# **ARTICLE I. APPOINTMENT AND REAPPOINTMENT**

### **1.1 General**

Except as otherwise specified herein, no Practitioner shall exercise the duties of membership or clinical privileges in the Hospital unless and until the Practitioner applies for and receives appointment to the Medical Staff or Allied Health Professionals (AHP) Staff in accordance with these Bylaws. Appointment shall confer on the applicant only such membership and/or clinical privileges as have been granted in accordance with these Bylaws and the applicable Privilege Form(s). Gender, religion, race, creed, and national origin are not used in making decisions regarding the granting or denying of clinical privileges. Standards for evaluating an applicant’s qualifications for the granting of clinical privileges shall be uniform among all Campuses. However, subject to the Board of Trustees approval, the MEC shall determine on a Campus-specific basis (not on an Applicant-specific basis) whether a particular clinical privilege is exercisable on the Campus due to differences in the physical setting. Factors to be considered in determining whether a clinical privilege can be exercised on a particular Campus include the physical facility, equipment, number and type of support staff and other resources at each Campus.

### **1.2 Burden of Producing Information**

Any Application for appointment, reappointment, change in category, or change in clinical privileges shall be deemed complete only when the Hospital and Medical Staff, including any committees, have received all information required to be produced or otherwise requested from the applicant. The applicant has the burden of producing, or causing others to produce, in a timely fashion all information supporting the applicant’s qualifications and suitability for the clinical privileges and/or Medical Staff category requested, and resolving any doubts about these matters. The applicant’s failure to sustain this burden within the time frame specified by the Medical Staff Services office, Credentials Committee or Medical Executive Committee (MEC) may, in the sole discretion of the MEC, result in the immediate withdrawal of the Application without further processing or consideration. The same shall be true if any person or institution fails or refuses to provide information requested on behalf of or in regard to the Applicant. The withdrawal of the Application shall be automatic upon expiration of the time frame specified, shall not require further action by the Credentials Committee or MEC, and shall not be considered a Professional Review Action under these Bylaws.

Submission ofany false information on the Application for appointment or reappointment for Medical Staff membership and privileges may result in the immediate withdrawal of the Application without further processing or consideration, and may thereafter disqualify the applicant from Medical Staff membership or re-application at any time in the future. Additionally, the MEC may take any other action as allowable under law or these Bylaws that the MEC may determine, in its sole discretion, to be appropriate. Submission offalse information includes the omission of material true information or submission of untrue information.

When an applicant’s initial Application has been denied for reasons other than falsification, the applicant shall not be eligible to apply until or unless the reason for any adverse action no longer exists and in no event, sooner than one (1) year from the date of denial or filing as incomplete.

Only a completed Application for staff membership qualifies for credentialing consideration. Upon receipt of a completed Application the Medical Staff Office shall verify its contents.

### **1.3 Appointment Authority**

The Board of Trustees retains the ultimate authority in deciding all Medical Staff appointments and reappointments based on the recommendations of the MEC and other committees involved in credentialing and privileging.

### **1.4 Term of Appointment**

Appointment or reappointment shall be for any period of time not to exceedtwo (2) years. Members of the Medical Staff shall be reappointed in groups and on a schedule determined by the Credentials Committee and approved by the MEC. Any Practitioner may, based upon concerns regarding physical or mental health or impairment or other concerns which in the judgment of the Credentials Committee and MEC justify such action be appointed for a period less than two full years. An appointment for less than two full years does not entitle the Practitioner to procedural rights.

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### **1.5 Application for Initial Appointment**

1.5.1 Pre-Application Screening. Drug screening is required of all new applicants in the pre-application process.

1. If a potential applicant expresses a desire to be appointed to the Medical Staff, the potential applicant shall be given a pre-application questionnaire which shall be fully completed and returned to the Medical Staff Services office at which time it will be assessed to determine if the potential applicant may be eligible under the Bylaws for an Application for appointment to the Medical Staff.
2. The pre-application screening process shall not be considered an Application for appointment to the Medical Staff.
3. The potential applicant must take and pass such drug screening exams as may be required in the pre-application screening process.
4. If upon assessment of the pre-application questionnaire, it is determined that the potential applicant is not eligible for an Application for appointment to the Medical Staff, the potential applicant shall not be entitled to receive an Application packet, but the reason for lack of eligibility shall be communicated to the potential applicant.
5. The failure to be given an Application packet because of lack of eligibility shall not entitle the potential applicant to a hearing under the Bylaws.
6. Submission ofany false information on the pre-application questionnaire may result in the immediate withdrawal of the questionnaire without further processing or consideration, and may thereafter disqualify the applicant from receiving a pre-application questionnaire at any time in the future.

1.5.2 Application Packet

If an applicant is determined to meet the minimum qualifications for appointment to the Medical Staff or AHP Staff under these Bylaws, upon request the applicant shall receive instructions for obtaining an Application with all required supporting documents and access to these Bylaws, Rules and Regulations, and policies. By requesting an Application the applicant agrees to read and become familiar with the Bylaws, Rules and Regulations, manuals, and policies. The applicant may be required to submit to a medical, psychiatric or psychological examination at the applicant’s expense, if deemed appropriate by the Credentials Committee or MEC, which may select or approve the examining physician or psychologist. Within the specified time period the applicant shall submit a completed and signed Application on the prescribed form (or accompanied by an explanation of why answers are unavailable), along with completed and fully executed medical, substance, and mental record authorizations, and such non-refundable Application fee as specified by the Hospital.

1.5.3 Minimum Eligibility Criteria

Each applicant must meet the following minimum eligibility criteria for the requested Medical Staff category and shall provide competent evidence of same:

1. Education

Each applicant seeking membership to the Medical Staff shall be a graduate of a professional school approved by a nationally or internationally recognized accrediting body and by the Texas Medical Board (TMB), Council on Podiatric Medical Education of the American Podiatric Medical Association, or the Commission on Dental Accreditation of the American Dental Association. At the time of the initial Application, the applicant shall have satisfactorily completed a residency (with the exception of General Dentistry) program accredited by one of the following:

* American Council for Graduate Medical Education (ACGME)
* American Osteopathic Association (AOA)
* Commission on Dental Accreditation of the American Dental Association (ADA)
* Council on Podiatric Medical Education
1. Board Certification

All applicants seeking clinical privileges and membership on the Medical Staff shall be certified, or shall be an active registered candidate within their practice specialty, or shall have been certified in the past by one of the following specialty boards:

* American Board of Medical Specialties (ABMS)
* American Osteopathic Association (AOA)
* Royal College of Physicians and Surgeons of Canada
* American Board General Dentistry, American Board of Dental Public Health or American Board of Pediatric Dentistry
* American Board of Oral and Maxillofacial Surgery (ABOMS)
* American Board of Podiatric Surgery (ABPS)
* American Board of Podiatric Medicine (ABPM)

Notwithstanding the requirement of 1.5.3 B, an applicant who is not board certified at the time of initial appointment must obtain certification no later than the time of Application for reappointment following the seventh (7th) year after completion of training. A failure to secure such board certification may render the applicant ineligible for reappointment. Four failures to successfully pass all parts of the Board Certification exam during the seven (7) years following completion of training shall render the applicant ineligible for initial appointment or reappointment. If not board certified at the time of initial appointment, it is the applicant’s responsibility to provide information to the Medical Staff Services office when certification is obtained.

Maintenance of certification shall not be a requirement for continuing Medical Staff membership.

On or after the date of initial approval of these Bylaws, every new applicant must be board certified in the specialty and subspecialty for which privileges are requested. Medical Staff members who have maintained continuous Medical Staff membership at Hospital prior to the date of initial approval of these Bylaws, and/or who are ineligible to apply for board certification or who are not currently board certified, may be considered for renewal of Medical Staff membership if they can document sufficient training, experience and competence and otherwise meet the requirements of Medical Staff membership.

Applicants who practice within a subspecialty shall be certified in such subspecialty to the extent such certification exists and meets the requirements of 1.5.3 B.

1. Licensure

All applicants shall be in the process of applying for a license or hold a current valid and unrestricted license to practice in the State of Texas (or in the case of telemedicine, a current, valid and unrestricted Texas license to practice out of state telemedicine) and document that no current or past license from any state has ever been suspended for more than thirty (30) days or revoked.Applicants must disclose all licenses currently or previously held.

In the case of visiting practitioners, they shall meet all the licensure obligations as established by the TMB.

If required for clinical practice**,** each applicant seeking membership on the Medical Staff shall maintain a current, valid and unrestricted controlled substances certificate with the Federal Drug Enforcement Administration (DEA).

1. Insurance

All applicants seeking membership on the Medical Staff shall have and maintain at all timesprofessional medical liability insurance that is currently in force with a minimum limit of $200,000 per occurrence and $600,000 in the aggregate and that does not exclude from coverage any of the procedures for which the applicant is seeking clinical privileges. Professional medical liability insurance is not required for Military Staff, Honorary Staff, Referring Staff or Administrative Staff who do not have clinical privileges, duties or responsibilities.

1. Privilege Forms

Each applicant shall also meet the specific eligibility requirements for requested privileges as delineated on the applicable privilege form(s).

1. Experience

All applicants must have actively practiced in a Joint Commission or CMS accredited facility at least two (2) of the past five (5) years and have no unverifiable gaps in practice greater than twelve (12) consecutive months (physicians, oral surgeons, and podiatrists). Three (3) months of recent experience in a full-time clinical residency shall be considered equivalent.

1. The applicant must not be the subject of an integrity or compliance agreement with any federal or state entity.

2. The applicant must not be subject to any exclusions or limitations imposed by any state or federal health care program, including but not limited to, Medicare or Medicaid.

3. The applicant must take and pass such random drug screening exams as may be required.

4. Physicians, oral surgeons and podiatrists must provide a profile of professional activity from the current hospital or facility of main affiliation for the last two (2) years or residency training logs if a recent graduate, documenting the applicant’s clinical work. In the event the applicant is unable to document appropriate hospital/facility activity, the applicant shall provide documentation sufficient to explain the lack of requisite hospital/facility activity as well as documentation of current clinical competence.

#### 1.5.4 Additional Criteria for Applicants Re-Entering Practice

1. Re-entry applicants must meet the criteria as required in this Section.
2. To qualify for an Application, an applicant seeking re-entry into practice must submit the documentation as required in the second column of **Table A** of this section.
3. Re-Entry applicants shall have maintained a current medical license during the time away from practice, including but not limited to compliance with the minimum continuing medical education (CME) requirements of the TMB completed within the last two (2) years that satisfies the TMB requirements for current licensure. Documentation shall include the title and date of the course and the number and type of credits received.
4. All applicants for re-entry shall undergo a focused professional practice evaluation (FPPE) in accordance with these Bylaws and policies. As indicated in the third column of **Table A**, applicants will document and submit a specific number of initial cases for review by the Performance Improvement Department or as assigned by the Credentials Committee.
5. To complete an Application, an applicant who has not provided acute inpatient care within the past two (2) years who requests clinical privileges at the Hospital shall arrange proctoring with a current Member in good standing of the Medical Staff who practices in the same or like specialty, subject to approval by the Credentials Committee. The applicant shall assume responsibility for any financial costs required to fulfill the requirements. The proctoring Medical Staff member provided by the applicant and approved by the Credentials Committee shall be required to review all cases required in the third column of **Table A** in accordance with these Bylaws and policies. If the applicant is unable to obtain a proctoring Medical Staff member who is approved by the Credentials Committee, the applicant’s Application to the Medical Staff shall remain incomplete.
6. The criteria for re-entry into practice do not apply to applicants who timely seek a return from a leave of absence. Rather, the Medical Staff Bylaws govern returning from a leave of absence. If the applicant is deemed to have voluntarily resigned after a leave of absence, however, the criteria for re-entry may apply.

 **Table A**

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| --- | --- | --- |
| **Time Frame Away From Hospital Care Practice**  | **Documentation Required** | **Co-Admissions and Prospective Review** |
| Between12 and 24 months  | 1. Case list for last year of practice;
2. CME completed within last two (2) years; and
3. Written statement from re-entering applicant summarizing activities during the past 12 to 48+ months.
 | **First 6 cases**Documented and submitted to the Performance Improvement Department within 72 hours of discharge. |
| Between24 and 48 months | 1. Case list for last year of practice;
2. CME completed within last two (2) years;
3. Specialty-specific formal retraining; and
4. Written statement from re-entering applicant summarizing activities during the past 12 to 48+ months.
 | **First 12 cases**Documented and submitted to the Performance Improvement Department within 72 hours of discharge. |
| 49 months or more | 1. Case list for last year of practice;
2. CME completed within last two (2) years;
3. Specialty-specific formal re-training;
4. Written statement from re-entering applicant summarizing activities during the past 12 to 48+ months.
 | **First 24 cases**Documented and submitted to the Performance Improvement Department within 72 hours of discharge. |

1.5.5 Waiver

One or more of the eligibility requirements in 1.5.3 A or Bmay be waived by the Board of Trustees, in its sole discretion. The Board of Trustees may consider, among other things, whether the best interests of the Medical Staff or Hospital or patient care needswill be served by granting Medical Staff membership to an Applicant whose ineligibility is due only to these requirements. In circumstances where an applicant is not eligible for Board Certification by reason of foreign training, a permanent waiver may be granted. This exception does not apply to the granting of temporary privileges for a limited duration as provided in these Bylaws. A failure to grant a waiver does not entitle the applicant to any hearing rights under these Bylaws.

####  1.5.6 Initial Review of Applications

Initially, the Credentials Committee and/or its designee, which includes the Medical Staff Services office, shall determine whether the applicant satisfies all the minimum eligibility criteria for Medical Staff membership. If the applicant fails to meet the minimum eligibility criteria, the applicant shall be notified in writing within thirty (30) days of the determination of ineligibility and the reasons for such ineligibility. The Application shall be withdrawn immediately due to ineligibility without further processing or consideration. Failure to meet the minimum eligibility criteria does not entitle an applicant to the right to a hearing under these Bylaws.

#### 1.5.7 Additional Required Information

As part of the credentialing process, the applicant shall disclose and/or provide the following information which will be considered in determining suitability of the applicant for admission to the Medical Staff:

1. Any voluntary or involuntary restriction, abatement, reduction, suspension, relinquishment, lapse, denial or revocation and/or investigations of the applicant’s license to practice in any state or locality;
2. Any voluntary or involuntary restriction, abatement, reduction, suspension, relinquishment, lapse, denial or revocation of the applicant’s DEA registration, as well as any investigations related to such registration;
3. Any voluntary or involuntary restriction, abatement, reduction, suspension, relinquishment, lapse, denial or revocation and/or investigations by a health care entity of the applicant’s Medical Staff membership or clinical privileges at any facility that grants membership and privileges;
4. Any disciplinary action or investigation which resulted in corrective actionby a health care entity;
5. Any denied membership Application or renewal, or any disciplinary action taken against the applicant, by any medical organization including, but not limited to, Physician Hospital Organizations (PHOs) and Accountable Care Organizations (ACOs);
6. Any investigations, sanctions, exclusions or limitations imposed by the Texas Medical Foundation (TMF) or any other professional review organization;
7. Any investigations, sanctions, exclusions or limitations imposed by any state or federal entity or and state for federal health care program, including but not limited to, Medicare or Medicaid;
8. Any investigations, sanctions, exclusions or limitations imposed by any private health care program, including, but not limited to, private third party insurers, health maintenance organizations (HMOs), PHOs, and ACOs;
9. Any arrest or filing of criminal charges against the applicant;
10. Any professional liability cases filed, currently pending or final judgments or settlements that have been made against, or entered by, the applicant;
11. Requested membership category and clinical privileges;
12. Information confirming health status;
13. List of health care facilities or organizations where the applicant currently holds or has at any time held membership and clinical privileges;
14. Unless otherwise required by the Credentials Committee, three (3) peer references from unrelated individuals in the same field and/or specialty who can attest to the applicant’s professional qualifications and clinical competency within the past two (2) years relating to the privileges requested unless otherwise approved by the Credentials Committee. These individuals may not currently be in practice with the applicant and may not have a current or known future financial relationship with the applicant. Applicants finishing training programs shall provide one (1) reference from the program director of each program completed, whether residency programs, fellowship programs or both, as well as two (2) other references from individuals who are knowledgeable about the applicant’s professional performance within the past two (2) years. All peer references should have first-hand knowledge of the applicant’s abilities;
15. Any periods of time in excess of thirty (30) days, except for voluntary resignation, that the applicant has not been in continuous active practice or residency;
16. Affirmation and evidence that the applicant has established or will establish an office within a reasonable distance and/or time frame of the Hospital in keeping with the nature and extent of privileges being sought, or as required by the Medical Staff Rules and Regulations or by the appropriate clinical Department to allow for a timely response to patient needs and to provide appropriate continuity of care. Applicants for Telemedicine Staff privileges or for Medical Staff memberships without privileges are exempt from the requirements of this subsection;

Q. Current cell phone number and e-mail address;

R. Evidence of compliance with the Medical Staff’s required immunizations for vaccine preventable diseases;

S. Documentation of training in the use of the Hospital Electronic Health Record System (EHR System).

T. Documentation of successful completion of Hospital Orientation.

U. Affirmation that, unless otherwise disclosed, the applicant:

1. Has never been limited in any way by a physical problem that currently affects clinical practice;

2. Has never been limited in any way at any time by any mental, alcohol, drug, or substance problems;

3. Has never been placed or asked to be placed under a clinical, behavior, monitoring, rehabilitation, or other type of contract, agreement, or understanding (whether in writing or not, whether disciplinary or not) related to alcohol, drug, or substance abuse or behavior, mental, emotional, or physical issues; and

4. Has never received any type of treatment for drug, alcohol, or substance abuse.

V. Such other information as may be requested.

### **1.6 Effect of Application**

1.6.1 By applying for appointment to the Medical Staff, each applicant:

1. Agrees to appear for interviews as requested by any committee of the Medical Staff;
2. Agrees to participate in anorientation for new members as part of theinitial appointment process;
3. Agrees to participate in EHR System training and to remain proficient in the use of the EHR System throughout any appointment period;
4. Authorizes and agrees to execute all documents necessary to allow the Credentials Committee, the MEC and the Board of Trustees and/or their designees, which includes the Medical Staff Services office, to contact individuals and organizations who have been associated with the applicant and who may have information bearing on the applicant’s current competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information in both oral and written forms;
5. Consents and agrees to execute all documents necessary to allow inspection, by the Credentials Committee, MEC or the Board of Trustees and/or their designees, which includes the Medical Staff Services office, of records and documents, including medical, substance abuse, mental health, therapy records, and criminal history relevant to an evaluation of the applicant’s qualifications and ability to perform the requested clinical privileges, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
6. Agrees to sign applicable documents releasingfrom any liability, to the fullest extent permitted by law, all persons and entities involved in the credentialing process for their acts performed in connection with investigating and evaluating, determining, recommending, and/or deciding on the granting of Medical Staff membership and clinical privileges;
7. Consents to the full disclosure of any information regarding the applicant’s professional, disciplinary, or ethical standing, that the Hospital or Medical Staff or any committee thereof may have, to other hospitals, health care entities, medical associations, licensing boards, local, state or federal entities, third party payors and to other similar organizations, and releases all those involved in the gathering and release of such information from liability for so doing to the fullest extent permitted by law;
8. Consents to releasing any and all information relating to membership or privileges denial, revocation, or restriction at another facility or who is subject to an investigation as defined by these Bylaws;
9. Agrees that any misstatements in or omission from the Application for appointment or request for clinical privileges may constitute cause for denial of appointment and/or termination from the Medical Staff or AHP Staff;
10. Agrees that in the event privileges are granted, applicant will not exercise such privileges until he/she has completed a Hospital orientation and has received such training with the Hospital’s electronic health record system as deemed necessary by the Hospital and/or MEC.

### **1.7 Procedure for Approval of Application**

#### 1.7.1 Review and Verification of Information

The Credentials Committee or its designee, shall assess whether the applicant meets all the qualifications for Medical Staff membership and/or privileges by verifying, to the best of its ability, the accuracy and veracity of the information submitted by the applicant, as follows:

1. Licensure.

Document and verify from primary sources the applicant’s current and previous licensure status.

1. Relevant education, training and experience.

Document and verify from primary sources whenever feasible the veracity of the applicant’s disclosures regarding relevant education, training and experience; query the National Practitioner Data Bank; confirm board certification or registered active candidate status from the applicable specialty board.

1. Continuing professional competence.

Document and verify from primary sources whenever feasible the veracity of the applicant’s disclosures regarding relevant experience; query references and review profile of professional activity or residency training logs if a recent graduate.

1. Health status.

Affirm absence of any history of alcohol, substance abuse or physical or mental health conditions from the director of the residency and fellowship program, or by the chief of service or staff at another hospital where the applicant has privileges, or by a currently licensed physician designated by the Credentials Committee. Such confirmation may include a physical and/or mental health examination conducted by a health care professional of the Credentials Committee’s choosing at the applicant’s expense. Applicant shall execute all authorizations as may be necessary to perform this review.

1. Litigation history.

Reasonable verification of the existence of any prior or current claims, demands**,** lawsuits, settlements, or judgments, including, but not limited to, malpractice claims.

1.7.2 Within forty-five (45) days of the receipt of initial Application, if all requested information has not been received the Application may be considered as incomplete and will be withdrawn.

#### 1.7.3 Hospital Needs and Resources

The Board of Trustees may decline to offer particular clinical privileges in connection with appointment, reappointment or otherwise on the basis of:

1. An inability to provide adequate facilities or support services for a service line or for the applicant and such applicant’s patients;
2. The existence of a contractual or other arrangement for the provision by applicants of professional services of the type being requested;
3. Changes in the law;
4. A determination that privileges requested are for services, treatment or procedures the Board of Trustees has determined will not be offered by the Hospital;
5. A determination that the privileges requested are beyond the scope of practice of the applicant’s discipline as defined by law; or
6. A determination that additional practitioners for a particular discipline and/or appointment category are not necessary for the provision of services, treatment or procedures to patients;

A decline to offer clinical privileges under this Section shall not constitute a denial of clinical privileges and shall not entitle the applicant to the right to a hearing under these Bylaws.

Refer to the Medical Staff policy for additional information about requests for new technology, procedures and/or privileges.

#### 1.7.4 Department Review

Upon a determination that an Application is complete, the Application and all supporting documentation will be presented to the appropriate Department Chair, acting on behalf of the Credentials Committee, for the purpose of reviewing the Application. The appropriate Department Chair may conduct a personal or telephone interview with the applicant. The Department Chair shall evaluate all matters that he/she deems relevant to arriving at a recommendation regarding clinical privileges. The Department Chair may contact other individuals with personal knowledge of the applicant’s qualifications. After reviewing all pertinent information, but in no event later than thirty (30) days after receiving the completed Application, the Department Chair shall make a written recommendation to the Credentials Committee regarding department appointment and clinical privileges to be granted, if any, along with any special conditions.

#### 1.7.5 Credentials Committee Recommendation

Not later than ninety (90) days after receiving a completed Application with recommendation from the Department Chair,the Credentials Committee shall make its recommendation. During such time, the Credentials Committee may interview the applicant, seek additional information from the applicant and others and/or request further review or input as it deems appropriate. The time frame for acting upon a completed Application maybe extended by the number of days required to obtain such additional information. After reviewing all pertinent information and making a determination the Application is complete, the Credentials Committee shall make a written recommendation to the MEC regarding appointment, clinical privileges to be granted and department assignment, along with any special conditions.

If action on a completed Application is deferred by the Credentials Committee it must be followed up at the next meeting.

Recommendations of the Credentials Committee shall be forwarded together with all supporting documentation to the MEC. All supporting documentation includes the Application and its accompanying information, the reports and recommendations of the Department Chair and comments by the Credentials Committee, if any, as well as all dissenting votes.

#### 1.7.6 MEC Recommendation

Not later than thirty (30) days after receiving the recommendation from the Credentials Committee, the MEC shall make its recommendation to the Board of Trustees. During such time, the MEC may interview the applicant, seek additional information from the applicant and others, and/or request further review or input as it deems appropriate. The time frame for acting upon an Application shall be extended by the number of days required to obtain such additional information. After reviewing all pertinent information, the MEC shall make a written recommendation on a completed Application to the Board of Trustees regarding appointment, clinical privileges to be granted, and department assignment along with any special conditions.

If a recommendation is deferred it must be followed up at the next regular meeting of the MEC.

#### 1.7.7 Board of Trustees Action

The Board of Trustees shall take action ona completed Application not later than sixty (60) days after receiving a recommendation from the Medical Staff. At such time, the Board of Trustees may request further review or input as it deems appropriate before acting upon the Application, as necessary. The Board of Trustees may delegate the authority to render those decisions to a subcommittee of at least two voting members of the Board of Trusteesto render a temporarydecision on behalf of the full Board of Trustees in the case of expedited processing underthese Bylawsuntil such time as the full Board of Trustees' next regularly scheduled meeting.

1. Favorable Action

If the action of the Board of Trustees is favorable to the applicant, written notice shall be sent to the applicant regarding: (1) the Medical Staff status to which the applicant is appointed; (2) the Department to which the applicant is assigned; (3) the clinical privileges granted; and (4) any special conditions attached to the appointment. Such notice shall be sent nolater than twenty(20) days following the action of the Board of Trustees.

1. Unfavorable Action

If the action of the Board of Trustees is unfavorable to the applicant, written notice shall be sent to the applicant no later than twenty(20) days following the action of the Board of Trustees. The applicant shall be ineligible to reapply to the Medical Staff for the specific clinical privileges previously denied for a one (1) year period commencing upon the date of final resolution of the applicant’s status (i.e. either the date of notice from Board of Trustees if no hearing is requested, or the date of resolution of any hearing or subsequent appeals). Any re-application after one (1) year shall be processed as a request for an initial appointment.

C. Deferral by the Board

If the MEC recommends a denial of an application or re-application and the applicant has requested a hearing under these Bylaws, the Board of Trustees, in its sole discretion, may defer action on the Application or re-application until all hearing and appeal rights granted under these Bylaws have been exhausted.

### **1.8 Special Provisions**

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#### 1.8.1 Contracted Services

1. Exclusive Policy

Whenever hospital policy specifies that certain hospital facilities or services may be used on the exclusive basis in accordance with the contracts or letters of agreement between Hospital and qualified Practitioners, then other staff appointees must, except in an emergency or life-threatening situation, adhere to this exclusivity policy in arranging care for their patients. Application for initial appointment or for clinical privileges related to hospital facilities or services covered by exclusivity agreements shall not be accepted or processed unless submitted in accordance with the existing contract or agreement with Hospital.

1. Granting of Membership and Privileges and Automatic Termination

Applicants for Medical Staff membership by virtue of a contractual relationship to provide clinical services in the Hospital are not entitled to the automatic granting of membership or clinical privileges by virtue of the contractual relationship. Such applicants shall follow the procedures for requesting membership and clinical privileges as outlined in these Bylaws. Unless the contractual relationship between the Practitioner and the Hospital, or the Practitioner’s group and the Hospital, states otherwise, the Practitioner’s membership and any associated clinical privileges shall be deemed automatically terminated if the contractual relationship is terminated (either by termination of the contract, or termination of the Practitioner’s association with the contracted group). In such event, the Practitioner shall have no right to a hearing under these Bylaws.

1. Effect of Staff Appointment Termination

Because practice at Hospital is always contingent upon continued staff appointment and is also constrained by the extent of clinical privileges granted, a Practitioner's right to use hospital facilities is automatically terminated when his/her staff appointment expires or is terminated. Similarly, the extent of his/her clinical privileges is automatically limited to the extent the pertinent clinical privileges are diminished.

1.8.2 Organ Procurement

It is the policy of the Medical Staff to exempt members of the Organ Procurement Organization’s (OPO) organ recovery team from the Medical Staff’s Membership, credentialing and privileging requirements and to accept the credentialing decisions made by the OPO(s) with which the Hospital has a written agreement. As such, the Medical Staff will not be required to separately grant Medical Staff Membership or credential and/or privilege Members of the organ recovery team for the OPO(s) with which the Hospital has entered into a written agreement, but only to the extent such recovery team’s activities are limited solely to the harvesting of cadaveric tissues and/or other body parts for transplantation, therapy, research or educational purposes pursuant to the Federal Anatomical Gift Act and the requirements of the laws of the State of Texas, and further, only to the extent the applicable OPO has agreed in writing to send only “qualified, trained individuals” to perform organ recovery at the Hospital.

#### 1.8.3 Expedited Process for Initial Appointment

In exceptional circumstances, an expedited processing of a particular Application may be necessary to satisfy a demonstrated patient care or Hospital need. In such exceptional circumstances, the evaluation of an Application on an expedited basis shall be performed pursuant to the following criteria. If the Application is deemed incomplete, or if at any step of the approval process, a review is unfavorable to the Practitioner, the Application will no longer be eligible for expedited processing. All information on the Application must be verified in accordance with these Bylaws before clinical privileges can be granted under expedited processing.

1. The criteria for expedited processing include:
2. Satisfaction of all the qualifications to be considered for membership as delineated in these Bylaws, the Rules and Regulations, relevant privilege form(s), and any applicable Hospital and Department policy or procedure;
3. Proof of acceptable malpractice claims history activity (including past and current malpractice claims, settlements or judgments) in light of the Practitioner’s specialty;
4. Demonstration of acceptable practice history (e.g. the Applicant has actively practiced in a Joint Commission or CMS accredited facility at least two of the past five years with no unexplained or unverifiable gaps in chronological school, training or practice history);
5. Receipt of unanimously favorable peer recommendations;
6. Nodisciplinary actions or special conditions during medical school, residency and/or fellowship training, or practice history;
7. No investigations, denials, restrictions, lapses, probations, suspensions or limitations on the DEA Certificate;
8. Noinvestigations, denials, restrictions, lapses, probations, suspensions or limitations on any current or previous professional license in Texas or in any other jurisdiction;
9. No probations, withdrawals, special conditions, restrictions, reductions, suspensions, relinquishments, lapses, denials or revocations of Medical Staff membership or clinical privileges by any hospital or health care entity;
10. No sanctions, exclusions or limitations imposed by any medical organization or professional review organization;
11. No criminal history, felony or misdemeanor (excluding minor traffic violations, but including driving while intoxicated or under the influence) convictions;
12. No past or pending sanctions, limitations or exclusions from participation in any governmental or private third party agency, insurance program, reimbursement program, including participation in the Medicare and Medicaid programs;
13. No history of substance abuse or health conditions that may adversely affect the Practitioner’s ability to perform clinical privileges requested;
14. License(s) and DEA certificates are current and unrestricted;
15. Professional liability insurance in the amounts required by these Bylaws;
16. Training and/or experience support the privileges requested; and
17. Recommendation from Department Chair for expedited review of Applicant’s request for membership and clinical privileges.
18. Recommendations

Following recommendation for approval by the Credentials Committee and/or the MEC, the Chief of Staff shall make a written recommendation to the Hospital President and the Board of Trustees. To the extent membership on the Medical Staff and clinical privileges are so granted, such membership and privileges shall take effect immediately and will be submitted for final approval to the full Board of Trustees at its next regularly scheduled meeting.

If the Applicant is not eligible for expedited credentialing, the Application shall be processed in an unexpedited manner in keeping with these bylaws.

### **1.9 Procedure for Reappointment**

#### 1.9.1 Application

At least six months, one hundred eighty (180) days, prior to the expiration date of a Medical Staff Member’s current appointment, a notification for reappointment shall be sent to the Member. Within ninety (90) days prior to appointment expiration each Member must submit to the Medical Staff Services office the completed reappointment Application and all supporting documentation.

#### 1.9.2 Department Review

When complete, the Medical Staff Services office shall forward the Application and all pertinent information to the appropriate DepartmentChair. The completed Application for reappointment submitted by the Member must include all information necessary to update and evaluate the Member’s qualifications, including but not limited to, the items set forth in these Bylaws. The Department Chair shall review the Application, follow the processes described in these Bylaws, and may consider any additional information available including, but not limited to the following:

1. Number of admissions and/or encounters;
2. Timeliness in completing medical records;
3. Results of quality assurance/performance improvement activities, including drug utilization review, relating to the Member’s clinical and/or technical competence using relevant Practitioner-specific data compared to aggregate data, when available, and Performance Measurement Data including morbidity and mortality data, when available; and
4. Fulfillment of Medical Staff responsibilities relating to the Member’s category of Staff membership.

#### 1.9.3 Credentials Committee Recommendation

The Credentials Committee shall follow the process described in these Bylaws.

#### 1.9.4 MEC Recommendation

The MEC shall follow the process described in these Bylaws.

#### 1.9.5 Board of Trustees Action

The Board of Trustees shall follow the process described in these Bylaws.

### **1.10 Failure to Submit a Completed Reappointment Application**

If the Practitioner does not submit a completed Application by ninety (90) days prior to the reappointment expiration date, the Application may be deemed incomplete within the sole discretion of the MEC and if deemed incomplete the Practitioner’s clinical privileges and/or membership will expire at the end of the current staff appointment. Any Application submitted after being deemed incomplete shall be processed as a request for an initial appointment upon receipt of appropriate initial application fees, unless the Practitioner is otherwise deemed ineligible. If a staff appointment expires because of an incomplete reappointment application or failure to submit a reappointment application, the Practitioner is not entitled to a hearing under these Bylaws.

### **1.11 Leave of Absence**

#### 1.11.1 Leave Status – General

A Medical Staff member may obtain a voluntary leave of absence (not to exceed the earlier of one (1) year or the last day of the Member’s current term of appointment) from the Medical Staff by submitting a written request to the Credentials Committee specifying the reasons and the approximate period of leave. During a leave of absence, the Member shall not exercise clinical privileges at the Hospital, and membership rights and responsibilities shall be inactive. In exceptional circumstances and upon demonstrating good cause, a leave of absence may be extended beyond one (1) year upon approval of the MEC, but not to exceed the current term of appointment.

1. In the event a Practitioner is incapable of requesting a leave of absence for reasons of health or circumstances, the MEC may review same and in its sole discretion place the Practitioner on a leave of absence.
2. Members who anticipate being unavailable for patient care at Hendrick Medical Center for ninety (90) days or longer must make a written request for a leave of absence. Such request shall be forwarded to the Medical Staff Office prior to the anticipated unavailability or as soon as possible after the member becomes unavailable. Members who fail to request such leave of absence as provided herein shall be deemed to have voluntarily resigned their membership and privileges ninety (90) days following their initial date of unavailability.

1.11.2 Military

A Medical Staff member who is on leave of absence by reason of military deployment outside of the United States, may remain on leave of absence until returned from deployment by the Military. Such Member shall seek reinstatement in keeping with 1.12.5 within six (6) months of being returned from deployment from the Military. Medical staff membership shall be considered abated during any period of deployment outside of the United States and for the first six (6) months after being returned from such redeployment.

1.11.3 Reappointment while on Leave of Absence

In the event a member’s current appointment to the Medical Staff is scheduled to expire during his/her leave of absence, the member must complete an Application for reappointment within the time requirements and as otherwise required by these Medical Staff Bylaws or he/she will be deemed to have voluntarily resigned from the Medical Staff at the end of his/her reappointment period. If the member is reappointed during his/her leave of absence, the reappointment shall be held in abeyance, pending approval of the member’s request for reinstatement. Licensure, insurance and certifications must be kept current while on leave of absence.

1.11.4 Investigation while on Leave of Absence

If at the time the leave of absence is requested the Practitioner is currently under investigation by a Medical Staff or Hospital committee, such investigation may, within the sole discretion of the investigating committee, be abated until such time as the Member requests reinstatement. If the Member’s membership expires while the investigation is abated, the expiration will be considered as a resignation while under investigation and may be reportable to the National Practitioner Data Bank and any appropriate licensing agencies.

#### 1.11.5 Reinstatement

1. Leave for Reasons Other than Illness, Incapacity, or Impairment

If the leave of absence is for any reason other than the Medical Staff member’s illness, incapacity, or impairment or other cause that could affect the Member’s ability to fully and competently exercise the clinical privileges granted to such Member the leave of absence may be terminated prior to its expiration at the written request of the Member and the Member will be reinstated by the Chief of Staff. To be reinstated, the Member must submit a written request prior to expiration of the period specified in the Member’s request for leave.

1. Leave for Illness, Incapacity, or Impairment

In circumstances when the leave of absence is due to illness, incapacity, or impairment, or other causes that could affect the Member’s ability to fully and competently exercise the clinical privileges granted to such Member, reinstatement is conditioned upon a showing that:

1. The Member has submitted to the Credentials Committee a written request for reinstatement, and demonstrated that the reasons for the leave will no longer exist by the expiration of the leave or by the requested date for reinstatement. For a leave of absence of more than thirty (30) days, the request for reinstatement shall be made at least thirty (30) days prior to the end of the leave of absence. For a leave of absence of thirty (30) days or less, the request for reinstatement shall be made as soon as possible prior to the end of the leave of absence;
2. In case of impairment, the Member has submitted to the Credentials Committee awritten request for reinstatement at least thirty (30) days prior to the expiration of the leave. For a leave of absence of thirty (30) days or less, the request for reinstatement shall be made as soon as possible prior to the end of the leave of absence. The Member must also present a letter of release from the Member’s physician, and, as may be required by the MEC or other Medical Staff Committee, an agreement for ongoing treatment or therapy, a treatment plan from a treating physician, and the Member’s agreement for random testing, if applicable;
3. The Member currently meets all of the qualifications for membership set forth in these Bylaws;
4. The Member currently meets the qualifications for the category of membership to which he/she shall be reinstated; and
5. The Member has submitted such other information as requested by the Credentials Committee, the MEC, other Medical Staff Committee or the Board of Trustees.
6. No reinstatement of a leave granted under 1.11.5 B above shall be effective until approved by the Board of Trustees upon the recommendation of the MEC.
7. In the event a Member is incapable of giving notice of reinstatement thirty (30) days prior to the expiration of the leave of absence for reasons of health or circumstances, the MEC may review same and in its sole discretion extend the leave of absence.

1.11.6 Failure to Request Reinstatement

Except as noted above, failure to request reinstatement from a leave of absence shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic revocation of Medical Staff membership and clinical privileges. This voluntary resignation does not entitle the Medical Staff Member to the right of a hearing under these Bylaws. A request for Medical Staff membership subsequently received from someone who fails to request timely reinstatement shall be submitted and processed in the manner specified for Applications for initial appointments.

### **1.12 Lapse of Application**

There shall be no reinstatement of terminated, lapsed, or relinquished membership except in the case of a return from an approved leave of absence or in the event that the termination or lapse was occasioned by an error on the part of the Hospital. In the event of terminated, lapsed, or relinquished membership, the affected Practitioner must reapply and qualify for Staff membership. Such applicant cannot be granted temporary privileges; therefore, he/she cannot treat or attend patients in the Hospital until membership and clinical privileges have been approved by the Board of Trustees. Whether, and to what extent, proctoring of such an individual shall be required shall be determined by the Board of Trustees upon recommendation of the Credentials and Medical Executive Committees and shall be based upon the amount of time the applicant has been away from the Hospital and any concerns regarding the applicant’s previous record with the Hospital.