinic, administration, safety, and all other PLFSOM Departments in matters affecting patient care, including personnel, support services, supplies, special regulations, standing orders and techniques;
 - i. Assist in preparation of annual reports, including budgetary planning, pertaining to the Department as may be required by the MPIP Policy Committee, Clinic Operations Committee and the Dean;
 - j. Be responsible for the overall implementation and participation in the quality assessment and improvement program within the Department; and
 - k. Perform such other duties as set forth in these Bylaws or as may be requested by the Clinic Operations Committee or the Dean.

Section C. Assignment to Departments

Department assignments for all Professional Staff members and for all other individuals with clinical privileges shall be made by the Dean, on behalf of the Governing Body.

Section D. Ambulatory Clinics

1. Each Ambulatory Clinic of PLFSOM shall be operated under the auspices of a Clinical Department.

ARTICLE XI. COMMITTEES

Section A. General

1. Type and Duties: Committees of the Professional Staff shall be standing or ad hoc. The Dean shall determine the task assignment for ad hoc committees and may assign specific or additional tasks to standing committees as needed. Any function of a committee may be carried out by a subcommittee appointed by the committee chairperson or the Dean. The Professional Staff may recommend to the Dean the establishment of appropriate committees to direct, monitor, review and analyze services on a regular basis.
2. Members:
 - a. The members and chairpersons of all Staff committees, other than as provided below, shall be appointed by the Dean. Terms of appointment shall be for one year, unless otherwise provided. The Dean may replace vacancies or add members to committees as deemed necessary.
 - b. The Dean or the Chairperson of Clinic Operations Committee shall be an ex-officio member of all Staff committees on which they are not already designated as voting members.
3. Medical Peer Review Committee Status: All committees shall be medical peer review committees, as such term is defined under state law, and are authorized by the Governing Body to evaluate health care services, including evaluation of the qualification of practitioners and health care services rendered by those Practitioners, and to evaluate the merits of complaints relating to Practitioners or other individual providing health care services in the PLFSOM and its Ambulatory Clinics.

Section B. Meetings

1. Regular Meetings: Committees (with the exception of the Bylaws Committee) shall meet regularly, at least once each quarter, and shall provide notice of the time and location of the meeting to members of the Professional Staff.
2. Special Meetings: A special meeting of any committee may be called by or at the request of the chairperson.
3. Quorum: Twenty five percent (25%), but not less than two, of the voting staff members of a committee shall constitute a quorum. A quorum must be present before any action may be taken, but once present, the business of the meeting may continue and all actions taken thereafter shall be binding even though less than a quorum may be present at a later time in the meeting.

4. Manner of Action: The action of a majority of the voting Staff Practitioners present at a meeting at which a quorum is present shall be the action of a committee.
5. Attendance: Each Active and Provisional Staff Practitioner is expected to attend Staff Committee meetings to which he/she is assigned in a given year. Unless absences are excused by the Committee Chairperson because of illness, emergency, or other good reason, failure to attend meetings may be grounds for termination of committee membership, corrective action or denial or reappointment.
6. Minutes: When required, the Committee Chairperson shall ensure that minutes of each meeting are prepared in accord with PLFSOM policy and procedure. Minutes shall be approved by a majority of the voting members who attend the meeting.

Section C. Standing Professional Staff Committees

The following committees are standing committees of the Professional Staff and shall report to the Clinic Operations Committee. These committees shall forward on a regular basis or as necessary all activities or recommendations and procedures which will affect the operation of the clinical areas to the Clinic Operations Committee for information or approval.

A. Clinic Operations Committee

1. Composition: The members of the Clinic Operations Committee shall be appointed by the Dean. The committee is the primary practice element responsible for monitoring and promoting the quality and operational efficiency of the PLFSOM Ambulatory Clinics.
2. The Clinic Operations Committee reports to the Dean, PLFSOM
3. The Clinic Operations Committee shall consist of:
 - a. The Associate Dean for Clinical Affairs shall serve as the Chairperson of the Clinic Operations Committee and shall serve as an officer of the Professional Staff, as provided in Article IX, Section B (3).
 - b. One Medical Director of each of the following Clinical Services shall serve as ad hoc members:
 - (1) Anesthesiology Service
 - (2) Family Medicine Service
 - (3) Internal Medicine Service
 - (4) Neurology Service
 - (5) Obstetrics/Gynecology Service

- (6) Orthopedics Service
 - (7) Pediatrics Service
 - (8) Psychiatry Service
 - (9) Surgery Service;
- c. Department Administrators from each Clinical Department;
 - d. Clinic Nurse Managers;
 - e. Quality Assurance Director
 - f. Director of Infection Control
 - g. Institutional Risk Manager
 - h. Institutional Professional Liability Attorney
 - i. Director of Compliance
 - j. MPIP Director
 - k. HIPAA Director
 - l. Medical Records Department Manager
2. Duties: The duties of the Clinic Operations Committee shall be to:
- a. Receive activity reports from committees and implement recommended changes when appropriate or recommend changes to the MPIP Policy Committee;
 - b. Develop patient care policies for the Ambulatory Clinics that are consistent with the current standards of practice and accreditation requirements;
 - c. Review matters relating to legal and professional conduct as it pertains to clinical operations of the PLFSOM, its Ambulatory Clinics and support staff and make recommendations as appropriate.
 - d. Monitor Quality Assessment & Improvement, Infection Control and Risk Management Program;
 - e. Recommend appropriate actions and resolutions of identified problems within the Ambulatory Clinics;
 - f. Perform such other duties as requested by the Dean or Governing Body

B. Medical Records Committee

1. Composition: The members of the Medical Records Committee shall be appointed by the Dean upon the recommendation of the Chairperson of the Clinic Operations Committee.
2. The Medical Records Committee shall be chaired by the Director of Medical Records
3. The Medical Records Committee reports to the Clinical Operations Committee
4. The Medical Records Committee shall consist of:

a. One Representative from designated clinical areas to include:

- (1) One Medical Director
- (2) One Head Nurse
- (3) One Department Administrator
- (4) One Faculty Physician
- (4) Medical Records Director
- (5) Quality Assurance Director (ex-officio)
- (6) Risk Manager (ex-officio)
- (7) Project manager of EMR or other person as delegated by VP of IT
- (8) Chief Electronic Medical Records Officer or equivalent as appointed by Dean

2. Duties: The duties of the committee shall be:

- a. To assure the adequacy of the medical record as a teaching, patient care, and evaluation tool by recommending minimum standards for objectively measuring adequacy;
- b. To recommend the design of the medical record folder and contents, the organization of the contents, and the circulation of the medical record folder;
- c. To recommend the minimum documentation to describe patient history, examination, problems, plans, treatment rendered, progress results and patient instructions; the method for identifying responsibility for patient care actions taken, the timeliness of the required documentation; and the overall structure of the documentation, in paper and electronic form
- d. Recommendation to the medical staff as to any use of electronic data processing and storage system for medical records purposes;

- e. To recommend policies and procedures which preserve the confidentiality of medical records to include access to and release of information from the medical record;
 - g. To ensure that timely and appropriate completion of all medical record information is provided;
 - f. Report findings and recommendations for action to the Clinic Operations Committee;
- C. Safety Committee
1. Composition: The members of the Infection Control Committee shall be appointed from designated clinical areas by the Dean upon the recommendation of the Chairperson of the Clinic Operations Committee. The Safety Committee shall consist of:
 - a. One Medical Director
 - b. One Faculty Physician
 - c. One Head Nurse
 - d. One Nursing Staff Representative
 - e. Risk Manager
 - f. Quality Assurance Director
 - g. Director Police
 - h. Director Facilities Management
 2. Duties: The duties of the Safety Committee shall be:
 - a. Review accident experience data, actual and potential occupational safety and health problems, the evaluation of such data, and the formulation and implementation of recommendations to improve the overall safety program;
 - b. Determine the type of surveillance and reporting programs to be used and provide the standard criteria for reporting all types of infections;
 - c. Supervise infection control in ambulatory care activities including;
 - (1) Disposal of infectious material;
 - (2) Isolation procedures;

(3) Input into the content and scope of the employee health issues.

- d. Promote and revise as necessary a preventive and corrective program designed to minimize infection hazard in PLFSOM and its Ambulatory Clinics;
- e. Review and analyze the risk of infection within PLFSOM and its Ambulatory Clinics, particularly with regard to proper management and epidemic potential;
- f. Analyze data on infection regularly, evaluate current trends and experiences, and implement indicated control measures;
- g. Prepare and distribute to PLFSOM and its Ambulatory Clinics staff information that is pertinent to infection control;
- h. Review Department infection control procedures to assess their adequacy and compatibility with institutional policies;
- i. Monitor the reporting of reportable diseases to appropriate health authorities;
- j. Make recommendations to the Clinic Operations Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics.
- k. The Safety Committee shall be chaired by a Member appointed by the Chair, Clinical Operations Committee
- l. The Safety Committee reports to the Clinical Operations Committee

D. Nurse Manager Committee

- 1. Composition: The Head Nurse Committee shall consist of:
 - a. Head Nurse representative from each Clinical Department;
 - b. Quality Improvement Director
 - c. Risk Manager
- 2. The Director of Quality Assurance shall chair the committee
- 3. The Head Nurse Committee reports to the clinic operations committee
- 4. Duties: The duties of the Head Nurse Committee shall be to:

- a. Assist in the development and revision of patient care policies and procedures for the Ambulatory Clinics;
- b. Reviews nursing practice policies to assure one level of care is maintained throughout the Ambulatory Clinics.
- c. Provide liaison between the Ambulatory Clinic Nursing Staff, and the Professional Staff, Clinic Administration, and the Clinic Operations Committee;
- d. Assist in quality assessment and improvement activities and make recommendations for curative action to the appropriate committee.

E. Medical Directors Committee

- 1. Composition:
 - a. Chair, Clinical Operations Committee
 - b. Medical directors of each clinic in the ambulatory care system of the PLFSOM.
 - c. Director of Quality
 - d. Department Administrator (2) (ex officio)
 - e. Risk Management (ex officio)
- 2. Duties:
 - a. To provide medical judgment and input to the policies effective in the ambulatory care setting.
 - b. To identify and draft policies requiring medical judgment and provide recommendations to Clinical Operations Committee regarding same.
- 3. The Medical Directors Committee shall be chaired by the Chair, Clinical Operations Committee
- 4. The Medical Directors Committee reports to the Clinical Operations Committee

F. Quality Assessment & Performance Improvement Committee

- 1. Composition: The members of the Quality Assessment and Improvement Committee shall be appointed by the Dean upon the recommendation of the Chairperson of the Clinic Operations Committee. The Quality Assessment and Improvement Committee shall consist of :

- a. The Quality Assurance Director
 - b. The Occupational / Student Health Director;
 - b. (2) Medical Directors;
 - c. (1) Faculty Physician
 - d. (2) Head Nurses
 - e. Medical Records Director
 - f. One (1) Department Administrator
-
- h. Risk Manager
2. The committee shall be chaired by a member designated by the Dean
 3. The Committee shall report to the Clinic Operations Committee.
 4. Duties: The Duties of the Quality Assessment and Improvement Committee shall be to:
 - a. Assess the quality of patient care rendered within PLFSOM and its Ambulatory Clinics;
 - b. Identify and assess the cause and scope of problems or concerns in the care of patients at PLFSOM and its Ambulatory Clinics;
 - c. Determine the priorities for investigation and the resolution of problems based on the potential for adverse impact on patient care;
 - d. Implement decisions designed to alleviate any identified problems or concerns;
 - e. Implement activities designed to monitor the effectiveness of recommended actions;
 - f. Appropriately document the effectiveness of the overall program to enhance patient care;
 - g. Actions which may be recommended to address problems or concerns may include:
 - (1) New or revised policies or procedures;
 - (2) Education;
 - (3) Equipment or supply changes;

- (4) Staffing changes
- (5) Facility or environmental changes
- h. Make recommendations to the Clinic Operations Committee or other committees or groups regarding policy, procedure or curative actions related to all quality assessment programs at PLFSOM and its Ambulatory Clinics.
- i. Coordinate Quality Assessment activities with the Risk Management program and make recommendations to the Risk Management Committee as appropriate;
 - a. Perform such other duties as requested by the Dean or Governing Body.

G. Professional Liability Risk Management Committee

1. Composition: The committee shall consist of:

- b. A chairperson appointed by the Dean;
- c. The Associate Dean for Clinical Affairs
- d. Chair, faculty, nursing and/or administrative representatives from each clinical area. ;
- e. Representative of the Office of General Counsel, Professional Liability Division;
- f. The Dean or designee;
- g. administrative representatives from University Medical Center
- h. Risk Manager
- i. Quality Assurance Director

2. Duties: The Risk Management Committee is a medical peer review committee authorized by the Board of Regents to evaluate the quality of medical and health care services, identify areas of potential risk management concern and make recommendations regarding any needed corrective action. The purpose is to reduce and when possible eliminate the risk of injury to patients through risk identification, evaluation and control; thereby contributing to the quality of care and protecting the financial assets of the institution and physicians.

H. Professional Liability Committee

1. Composition: The committee shall consist of:

- a. Dean or representative
- b. Department Chairs or Representative
- c. Associate General Counsel for risk management
- d. Professional Liability Risk Manager

2. Duties

- a. This committee is a sub-committee of the Professional Liability Committee
- b. Evaluate the quality of the medical and health care services provided by the PLFSOM through the awareness of sentinel events, incident or occurrence reports, unexpected patient outcomes, and patient grievances.
- c. Enhance opportunities for interactions with committees and clinics by being aware of any trending of unexpected or unanticipated outcomes (QI/PI Committee reports), risks related to preventable injury and harm, or the impairment of patient safety (various committee reports – COC, Safety, Nurse Managers, etc.).
- d. Make sure faculty & staff are aware of and in compliance with policies.
- e. Identify areas of potential risk management and patient safety concerns and make recommendations regarding any needed corrective action.

I. Credentials Committee

1) Composition: The Credentials Committee shall be a standing committee and shall consist of at least six (6) members of the Professional Staff appointed to provide for broad representation of the clinical specialties of the Professional Staff.

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

- a) Review and evaluate each Practitioner's qualifications for Professional Staff appointment, reappointment, and/or clinical privileges and make recommendations to the MIPP Policy Committee regarding acceptance, rejection, modification or other action.

- b) Review forms and policies and procedures for the credentialing process to ensure that the mechanism for credentialing Practitioners is nondiscriminatory, applied consistently, and in compliance with these Bylaws.
 - c) Interview applicants, conduct further investigation, and/or request additional information from applicants as determined by the Committee.
 - d) Review proposed criteria for clinical privileges to ensure one level of care in the Ambulatory Clinics and serve as an impartial body to resolve interdisciplinary credentialing issues.
 - e) Maintain a permanent record of its proceedings and actions.
- 3) The credentials committee shall be chaired by the Associate Dean for Clinical Affairs.
- 4) The credentials committee shall report to MPIP Policy Committee

J. Infection Control Committee

1. Composition: The members of the Infection Prevention/Control Committee shall be appointed from designated clinical areas by the Chairperson of the Clinic Operations Committee. The Infection prevention/Control Committee shall consist of:
 - a. One Infectious Disease Provider
 - b. One Faculty Physician
 - c. One Head Nurse
 - d. Two Nursing Staff Representative
 - e. Risk Manager
 - f. Quality Director
 - g. Safety Officer
2. Duties
 - a. Incorporating infection prevention planning throughout the ambulatory care setting by providing an organization wide program that assures processes are well designed (with emphasis on patient safety).

- b. Ensure information from department/services and the findings of discrete infection prevention/control activities and adverse events are used to detect trends, patterns and or potential problems.
3. The committee chair shall be appointed by the Chair, Clinic Operations Committee
4. The Committee shall report to the Clinic Operations Committee

Section D: Ad Hoc Committees

Bylaws Committee

1. Composition: The Bylaws Committee shall be appointed by the Dean upon the recommendation of the Chairperson of the Clinic Operations Committee, on an ad hoc basis and shall consist of at least three members of the Professional Staff. Ex officio membership shall include representation from the Credentials and Risk Management Offices.
2. The committee is chaired by the Associate Dean for Clinical Affairs.
3. The committee reports to the Dean, PLFSOM
4. Duties: In order that appropriate Professional Staff Bylaws are maintained, this committee will conduct a review of the Bylaws as requested by the Dean, and make appropriate recommendations

ARTICLE XII. MEDICAL STAFF MEETINGS

Section A. Regular Meeting

An annual Professional Staff meeting shall be held between 30 and 120 days before the end of the Professional Staff year. Regular meetings shall be held at such a day and hour and upon such notice as designated by the Dean.

Section B. Special Meetings

The Dean may call a special meeting of the Professional Staff at any time and shall call a special meeting within 10 days after receipt of a written request for same, signed by not less than 25% of the Active Professional Staff. The written request must state the purpose of such meeting. The special meeting shall be held at such a day and hour and upon such notice as designated by the Dean.

Section C. Quorum and Voting

The presence of twenty five (25%) of the members of the Active Professional Staff at any regular or special meeting shall constitute a quorum. Except as otherwise provided in these Bylaws, a simple majority vote of the voting members present shall be required. If a quorum is not present, the Dean may elect to conduct a vote by mail; a response by 50% of the total membership of the Active Professional Staff shall be required.

Section D. Attendance Requirements

Each member of the Active Professional Staff is expected to attend the regular annual meeting of the Professional Staff unless excused by the Dean. The failure to meet the annual attendance expectation may be grounds for corrective action and will be considered during the reappointment process.

Section E. Agenda

The agenda at any Professional Staff meeting shall be:

- Call to Order
- Quorum Declaration
- Acceptance of the minutes of the last meeting
- Unfinished Business
- Communications
- Administrative Report
- Reports of Departments
- Reports of Committees
- New Business
- Adjournment

ARTICLE XIII. CORRECTIVE ACTION

Section A. General

1. Grounds. Corrective action, whether routine or emergency, shall be taken when a Professional Staff Member's activities or professional conduct are considered to be lower than accepted standards, disruptive to ambulatory clinical operations, detrimental to patient safety or to the delivery of quality patient care services, not in compliance with Professional Staff Bylaws or PLFSOM policies or requirements.

It is the policy of the PLFSOM that every patient encounter shall be completely documented within 72 hours of the encounter, either on paper or in an EMR. Every dictated paper document must be signed within 14 days of the date of service. Every item in the EMR (lab result, signature required, phone message etc.) shall be reviewed and cleared within 72 hours of its' posting. Members who repeatedly fail to meet this standard shall be subject to corrective action.

2. Content of Recommendation. A recommendation regarding corrective action must specifically indicate the recommended action, including any condition on the exercise of clinical privileges. All adverse recommendations shall include the reasons or basis for the recommendation, with reference to specific acts or charges to the extent possible.
3. Time Periods for Processing. Any time periods herein, within which action by a Department, any committee, the Dean, on behalf of the Governing Body, or the MPIP Policy Committee is to be taken, are intended as guidelines and not to create a right of a Professional Staff member to have an action taken within these precise time periods. Time periods may be extended by the Department, appropriate committee, or the MPIP Policy Committee for good cause, including without limitation the need for additional review or investigation. Time periods may also be shortened or extended for good cause upon written request of the Professional Staff member. The Professional Staff member shall be advised in writing of any such extensions.

Section B. Routine Corrective Action

1. Initiation. A request for investigation and possible corrective action involving a Professional Staff member may be initiated by any of the following as a medical peer review committee or as a member on behalf of such a committee:
 - a. Any Department or its chairperson or clinical medical director
 - b. Any Professional Staff committee or its chairperson

- c. President, Dean or their designee on behalf of the Governing Body
2. Notice. All requests for investigation and corrective action shall be in writing, submitted to the MPIP Policy Committee, and supported by reference to the specific activities or conduct which constitute the reason for the request. The committee shall promptly notify the Professional Staff member's Department Chairperson in writing of all requests received and shall continue to keep the Dean fully informed of all actions taken in connection with the request. The chairperson of the MPIP Policy Committee shall notify the Professional Staff member by special notice that a request for investigation and corrective action has been received and provide him with a summary of the general nature of the request.
3. Investigation: Within 21 days of receipt of a request for routine corrective action pursuant to the Bylaws, the MPIP Policy Committee shall conduct an investigation, either itself or through an ad hoc committee appointed by the MPIP Policy Committee, or it may delegate the investigation to a Department.

In determining whether adequate grounds for corrective action exist, the investigating body may consider all credible evidence and facts relevant thereto, and shall not be limited to the examination of any particular incident or event.

- a. The Professional Staff member for whom investigation and possible corrective action has been requested shall have an opportunity to appear before the committee in the course of its investigation. Any appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rights of review shall apply. No attorneys shall be present.
- b. A summary of the appearance prepared by the investigating body and the Professional Staff member's written statement (if any) shall be included with the investigating body's report and forwarded promptly to the MPIP Policy Committee.
- c. The Professional Staff member shall not be entitled to be present during the investigation, interviews with other witnesses, committee deliberations or voting. The report shall set out the areas of deficiencies found, if any, regarding the Professional Staff member or his care, and any recommendation regarding corrective action.
- d. If at any time following receipt of the request for investigation and corrective action the investigating body determines that a temporary suspension of any or all of the Practitioner's clinical privileges pending completion of the investigation is in the best interest of patient care or safety or continued effective program operations, the MPIP Policy Committee may impose such a temporary suspension immediately for a period not to exceed 14 days. A temporary suspension shall not be

considered or reported as corrective action and the Practitioner shall not be entitled to any procedural rights of review as a result of the temporary suspension. The temporary suspension may be terminated by the committee at any time, but shall automatically terminate on the 14th day.

4. Responsibilities of the MPIP Policy Committee

a. Within 7 days from receipt of the investigating committee's report, the MPIP Policy Committee shall make a recommendation regarding corrective action, if any. The recommendation may include, without limitation:

- 1.) Rejecting the request for corrective action;
- 2.) Issuing a warning, letter of admonition, or letter of reprimand;
- 3.) Imposing a term of probation, record review, or consultation requirement;
- 4.) Reduction, suspension, or revocation of clinical privileges; or
- 5.) Suspension or revocation of the Professional staff member's appointment.

If necessary, the MPIP Policy Committee may conduct, or require the investigating body to conduct, additional investigation before issuing its recommendation.

b. When the recommendation of the MPIP Policy Committee is favorable to the Professional Staff member, the committee shall promptly forward it, together with all supporting documentation to the Governing Body acting through the Dean.

c. When the recommendation of the MPIP Policy Committee is adverse to the Professional Staff member, as defined in Article of the Bylaws, the chairperson of the committee shall promptly notify the Professional staff member by special notice and provide the Professional Staff member with a copy of the its recommendation. The Professional Staff member shall be entitled to the procedures provided for in Article XIV, and all further procedures shall be in accord therewith.

5. Dean. After receipt of a recommendation from the MPIP Policy Committee the Dean shall act on the matter.

- a. When the Dean's decision is favorable to the Professional Staff member, such result shall become final and the Dean shall promptly notify the Professional Staff member by special notice.
- b. When the decision is adverse to the Professional Staff member, as defined in Article XIII of the Bylaws, the Dean, on behalf of the Governing Body shall promptly notify the Professional Staff member by special notice and provide the Governing Body's decision. The Professional Staff member shall be entitled to the procedures provided for in Article XIII and all further procedures shall be in accord therewith. Such adverse recommendations shall be held in abeyance until the Professional Staff member has exercised or waived his rights under Article XIII, unless an emergency suspension is imposed.

Section C. Emergency Suspension

1. Grounds. Any of the following, as a member of and on behalf of the appropriate medical peer review committee, may impose an emergency suspension of all or any portion of a Professional Staff member's clinical privileges, effective immediately, whenever action must be taken immediately in the best interests of patient care or whenever failure to do so may result in imminent danger to the health or safety of any person:
 - a. The Chairman or Clinical Service Medical Director of the Professional Staff member's department
 - b. The President, Dean (or designee) on behalf of the Governing Body
2. Notice. The individual imposing the emergency suspension shall immediately notify the Dean of the suspension, and shall notify the Professional Staff member by special notice. The individual imposing the emergency suspension shall also notify the MPIP Policy Committee, and the Professional Staff member's department chairperson.
3. Hearing and Investigation. Within 7 days of imposition of emergency suspension, the MPIP Policy Committee shall investigate the grounds for the emergency suspension and issue a recommendation to continue, terminate, or modify the terms of suspension. The committee shall not be limited to the examination of any particular incident or event. If the emergency suspension was imposed within 7 days of a recommendation of the MPIP Policy Committee for routine corrective action following investigation based on the same or similar grounds as the emergency suspension, there shall be no requirement for further investigation by the MPIP Policy Committee.
 - a. If the MPIP Policy Committee recommends termination of suspension, the emergency suspension shall terminate immediately, unless the emergency suspension is continued by the Governing Body, in which case

the Professional Staff member shall be entitled to the procedures provided for in Article XIV and all further procedures shall be in accord therewith.

- b. If the emergency suspension is terminated by the MPIP Policy Committee, without continuation by the Governing Body, and no adverse recommendation is issued, the Professional Staff member shall not be entitled to any procedural rights of review.
 - c. If the MPIP Policy Committee makes a recommendation which is adverse to the Professional Staff member, as defined in Article XIV, the Professional Staff member shall be entitled to the procedures provided for in Article XIV, and all further procedures shall be in accord therewith. The adverse recommendation of the MPIP Policy Committee shall be effective immediately if so provided by the Committee in its recommendation or so recommended by the Governing Body.
4. Alternative Coverage. Immediately upon the imposition of an emergency suspension, the Professional Staff member's Department Chairperson shall be responsible to arrange for each of the patients of the suspended Professional Staff Member to select another Professional Staff member to provide interim care.

Section D. Automatic Suspension

1. Grounds. Occurrence of any of the following events shall operate as an automatic suspension of the Professional Staff member's clinical privileges and Staff appointment as specified below. Failure of a Professional staff member to report the occurrence of any of the events shall be grounds for corrective action, in addition to any automatic suspension.
 - a.) Revocation. If a Practitioner's license is revoked, his Staff appointment and all clinical privileges are immediately terminated as of the date such action takes effect.
 - b.) Suspension. If the Practitioner's license is suspended, his staff appointment and all clinical privileges are suspended for the term of the license suspension. If the Practitioner's license is limited or restricted, any clinical privileges within the scope of the limitation or restriction are suspended for the term of the license limitation or restriction.
 - c.) Probation. If a Practitioner is placed on probation by a Texas licensing board, Professional Staff membership and clinical privileges shall automatically become subject to the same terms as the probation. Voting and committee appointments are automatically suspended for the term of the probation.

- d.) Expiration. Upon expiration of a Practitioner's Texas registration permit, clinical privileges will be automatically suspended until renewal of the physician permit can be verified with the Texas State Board of Medical Examiners as current.
 - e.) Restrictions. If restrictions are placed on a Practitioner's license, clinical privileges will be suspended for 14 days until a review is conducted by the Credentials Committee and recommendations forwarded to the Clinic Operations Committee and the Dean.
 - f.) Controlled Substances Registration. Whenever a Practitioner's authority, whether state or federal, to prescribe controlled substances is revoked, suspended, or limited, his clinical privileges to prescribe controlled substances shall be similarly revoked, suspended, or limited.
 - g.) Professional Liability Insurance. Whenever a Professional Staff Member fails to maintain professional liability insurance as required by these Bylaws, all clinical privileges are immediately suspended and Staff appointment is automatically terminated if insurance is not reinstated within 30 days.
 - h.) Separation. Upon separation from PLFSOM, Practitioner's Staff appointment and all clinical privileges are immediately terminated without procedural rights of review.
2. Notices. The Dean, on behalf of the Governing Body, shall notify the Professional Staff member by special notice and the MPIP Policy Committee of any action pursuant to this section. The Professional Staff member's Department Chairperson shall also be notified.
 3. Procedural Rights. The Professional Staff member shall not be entitled to any procedural rights to review for any action under Section D.
 4. Alternative Coverage. Immediately upon the imposition of an automatic suspension, the Practitioner's Department Chairperson shall be responsible to arrange for each of the patients of the suspended Professional staff member to select another Professional Staff member to provide interim care.
 5. Reinstatement after Automatic Suspension.
 - a. License. A Practitioner whose license is reinstated after revocation or suspension must seek initial appointment in accord with the Bylaws. Where the license is restored after having been restricted, before full clinical privileges are restored, the Credentials Committee shall review the matter pursuant to the corrective action procedures and may recommend corrective action to the MPIP Policy Committee. The MPIP Policy Committee shall review the request as it handles requests for new or

expanded privileges. If so, clinical privileges shall not be restored until resolution of the request for corrective action.

- b. **Controlled Substances Registration.** Where controlled substances registration is restored following revocation, suspension, limitation or probation, before full clinical privileges to prescribe are restored, the Credentials Committee shall review the matter pursuant to the corrective action procedures and may recommend corrective action. If so, clinical privileges shall not be restored until resolution of the request for corrective action.
 - c. **Professional Liability Insurance.** Upon presentation to the Professional Staff member's Department Chairperson and the MPIP Policy Committee of a certificate of insurance as required by the Bylaws, the automatic suspension shall terminate unless the suspension was for longer than 30 days, in which case the suspension shall automatically become a termination of staff appointment and the Professional Staff member shall be required to seek initial appointment in accord with the Bylaws.
6. **Notice.** The MPIP Policy Committee shall notify the Credentials Committee and the Professional staff member's Department Chairperson of the expiration of an automatic suspension.

ARTICLE XIV. HEARING AND APPELLATE REVIEW PROCEDURES

Section A. Right to Hearing and to Appellate Review

Whenever a Professional Staff Member receives notice of a recommendation or decision which is adverse to the Professional staff Member, as such term is defined in Section B below, the Professional Staff Member shall be entitled to the procedures set forth in this Article, as may be amended from time to time. The Professional Staff Member shall not be entitled to any review of a recommendation or decision as provided in these Bylaws, which is not defined below as adverse.

Section B. Definitions

1. Adverse Recommendations or Actions. Excepts as qualified by Section B(2) below and if no prior right to a hearing existed, only the following recommendations or actions when taken by the Clinic Operations Committee or Governing Body are “adverse” and shall entitle a Professional Staff Member to the procedures set forth in this Article
 - a. Denial of appointment or reappointment;
 - b. Suspension or revocation of Professional Staff membership;
 - c. Denial of requested Staff category;
 - d. Reduction in Staff category;
 - e. Failure to advance from provisional status;
 - f. Denial of requested clinical privileges;
 - g. Reduction, suspension, or revocation of clinical privileges;
 - h. Imposition of a consultation or concurrent supervision requirement, except during the provisional period.
2. Actions Not Adverse. The following recommendations or actions, and any others set forth in these Bylaws, shall not entitle a Professional Staff Member to any procedural rights of review pursuant to these Bylaws.
 - a. Refusal to furnish an application or to accept or consider an application for appointment as provided in Article VI;
 - b. Termination of appointment or clinical privileges pursuant to a contractual agreement with PLFSOM unless otherwise provided in the agreement;

- c. Denial or termination of any temporary privileges granted pursuant to Article VII;
- d. Any action affecting House staff;
- e. Issuance of a warning, letter of admonition or letter of reprimand;
- f. Imposition of any condition or requirement during the provisional period;
- g. Automatic suspension or termination pursuant to Article XIV;
- h. Revocation of Medical Staff membership as provided in Article XIV; or
- i. Removal from Staff office, administrative position, or committee appointment.
- j. Suspension or termination of privileges for failure to maintain a valid license to practice medicine in the state of Texas, DEA or DPS certificates, or provide evidence of malpractice insurance required by these bylaws.
- k. Revocation of Medical Staff membership for failure to achieve initial Board Certification as required by these bylaws

Section C. Notice and Request for Hearing

1. Notice of Right to Hearing. A Professional Staff member against whom an adverse recommendation, as defined in Section B(1) has been issued shall be given special notice in writing by the Chairperson of the MPIP Policy Committee or the Dean on behalf of the Governing Body within fourteen (14) days of the recommendation. Such notice shall:
 - a. Advise the Professional Staff member of the adverse recommendation and provide him with a copy of the written recommendation, which shall include a statement of the reasons for the proposed action and a listing of any patient records in issue;
 - b. Advise the Professional Staff member of his right to a hearing pursuant to this Article and specify that written request for a hearing must be received by the Chairperson of the MPIP Policy Committee or the Dean on behalf of the Governing Body by special notice within thirty (30) days of receipt of the notice;
 - c. State that failure to request a hearing within the specified time period shall constitute a waiver of any rights to a hearing, appellate review, or any other review of the matter pursuant to these Bylaws, or otherwise;

- d. State that upon receipt of the Professional staff member's request for a hearing in the manner specified, Chairperson of the MPIP Policy Committee or the Dean on behalf of the Governing Body will notify the Professional Staff member of the date, time, and place of the hearing;
 - e. Include a copy of this Article, referencing in the notice the rights set forth in Section E(7); and
 - f. Advise the Professional Staff member that if she/he is going to be accompanied by an attorney at the hearing, such information must accompany the request for hearing pursuant to Section C(2)
2. Request for Hearing. A Professional Staff Member shall have 30 days following receipt of notice pursuant to Section C(1) to file a written request for a hearing with the Chairperson of the MPIP Policy Committee or the Dean on behalf of the Governing Body by special notice.
 3. Effect of Waiver. A Professional Staff Member who fails to request a hearing within the time and in the manner specified in Section C(2) above waives all rights to such hearing and to any other review which might otherwise have been available on the matter pursuant to these Bylaws. Waiver shall cause the adverse recommendation which initiated this Article to automatically become the final decision of the MPIP Policy Committee without further review or reconsideration. In such case, the Dean shall send a copy of the MPIP Policy Committee's final decision to the Professional Staff Member by special notice.

Section D. Hearing Prerequisites

1. Notice of Hearing. Within 21 days after receipt of a request for a hearing, the MPIP Policy Committee shall schedule and arrange for such hearing and shall, through the Dean, notify the Professional Staff Member of the time, place, and date of the hearing by special notice. The hearing date shall be not less than 30 days and no more than 90 days from the date of this notice to the Professional Staff Member, provided, however, that a hearing for a Professional Staff Member who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be made, but no less than 30 days from the date of the notice.
2. Witness. The notice of hearing shall include a list of witnesses expected to testify in support of the adverse recommendation. The notice shall also advise the Professional Staff Member that, at least 14 days before the hearing, the Professional Staff Member shall be required to forward to the Dean a written list of witnesses the Professional Staff Member expects to present to testify against the adverse recommendation. The Professional Staff Member is responsible for arranging for the attendance of his/her witnesses.

3. Hearing Committee. The hearing shall be held before a Hearing Committee comprised of a panel of three individuals. The Dean, on behalf of the Governing Body, shall appoint the members of the Hearing Committee in consultation with the Professional Staff Officers:
 - a. The hearing panel members may not have participated in initiating or investigating or in committee consideration of the underlying matter at issue.
 - b. The panel members shall be selected from the Active Professional Staff. A member of the panel shall be elected by the panel members to serve as the Presiding Officer.
 - c. The Professional Staff Member shall be furnished with the names of the panel members at the time of the hearing notice. The Professional Staff Member shall be required to raise any objections to the qualifications of these individuals at least 14 days prior to the hearing, by special notice, in writing to the Dean. If the Dean determines that the objections have merit, other individual(s) shall be selected to serve on the Hearing Committee. Failure to object in this manner shall constitute the Professional Staff Member's agreement that the individuals are qualified to serve on the Hearing Committee.

Section E. Conduct of Hearing

1. Presence of Members and Professional Staff Members. Each member of the Hearing Committee must be present throughout the hearing and deliberation. The Professional Staff Member who requested the hearing shall have the right to be present throughout the hearing but not during the deliberation.
2. Record of Hearing. The hearing shall be tape recorded. At the request and expense of the Professional Staff Member a court reporter may be present to record the proceedings. The cost of obtaining a copy of the transcript shall be the responsibility of the requesting party.
3. Authority. The Presiding Officer shall provide participants in the hearing with a reasonable opportunity to present relevant oral and documentary evidence in an efficient and expeditious manner, and shall maintain proper decorum. The Presiding Officer shall determine the order and procedure for presenting evidence and argument during the hearing, and shall have the authority and discretion to make all rulings on questions which arise during the hearing. If the Presiding Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, he may take such discretionary action as seems warranted by the circumstances.

4. 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 shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action.
5. Representation of Parties. The hearing afforded the Professional Staff Member is for the purpose of intra-professional resolution of matters bearing on professional competency and conduct. If requested by the Professional Staff Member or the body whose adverse recommendation initiated this Article, however, both parties may be accompanied by legal counsel in an advisory capacity.
 - a. If the Professional Staff Member is to be accompanied by legal counsel, such fact must be included in the Professional Staff Member's written request for a hearing under Section C(2). The body making the adverse decision shall be accompanied by an attorney only if the Professional Staff Member is to be accompanied by an attorney.
 - b. If attorneys do not accompany the parties at the hearing, nothing herein is intended to deprive the Professional Staff Member, Hearing Committee, the body whose adverse recommendation initiated this Article, The Governing Body, or any witnesses of the right to utilize legal counsel in preparing for the hearing or appeal or for consultation during any hearing recess.
6. Rights of Parties. During a hearing, each of the parties shall have the right to:
 - a. Present and examine witnesses;
 - b. Present evidence determined to be relevant by the Presiding Officer as provided in Section E(4) above;
 - c. Cross-examine and impeach any witnesses;
 - d. Rebut any evidence;
 - e. Request that a record be made of the hearing pursuant to Section E(2) above;
 - f. Be accompanied by an attorney or other individual of the party's choice in accordance with Section E(5) above;
 - g. Prior to or during the hearing, submit memoranda concerning any relevant issue and have such memoranda become part of the hearing record; and

- h. Submit a written or oral statement at the close of the hearing.
7. Procedures. In the hearing, the representative of the body whose adverse recommendation initiated the hearing shall first present any evidence in support of the recommendation. The Hearing Committee and Professional Staff Member may question the representative and any witnesses. The Professional Staff Member shall then present any evidence against the recommendation. The Hearing Committee may call additional witnesses, request additional information or permit either party to present additional witnesses or information if it deems such action appropriate.
8. Postponement and Recesses. Request for postponement of a hearing shall be granted by the Hearing Committee only upon a showing of good cause and only if the request is made as soon as is reasonably possible. The Hearing Committee may recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. There shall be no requirement of prior notice of any recess, deliberation, or adjournment. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.
9. Deliberations and Adjournment. The Hearing Committee shall conduct deliberations outside the presence of the parties and/or any other individuals. The committee shall recommend rejection, affirmation, or modification of the adverse recommendation. The affirmative vote of a majority of the members is required for a recommendation which is adverse, as defined in Section B. Upon conclusion of deliberations, the hearing shall be declared adjourned.

Section F. Hearing Committee Recommendation

1. Recommendation. Within 14 days after adjournment of the hearing, the Hearing Committee shall issue its written recommendation, including a statement of its findings and the basis for the recommendation, and shall forward the recommendation together with the hearing record and all other documentation through the Dean to the body whose adverse recommendation initiated the hearing.
2. Notice and Further Action. The Dean shall notify the Professional Staff Member by special notice of the Hearing Committee's recommendation and, if adverse, written recommendation.
 - a. If the recommendation of the Hearing Committee is adverse to the Professional Staff Member, as defined in Section B, the Professional Staff Member shall have the right to request appellate review of the matter pursuant to Section G below. Notice to the Professional Staff Member of the adverse recommendation shall include notice of Professional Staff Member's right to request appellate review in accord with Section G(2).

- b. If the recommendation of the Hearing Committee is not adverse to the Professional Staff member, the recommendation shall be reviewed by the MPIP Policy Committee. If the MPIP Policy Committee agrees with the Hearing Committee's recommendation, the decision shall become final, subject to approval by the Governing Body. If the Governing Body decides that an adverse recommendation is indicated despite the Hearing Committee's recommendation, the Dean shall notify the Professional Staff Member of the recommendation by special notice, including a copy of the committee's recommendation and of the Professional Staff Member's right to request appellate review in accord with Section G below.

Section G. Appellate Review

1. Appellate Review Committee. Appellate review shall be conducted by an Appellate Review Committee duly appointed by the Governing Body of not less than three (3) members of the Professional Staff, one of whom shall be the President of Texas Tech University Health Sciences Center. The Medical staff members or the Appellate Review Committee shall not have participated in initiating or investigating or in committee consideration of the underlying matter at issue.
2. Requirements and Waivers. A Professional Staff member shall have fourteen (14) days following receipt of notice of the right to appellate review to file a written request for such review with the Dean by special notice.
 - a. Upon receipt of a timely request for appellate review, the Dean shall deliver such request to the Governing Body. As soon as practical, the President of TTUHSC shall schedule a date for such review, which shall be not less than thirty (30) days from the date of receipt of the request for appellate review. At least fourteen (14) days prior to the date of the appellate review, the Dean shall send the Professional Staff member special notice of the time, place, and date of the review.
 - b. A Professional Staff member who fails to request appellate review within the time and in the manner specified waives any right to such review pursuant to this Article. Waiver shall cause the adverse recommendation which initiated the right to appellate review to become the final decision of the Governing Body without further review or reconsideration. In such case, the Dean shall send a copy of the Governing Body's final decision to the Professional staff member by special notice.
3. Written Statement. The Professional Staff member shall have access to a copy of the Hearing Committee's recommendation and record, and any other material subsequently considered by the Hearing Committee. The Professional Staff member may submit a written statement in his own behalf,

limited to those matters specifically pertaining to the scope of the appellate review, as set forth in section G(4) below, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Appellate Review Committee and the body whose adverse recommendation initiated the hearing through the Dean by special notice at least fourteen (14) days prior to the date for the appellate review. A similar statement may be submitted, by that body at least seven (7) days prior to the appellate review, and, if submitted, the Dean shall promptly provide a copy to the Professional Staff member by special notice.

4. Scope of Review. Appellate review shall be limited to recommendation as to the following:
 - a. Whether the procedures set forth in the Professional Staff Bylaws and this Article regarding the hearing and any subsequent review were substantially complied with; and;
 - b. Whether the adverse recommendation is unreasonable, arbitrary, capricious, discriminatory, or without basis.
5. Procedures. The proceeding shall be in the nature of an appellate review, based upon the record of the hearing, the Hearing Committee's recommendation, any subsequent review by the MPIP Policy Committee, any written statements submitted, and such other material as may be accepted by the Appellate Review Committee. New or additional matters not raised during the original hearing shall only be introduced at the discretion of the Appellate Review Committee.
 - a. The chairperson of the Appellate Review Committee shall determine the order of procedure during the review and make all required rulings. The Appellate Review Committee shall have such additional powers as are necessary to discharge its responsibilities.
 - b. The members of the Appellate Review Committee must be present throughout the review and deliberations.
 - c. The Appellate Review Committee shall conduct its deliberations outside the presence of the parties and upon conclusion of deliberations, the appellate review shall be declared finally adjourned.
6. Recommendation. Within fourteen (14) days after adjournment, the Appellate Review Committee shall make its written recommendation, including a statement of the basis of the recommendation, to the Dean and the Governing Body with a copy to the MPIP Policy Committee and Hearing Committees. The Appellate Review Committee may remand the matter (for further hearing or procedures within a specified time period; recommend modification of the adverse recommendation so it is no longer unreasonable,

arbitrary, capricious, or discriminatory or affirm or deny the adverse recommendation. If the Appellate Review Committee finds that the procedures were substantially complied with and that the adverse recommendation initiating the right to appellate review was not unreasonable, arbitrary, capricious, or discriminatory, or lacking in basis, it shall affirm the adverse recommendation. The affirmative vote of a majority of the members is required to affirm the adverse recommendation.

Section H. Final Decision by the Governing Body

The recommendation of the Appellate review Committee shall be forwarded to the Governing Body. Within fourteen (14) days after receipt of the Appellate Review Committee's recommendation, the Governing Body shall review the matter and issue a written decision, including a statement of the basis of the decision if adverse. The Dean shall send a copy of the Governing Body's final decision, including any statement of the basis of the decision and a copy of the Appellate Review Committee's recommendation if adverse, to the Professional Staff member by special notice. The Governing Body's decision shall be immediately effective and final and shall not be subject to further hearing or appellate review under the Professional Staff Bylaws.

Section I. Limitations

Notwithstanding any other provision of this Article or these Bylaws, no Professional Staff member shall be entitled to more than one hearing and appellate review on any matter which shall have been the subject of action by the MPIP Policy Committee or by the Governing Body. Once the Governing Body has issued a final decision, there shall be no further right to any review or reconsideration of the decision, pursuant to this Article or these Bylaws.

Section J. Time Periods for Processing

1. Any time periods herein within which action by a committee, the Dean or the Governing Body is to be taken are intended as guidelines and not to create a right of a Professional Staff member to have an action taken within these precise time periods. Time periods may be extended by the appropriate committee, the Dean, or the Governing Body for good cause. Time periods may be shortened at the sole discretion of the Governing Body in the event the Professional staff member is presently under emergency suspension or upon request of the Professional Staff member if the Professional Staff member waives in writing any right or entitlement of the time periods set forth herein.
2. Request for Hearing. A Professional Staff member shall have thirty (30) days following receipt of notice pursuant to Section C(1) to file a written request for a hearing with the chairperson of the Clinic Operations Committee or the Dean on behalf of the Governing Body by special notice.

3. Effect of Waiver. A Professional staff member who fails to request a hearing within the time and in the manner specified in Section C(2) above waives all rights to such hearing and to any other review which might otherwise have been available on the matter pursuant to these Bylaws. Waiver shall cause the adverse recommendation which initiated this Article to automatically become the final decision of the Governing Body without further review or reconsideration. In such case, the dean shall send a copy of the Governing Body's final decision to the Professional staff member by special notice.

ARTICLE XV: CONFIDENTIALITY AND IMMUNITY

Section A. General

The following shall be express conditions applicable to any Professional Staff member practicing or seeking to practice in the PLFSOM or its Ambulatory Clinics. By applying for appointment, reappointment or clinical privileges, the Professional Staff member expressly accepts and agrees to comply with these conditions during the processing and consideration of his application, regardless of whether he or she is granted appointment, reappointment or exercise of clinical privileges. These conditions shall also apply during the term of any appointment, reappointment, or exercise of clinical privileges, and any corrective action or other proceedings pursuant to these Bylaws.

Section B. Definitions

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

1. **“Information”** means records of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communications, whether in written or oral form.
2. **“Representative”** means the Governing Body, its members and appointed representatives; all employees, agents, and affiliates to PLFSOM, TTUHSC attorneys and their assistants or designees; the Professional Staff and all appointees thereto; and any authorized representative of any of the foregoing.
3. **“Third Parties”** means all individuals or entities other than TTUHSC, including government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities, or otherwise.

Section C. Activities and Information Covered

1. **Activities.** The confidentiality and immunity provided by this Article applies to all information performed or provided in connection with this or any other entity's activities concerning, but not limited to:
 - a. Applications for appointment or clinical privileges;
 - b. Periodic appraisals for reappointment or clinical privileges;
 - c. Corrective action, including automatic and summary suspensions;
 - d. Hearings and appellate reviews;

- e. Peer review and quality management activities;
 - f. Profiles and profile analysis;
 - g. Risk management activities and claims review; and
 - h. Other committee or staff activities related to monitoring of health care services, Staff operations, and Professional Staff member conduct.
2. Information. The information referred to in this Article may relate to a Professional Staff member's professional licensure or certification, education, training, clinical ability, judgment, utilization practices, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect the quality, efficiency, or appropriateness of health care services provided, including confidential patient communications or records.

Section D. Confidentiality of Information

1. General. Information submitted, collected or prepared by any Representative or Third Parties for the purpose of care or related to any of the activities set forth in Section C(1) shall be privileged and confidential. Nothing herein shall prevent the disclosure of information to the Dean, or as necessary for a committee or Department to carry out its functions, and such disclosure shall not waive any privilege of confidentiality which may apply to the information.
2. Committees. Unless authorized or required by law, disclosure of any Information generated by or at the direction of a staff or Governing Body committee or a department of any person other than a Representative shall require execution of a written waiver by the committee's chairperson and approval by the Dean. All committee and Department documents shall be maintained in accord with TTUHSC policy. Access to committee or department documents shall be in accord with PLFSOM policy and applicable legal requirements to maintain any available privileges of confidentiality.
3. Professional Staff Member Information.
- a. Each Professional Staff member authorizes Representatives to solicit, provide, and act upon information bearing on professional ability, utilization practices, and other qualifications, and authorizes all Third Parties to provide information to PLFSOM or its Representatives, including allowing inspection and copying of any records in the possession of Third Parties.
 - b. Staff information concerning a Professional Staff member shall not be disclosed by PLFSOM without the Professional Staff member's

authorization, unless disclosure is authorized or required by law or these Bylaws.

4. Minutes. The originals of the minutes of all meetings of the Staff, Departments and Staff committees shall be maintained in accord with PLFSOM policy. Access to minutes shall be in accord with PLFSOM policy and applicable legal requirements to maintain any available privileges of confidentiality.
5. Sanctions. Professional Staff members who breach confidentiality referred to in this Article may be subject to corrective action.

Section E. Immunity from Liability

1. For Action Taken. No Representative shall be liable to a Professional Staff member for damages or other relief for any decision, opinion, action, statement, or recommendation made within the scope of his duties as a Representative, if such representative acts in good faith and without malice.
2. For Providing Information. No Representative or Third Parties shall be liable to a Professional Staff member for damages, or other relief by reason of providing information, including otherwise privileged or confidential information, to a Representative or to any third Party pursuant to authorization by the Professional Staff member or if permitted or required by law or these Bylaws, provided that such Representative or Third Parties acts in good faith and without malice.

Section F. Authorization and Releases

Each Professional Staff member shall, upon request of PLFSOM and in such form as requested by PLFSOM, execute general and specific authorizations and releases from liability reflecting the provisions of this Article; provided, however, that execution of such documents is not a prerequisite to the effectiveness of this Article. Failure to execute such documents on initial application shall result in the application being deemed incomplete and it shall not be considered.

Section G. Reporting Requirements

The submission of any reports required of PLFSOM or medical peer review committees pursuant to state or federal law shall be the responsibility of the Dean, Legal Counsel or their designee, subject to approval by the Governing Body. Nothing herein shall affect or interfere with any right of any individual Professional Staff member to make any report pursuant to state or federal law.

Section H. Cumulative Effect

The provisions in these Bylaws and in any Professional Staff or PLFSOM forms relating to authorization, confidentiality of information and immunities from liability are in addition to other protection provided by relevant state and federal law, not in limitation. A finding by a court of law or administrative agency that all or any portion of any such provision is not enforceable shall not affect the legality or enforceability of the remainder of the provision or any other provision.

ARTICLE XVI. ADOPTION AND AMENDMENT

All amendments of these bylaws proposed by the Professional Staff shall be referred to the Bylaws Committee. The Bylaws Committee shall report on the proposal at the next regular or special Professional Staff meeting called for such purpose. The meeting shall be at a day and hour and upon such notice as the Dean designates. At least fourteen days advance notice shall be given. Copies of the proposed amendments shall accompany the notice.

Voting shall be by electronic ballot. Upon adjournment of the meeting at which the proposed bylaws and/or amendments are presented, the voting period shall be open until 5pm of the third full business day following the review meeting. Adoption of an amendment to these Bylaws must receive a two-thirds majority vote of votes cast. In the event less than 25% of eligible voters have cast ballots at the end of the prescribed voting period, the voting period shall be extended in increments of one full business day ending at 5pm until such time as 25% of eligible voters have cast ballots.

Adoption and amendment shall be effective when approved by the Dean and the President for TTUHSC. The MPIP Policy Committee shall have the power to adopt such amendments to the bylaws as are, in the committee's judgment, technical or legal modifications or clarifications, reorganizations or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately if not disapproved by the Dean within sixty (60) days of adoption by the MPIP Policy Committee.

ARTICLE XVII. FORMAL ADOPTION AND APPROVAL

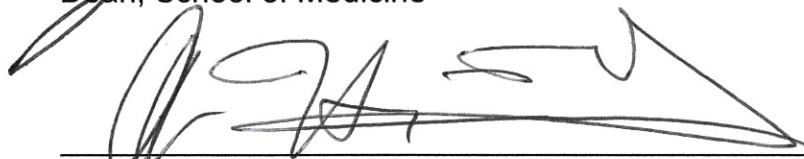
These Bylaws are adopted and made effective this date; superseding and replacing any and all previous Professional Staff Bylaws. All clinical activities and actions of the Professional Staff and of each individual exercising clinical privilege in The Texas Tech University Health Sciences Center Paul L. Foster School of Medicine and its Ambulatory Clinics shall be in accord with these bylaws.

ADOPTED BY:



Dean, School of Medicine

11-21-2011
Date



Chairperson, MPIP Policy Committee

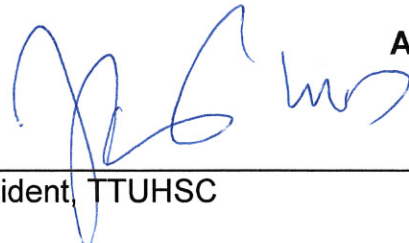
1-18-12
Date



Associate Dean for Clinical Affairs

1/17/2012
Date

APPROVED BY:



President, TTUHSC

1/4/2012
Date