

## ARTICLE II. MEMBERSHIP AND CLINICAL PRIVILEGES

### 2.1 Granting of Membership and Privileges

#### 2.1.1 Requests for Membership

Applicants for the following staff categories may apply for membership without clinical privileges:

- Referring
- Administrative
- Retired
- Honorary

#### 2.1.2 Requests for Privileges

Each application for appointment and reappointment to the following Medical Staff categories must contain a request for the specific clinical privileges desired by the applicant:

- Active
- Affiliate
- Military
- Telemedicine

#### 2.1.3 Basis for Determining Privileges

Requests for clinical privileges shall be evaluated on the basis of the applicant's demonstrated ability to exercise such privileges, including, but not limited to the following:

- A. Relevant education, training and experience;
- B. Satisfaction of the minimum eligibility criteria and qualifications described in Article I of these Bylaws for appointment and the criteria set forth in the applicant's privilege form(s);
- C. Documented patient care results, as well as the results of other quality review and monitoring that the Board of Trustees deem appropriate; and,
- D. Clinical performance results obtained from other institutions and health care settings where the applicant exercises or has exercised clinical privileges;
- E. Demonstrated current competence in area of practice which should include:
  - Patient care
  - Medical/clinical knowledge
  - Practice-based learning and improvement

- Interpersonal and communication skills
  - Professionalism
  - Systems based practice
- F. Required references;
- G. The ability to perform the privileges requested and other relevant information including an appraisal by the appropriate Medical Staff leader; and,
- H. Health status adequate to provide safe patient care.

## 2.2 Exercise of Privileges

### 2.2.1

Except as otherwise provided in these Bylaws, a member of the Medical Staff shall be entitled to exercise only those clinical privileges as specifically granted by the Board of Trustees, outlined in the applicable privilege form(s) and within the scope of the license authorizing the applicant to practice in this state. In addition, such privileges shall be consistent with any conditions placed on such practice, and subject to the Rules and Regulations of the Medical Staff, applicable Hospital or Department policies and procedures.

### 2.2.2 ~~Dentists and~~ Podiatrists

Privileges granted to ~~dentists or~~ podiatrists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical privileges that each ~~dentist and~~ podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. ~~All podiatric and dental patients (except patients of Oral Surgeons) shall be co-admitted by a physician member of the Active Medical Staff and shall receive the same basic medical appraisal as patients admitted for other surgical services. Consistent with the clinical privileges granted, podiatrists may admit and perform full histories and physicals for any podiatric admissions. However, podiatrists may not perform full histories and physicals for patients who are not undergoing podiatric medical treatment. A physician member of the Active Medical Staff shall be responsible for the care of any medical problem that may be presented at the time of admission or that may arise during hospitalization. If inpatient admission becomes necessary for non-podiatric medical treatment, the patient will be transferred to the Hospitalist service or a physician who can provide inpatient evaluation and care.~~

### 2.2.3 Dentists

Privileges granted to dentists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical privileges that each dentist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. All dental patients (except patients of Oral Surgeons) shall be co-admitted by a physician member of the Active Medical Staff and shall receive the same

basic medical appraisal as patients admitted for other surgical services. A physician member of the Active Medical Staff shall be responsible for the care of any medical problem that may be presented at the time of admission or that may arise during hospitalization.

## **2.2.43 Emergency Medicine Physicians**

Privileges granted to Emergency Medicine physicians include the ability to write admission orders on behalf of the Admitting Physician. These orders may be written only after consultation with the Admitting Physician, both physicians agreeing with the decision to admit, without the necessity of the Admitting Physician needing to evaluate the patient prior to such admission. The Rules and Regulations, Medical Staff policies, or privilege forms will dictate the purpose and application of such orders.

## **2.3 Modification of Clinical Privileges or Department Assignment**

2.3.1 A Medical Staff member may request a modification of staff category or clinical privileges at any time by submitting relevant documentation of training and experience, except that such request may not be submitted for at least twelve (12) months after a substantially similar request was denied unless the Medical Staff and Hospital determine in the interim that specialized services which were not initially present now exist. A modified application is processed in the same manner as a reappointment. All requests for increased privileges must be accompanied by information demonstrating current clinical competence in the specific privileges requested.

2.3.2 Changes in staff status, including the voluntary resignation of Medical Staff membership, and changes of clinical privileges by Medical Staff members must be made in writing to the Medical Staff Services office. Changes of staff status, including voluntary resignations of Medical Staff membership, and changes of clinical privileges by Medical Staff Members that affect an unreferral call schedule, as determined by Hospital, for the provision of emergency services will not be implemented for at least a minimum of thirty (30) days from the receipt of the written request by the Medical Staff Services office.

2.3.3 The Credentials Committee may recommend a change in the clinical privileges or Department assignment of an applicant pursuant to a request. The Credentials Committee may also recommend that the granting of additional clinical privileges to a current Medical Staff member be made subject to a period of monitoring.

2.3.4 Any Medical Staff Member whose practice has been interrupted for a period of one hundred twenty (120) Days or more by reason of disability may be interviewed by the Credentials committee for re-evaluation of privileges.

2.3.5 Medical Staff members shall maintain all core privileges as identified on the applicable privilege form. If a Member wishes to modify applicable core privileges the Member shall present such modification to the Credentials Committee by and through the Medical Staff Services office. The Credentials Committee shall

consider such request and may require the Member to appear before the Committee to explain the basis for the request. The Credentials Committee shall make a recommendation to the Medical Executive Committee (MEC) with regard to such request. The MEC may require the Member to appear before the MEC to explain the request. The MEC may grant, deny or modify such request. The Member shall not be entitled to a hearing with regard to the decision by the MEC related to any request to modify core privileges.

- 2.3.6 If a Medical Staff member requesting a change of clinical privileges or department assignment fails to furnish in a timely fashion the information necessary to evaluate the request, the request shall be deemed to be withdrawn, and the member shall not be entitled to a right to a hearing under these Bylaws. The deemed withdrawal of the request for new privileges as provided herein will be limited to the new privileges.

## **2.4 Temporary Clinical Privileges**

### **2.4.1 Circumstances**

Temporary clinical privileges may be granted to a Practitioner for the care and treatment of specific patients, for the provision of specific procedures, or for a specific period of time where good cause exists, as determined by the Credentials Committee or its designee. Good cause includes:

- A. Fulfillment of an urgent patient care, treatment, or service need;
- B. Applicants applying for new privileges which includes an individual applying for clinical privileges at the Hospital for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is in the reappointment process and is requesting one or more additional privileges may be granted temporary privileges for the additional privileges requested upon the approval of the Credentials Committee while awaiting review and approval by the Medical Executive Committee (MEC) and Board of Trustees.
- C. Performance or demonstration of a medical or surgical procedure for educational purposes. The applicant will be required to complete an application for specific temporary privileges; or
- D. Provision of consultative services by a non-staff Practitioner needed because of the Practitioner's clinical expertise or a patient request. The applicant will be required to complete an application for specific temporary privileges.

### **2.4.2 General Conditions**

An applicant receiving temporary clinical privileges must be appropriately licensed to practice or if not licensed in the State of Texas must be approved as a visiting physician by

the Texas Medical Board, and demonstrate the qualifications, ability and good judgment necessary to exercise the temporary clinical privileges requested consistent with these Bylaws. The applicant shall be bound by these Bylaws and the Rules and Regulations of the Medical Staff, and the applicant's clinical privileges shall be granted only for the duration of the urgent patient care, treatment or service need, the patient's stay, the provision of specific procedure(s) for a specified time period, or until fully appointed to the Medical Staff, but in no event shall the granting and exercising of Temporary Privileges exceed one hundred twenty (120) days. Applicant shall exercise only those privileges granted and only under the conditions specified.

#### 2.4.3 Procedure to Obtain Temporary Clinical Privileges

- A. Requests for temporary clinical privileges shall be directed through the Medical Staff Services office to the appropriate Department Chair as the designee of the Credentials Committee. The Department Chair or designee, acting on behalf of the Credentials Committee, shall evaluate the request and the verification of the information below and recommend whether to approve or deny the request based on same;
  - 1. A complete application;
  - 2. Current unrestricted license issued by the Texas Medical Board;
  - 3. Relevant training or experience including a profile of professional activity documenting the applicant's clinical work;
  - 4. References from the same field or specialty as the applicant, not partners or relatives, who have firsthand knowledge of the applicant's abilities and indicate the applicant is qualified and capable of performing the privileges requested);
  - 5. Ability to perform the privileges requested;
  - 6. Other criteria required by the Bylaws and law;
  - 7. A query and evaluation of the National Practitioner Data Bank (NPDB) information;
  - 8. Current Professional Liability insurance in the amounts required by these Bylaws;
  - 9. No current or previous board orders with any state licensing agency.
  - 10. No investigations, denials, restrictions, lapses, probations, suspensions or limitations on any current or previous professional license in Texas or in any other jurisdiction;
  - 11. No probations, involuntary 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;
  - 12. No sanctions, exclusions or limitations imposed by any medical organization or professional review organization;
  - 13. No criminal history, felony or misdemeanor (excluding minor traffic violations, but including driving while intoxicated or under the influence) convictions;
  - 14. 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; and
15. No history of drug, alcohol, or substance abuse.

- B. The request and the recommendation of the Credentials Committee or MEC shall be forwarded to the Hospital CEO. The Hospital CEO shall notify the applicant and the Department Chair of the determination. If granted, temporary clinical privileges shall take effect immediately and shall be submitted for ratification at the next Board of Trustees meeting. Denial of such request shall not entitle the applicant to a right to a hearing under these Bylaws.

#### 2.4.4 Specific Temporary Privileges

Upon receipt of an application for specific temporary privileges from an appropriately licensed applicant and verification of such applicant's qualifications and credentials to teach or learn specific clinical procedures, the CEO, upon written concurrence of the Chief of Staff, may grant specific temporary privileges to an applicant for the purpose of teaching or learning specific clinical procedures.

#### 2.4.5 Termination of Temporary Clinical Privileges

- A. Temporary privileges shall expire as specified in "General Conditions." Additionally, temporary clinical privileges may be terminated at any time in the following manner:
  1. By the Hospital CEO, upon consultation with the Chief of Staff, or designee, or by any person entitled to impose summary suspension pursuant to these bylaws, upon the discovery of any information, or the occurrence of any event that brings into question a Practitioner's qualifications or ability to exercise any or all of the temporary clinical privileges granted; or when in the best interest of patient care a temporary Practitioner's conduct appears to require that immediate action be taken to protect the well-being of any person including patients, visitors, and Hospital personnel, or to reduce a substantial and imminent likelihood of injury or impairment to the life, health, or safety of any person including patients, visitors, and Hospital personnel; or
  2. By the Board of Trustees if it does not ratify the granting of temporary privileges.
- B. In such cases, the respective Department Chair, or in the Chair's absence, the Chief of Staff or Vice Chief of Staff shall assign a member of the Medical Staff to assume responsibility for the care being provided by such Practitioner. The wishes of the patient shall be considered in selecting a replacement Practitioner. A Practitioner whose temporary clinical privileges are terminated shall not be entitled to a right to a hearing under these Bylaws. In the event temporary privileges are terminated under 2.5.4

A, the Practitioner shall not be eligible to apply for full or permanent privileges.

## **2.5 Privileges in Patient Emergencies**

In the case of an emergency, any member of the Medical Staff, within the scope of the member's license and regardless of department, staff status, or clinical privileges, is permitted to provide patient care, treatment and service necessary as a life-saving measure or to prevent serious harm to a patient. The Medical Staff member shall make every reasonable effort to communicate promptly with the patient's attending physician or, if the patient has no attending physician, with the appropriate Department Chair concerning the need for emergency care and assistance by members of the Medical Staff with appropriate clinical privileges. Once the emergency has passed or other assistance has been made available, the Medical Staff member shall defer to the patient's attending physician or the appropriate Department Chair.

## **2.6 Privileges in Disaster Situations**

- 2.6.1 When the Hospital disaster plan has been implemented and the immediate needs of the patients cannot be met, the Hospital may implement a modified credentialing and privileging process for eligible volunteer Practitioners. The Hospital CEO, the Chief of the Medical Staff, Chief Medical Officer, or the individuals designated in Hospital Emergency Management policy, may grant at their discretion and on a case-by-case basis, temporary emergency disaster privileges to volunteer Practitioners, who are not members of the Medical Staff and do not have clinical privileges at the Hospital, to address immediate patient care needs in accordance with the disaster plan. The granting of these privileges shall be based on the needs of the Hospital and its patients and the qualifications of the volunteer Practitioners. The Medical Staff Services office shall be notified as soon as practicable when privileges are granted.
- 2.6.2 Volunteer Practitioners considered eligible to act as licensed independent Practitioners in the Hospital must at minimum present valid government-issued photo identification by a state or federal agency (e.g. driver's license or passport) and one of the following:
  - A. A current hospital photo identification card that clearly identifies professional designation;
  - B. A current license to practice;
  - C. Primary source verification of the license;
  - D. Identification indicating that the volunteer Practitioner is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corp (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations of groups;

- E. Identification indicating that the volunteer Practitioner has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal authority); or
  - F. Identification by a current hospital or Medical Staff member who possesses personal knowledge of the volunteer Practitioner's ability to act as a licensed independent Practitioner during a disaster.
- 2.6.3 As soon as practicable, the volunteer Practitioner shall provide such minimum required information as well as insurance coverage and primary hospital affiliation to the Medical Staff Services office for verification. Refusal to provide such information will disqualify a volunteer Practitioner from eligibility for temporary emergency disaster privileges or, if privileges have already been granted, shall result in such privileges being withdrawn and the volunteer Practitioner removed from Hospital premises. In either event the volunteer Practitioner will not be entitled to a right to a hearing under these Bylaws.
- 2.6.4 The Medical Staff Services office shall verify such information as required and provided as well as continuing current competence from primary sources as soon as the immediate situation is under control and within seventy-two (72) hours from the time the volunteer Practitioner presents to the Hospital. In the extraordinary circumstance that primary source verification cannot be completed in seventy-two (72) hours, it must be completed as soon as practicable and there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment and services; and an attempt to rectify the situation as soon as practicable.
- 2.6.5 Any volunteer Practitioner granted emergency disaster privileges under the disaster plan must be provided with appropriate identification before exercising temporary emergency disaster privileges to permit ready identification. Such volunteer Practitioner may provide patient care only in the designated disaster plan treatment centers, and only under the direct supervision of the chief or alternate chief (or their designees) of the assigned disaster plan treatment center or a designated Medical Staff member. Upon the discovery of any information or the occurrence of any event that raises questions about the volunteer Practitioner's qualifications or abilities, the supervising chief, department chair or alternate chair of the assigned disaster plan treatment center or the Chief or Vice Chief of the Medical Staff (or their designees) may terminate the volunteer Practitioner's temporary emergency disaster privileges. Temporary emergency disaster privileges otherwise will terminate when the emergency or disaster situation no longer exists without any right to a hearing under these Bylaws.

## **2.7 Duties after Appointment**

By accepting an appointment to the Medical Staff and clinical privileges at the Hospital, the Medical Staff member shall have the ongoing obligations to:



2.7.1 Notify the Medical Staff Services office in writing no later than ten (10) business days upon actual or constructive knowledge of any of the following:

A. Any material change to information submitted as part of an initial or renewal application for Medical Staff membership including all information required by these Bylaws; including, but not limited to:

1. An arrest or criminal charges filed against the Medical Staff member;
2. The filing of a professional liability case against the Medical Staff member related to professional misconduct;
3. Complaint(s) filed with Texas Medical Board (TMB), which have resulted in an official/jurisdictional investigation;
4. Agreed orders by any Texas State licensing authority by which the Medical Staff member is licensed to practice;
5. Loss of certification – if at any time the Medical Staff member is no longer certified as a diplomat or a registered active candidate in good standing in the process toward certification by the applicable specialty board;
6. Diagnosis of or treatment for drug, alcohol, substance abuse, chemical dependency, is or has received treatment for a mental, physical or emotional condition that may affect patient safety or interfere with the Practitioner's ability to safely exercise clinical privileges;
7. Being placed or being asked to be placed on a clinical, behavior, monitoring, rehabilitation or other type of contract, agreement or understanding (whether in writing or not, whether disciplinary in nature or not) related to alcohol, drug, substance abuse, behavior, mental, emotional, clinical or physical issues;
8. Any requested or mandatory leave of absence by the Medical Staff member at any health care facility;
9. The cessation of medical practice by the Medical Staff member at any health care facility for any reason (except for a voluntary resignation while not under investigation for a period exceeding thirty (30) days; and
10. The reduction of the Medical Staff member's professional liability insurance coverage below the minimum limits set forth in these Bylaws, or exclusion from coverage for any procedures for which the Medical Staff member has or is seeking clinical privileges.

2.7.2 Provide and/or secure continuous care of the Medical Staff member's patients and seek consultation whenever necessary or appropriate;

2.7.3 Maintain an ethical practice, including refraining from the following: offering, soliciting, providing or accepting illegal inducements for patient referrals, allowing patient care services to be provided by a physician-in-training without the direct supervision of the responsible attending physician, and delegating patient care

responsibility to non-qualified or inadequately supervised Practitioners;

- 2.7.4 All Medical Staff members are to document a complete medical history and physical examination (H&P) for all patients within twenty-four (24) hours of admission, prior to surgery, or any procedure requiring consent, moderate sedation, deep sedation or anesthesia unless emergent. H&Ps performed in ~~a Medical Staff member's~~ the office of a Medical Staff Member or a physician, podiatrist, or other licensed practitioner who is not a Medical Staff Member but who is practicing within their scope of practice may be accepted if the H&P was performed within thirty (30) days prior to admission or surgery. Any such H&P ~~and~~ must be reviewed, updated, or documentation provided attesting that the H&P was reviewed, the patient was examined and that "no change" has occurred in the patient's condition since the H&P was completed within twenty-four (24) hours of admission. H&Ps completed prior to thirty (30) days or H&Ps not properly updated will not be accepted.

A. Consistent with the clinical privileges granted, a podiatrist can perform a full H&P for podiatric admissions.

A-B. Podiatrist/Dentist can perform an H&P relevant to the body systems specific to their privileges. For additional information relevant to complete the H&P, a Physician (MD or DO) must be consulted.

B-C. Advanced Practice Providers on the APP Staff may perform an H&P as specified in their scope of practice.

C-D. Additional requirements contained in the H&P are set forth in the Rules and Regulations.

- 2.7.5 Maintain continued compliance with the vaccination policy required for credentialed providers.
- 2.7.6 Maintain on file with the Medical Staff Services office a current cell phone and/or pager number and a current e-mail address.
- 2.7.7 Maintain competency in the Hospital's Electronic Health Record system.
- 2.7.8 Undergo alcohol, drug and substance, testing as determined by the MEC in its sole discretion.
- 2.7.9 Maintain continued compliance with the Medical Staff and Hospital Codes of Conduct.
- 2.7.10 Abide by the Medical Staff Bylaws and associated documents and other policies and procedures of the Hospital.

## 2.8 Categories of the Medical Staff

Membership on the Medical Staff of Hendrick Medical Center is a privilege which shall be extended only to professionally competent physicians, podiatrists and dentists who continuously meet the qualifications, standards and requirements set forth in these Bylaws, Rules and Regulations, and associated Medical Staff policies, and privilege forms.

The Medical Staff appointment categories shall include Active, Affiliate, Referring, Military, Telemedicine, Retired, Honorary, and Administrative.

At each campus, members of the Active and must name and notify an Active or Affiliate Staff member of record with the same privileges who is to be called to attend the member's patients (medical, dental or Emergency Department) when the member cannot be reached or, as in the case of Affiliate Staff members, cannot admit.

Members of the Affiliate Staff must name and notify an Active Staff member of record with the same privileges who is to be called to attend the member's patients (medical, dental or Emergency) when the member cannot be reached or, as in the case of Affiliate Staff members, cannot admit.

The Board of Trustees and the MEC may choose not to offer every category to every specialty as they determine will best serve and fulfill the Hospital's mission.

The Medical Staff has the authority to review the activity levels (i.e. number of contacts) and make the appropriate category assignment or reassignment of its members at any time.

#### 2.8.1 Active Staff

##### A. Qualifications

Physicians, dentists and podiatrists who regularly admit and/or provide services to patients at Hendrick Medical Center.

##### B. Prerogatives

A member of the Active Staff may:

1. Admit patients without limitation, subject to these Bylaws, the Rules and Regulations and applicable Hospital and Medical Staff policies and procedures;
2. Exercise such clinical privileges as granted pursuant to these Bylaws;
3. Vote on all matters presented at general and special meetings of the Medical Staff and of the Departments, Medical Staff Section Committees and committees of which he is a member; and
4. Hold any office that is voted on by all members of the Medical Staff and in the Departments, Medical Staff Section Committees and committees of which he/she is a member.

##### C. Responsibilities

A member of the Active staff shall:

1. Participate in the emergency services call coverage program as determined by the Department and approved by the MEC;
2. Maintain an office within a reasonable proximity to the hospital as determined by the MEC in order to provide continuous care to their patients;
3. Actively participate in the quality evaluation and monitoring activities required of Medical Staff members;
4. Discharge the responsibilities set forth in these Bylaws, Medical Staff Rules and Regulations and applicable Hospital and Department policies and procedures;
5. Retain responsibility within his/her area of professional competence for the continuous care and supervision of each patient for whom he/she is responsible for providing services in the Hospital, or arrange a suitable alternative as applicable in accordance with these Bylaws, Medical Staff Rules and Regulations and applicable Hospital and Department policies and procedures;
6. Have procedures in place to provide care to or assist in the provision of care to such staff member's patients who come or are brought to the hospital's emergency room;
7. Report any changes in health status as outlined in "Duties after Appointment" to the MEC; and
8. Discharge such other staff functions as may be required from time to time by the MEC or the Chair of the Department in which the member is assigned.

#### 2.8.2 Affiliate Staff

Affiliate Staff Members are not eligible to hold office or vote. They may serve on Medical Staff committees and if so assigned may vote on that committee. The Affiliate Staff shall be limited to those physicians, dentists and podiatrists who either:

- A. Have a formal call relationship with a member of the Active Staff and are qualified to provide care for a periodic, limited time while providing call coverage. Affiliate Staff Members providing on-call coverage for an Active Staff Member are not limited by the number of consults or the number of procedures while covering. The Affiliate Staff Member can admit in the name of an Active Staff Member in the course of providing formal coverage for the practice of such Active Staff Member; or
- B. Provide consultations in the area of the Member's expertise. In-house consultations are limited to twenty-four (24) per year. Consultations do not include procedures. A consultation is distinguished from other evaluation and management visits because it is provided by a Medical Staff Member whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another Medical Staff Member; or

- C. Only assist in surgery with a surgeon who is primary.

#### 2.8.3 Military Staff

The Military Staff category shall be limited to physicians assigned to Dyess Air Force Base. The physicians in this category shall be able to treat active duty uniformed personnel and eligible Department of Defense (DOD) beneficiaries pursuant to an external resource sharing agreement with the Hospital, and shall be responsible for the medical care of such patients. Physicians in the Military Staff category shall not be eligible to hold office or vote.

Physicians in the Military Staff category shall not be required to meet the Medical Staff Bylaws requirements of Texas licensure, Texas Department of Public Safety registration, and professional liability insurance coverage. However, a physician in the Military Staff category must hold a current, unrestricted medical license from a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States.

In the event a physician in the Military Staff category would like to attend or consult other patients in addition to active duty uniformed personnel and/or eligible DOD beneficiaries, then such Military Staff Member shall no longer qualify for the Military Staff category and must meet the requirements for either Active or Affiliate Staff membership.

#### 2.8.4 Telemedicine Staff

A. Qualifications:

Telemedicine Staff shall consist of Members of the Medical Staff who are physically located at a site other than the site where the patient is located, for the purposes of evaluation, diagnosis, consultation, or treatment which requires the use of advanced telecommunications technology. A member of the Telemedicine Staff may be either an in state provider or an out of state provider and must satisfy all requirement of the Texas Medical Board for the practice of Telemedicine, including licensure requirements.

B. Responsibilities/Limitations:

1. Actively participate in the quality evaluation and monitoring activities required of Medical Staff members;
2. Discharge the responsibilities set forth in these Bylaws, Medical Staff Rules and Regulations and applicable Hospital and Medical Staff policies and procedures;
3. Retain responsibility within his/her area of professional competence for the continuous care and supervision of each patient for whom he/she is responsible for providing services, or arrange a suitable alternative as applicable in accordance with these Bylaws, Medical Staff Rules and Regulations and applicable Hospital and Department policies and procedures;

4. Report any changes in health status as outlined in “Duties after Appointment” to the Credentials Committee immediately;
5. Discharge such other staff functions as may be required from time to time by the MEC or the Chair of the Department in which the member is assigned;
6. An out-of-state telemedicine licensee’s clinical practice shall be limited exclusively to the interpretation of diagnostic testing and reporting results to a physician fully licensed and located in Texas or for the follow-up of patients where the majority of patient care was rendered in another state, and the license holder shall practice medicine in a manner so as to comply with all other statutes and laws governing the practice of medicine in the state of Texas;
7. Unless a person holds a current full license to practice medicine in Texas a person holding an out-of-state telemedicine license shall not be authorized to physically practice medicine in the state of Texas;
8. Is not required to participate in the Unreferred Emergency Call program, unless contracted to do so;
9. May not hold medical staff leadership position;
10. Shall not admit patients to the Hospital.

#### 2.8.5 Referring Staff

##### A. Qualifications

The Referring Staff category shall consist of physicians, dentists and podiatrists who have no inpatient admissions or consultations. Referring Staff Members may not admit patients or have inpatient ordering privileges. Their patients who need to be admitted to the hospital shall be referred to the care of a hospitalist or other appropriately privileged Member of the Active Staff by prior arrangement between the Referring Staff Member and the Active Staff member.

##### B. Prerogatives

Referring Staff Members may:

1. Perform outpatient preadmissions and H & Ps (physicians and podiatrists only – does not apply to ~~podiatrists and~~ dentists);
2. Make rounds on inpatients they have referred for admission at the discretion of the admitting/attending physician;
3. Review medical records on site at the request of the attending physician;
4. Consult with the attending physician, the patient, and the patient’s family;
5. Observe diagnostic and surgical procedures with the approval of the attending physician; and
6. Be assigned to Medical Staff committees and attend General Staff meetings.

Referring Staff Members may not:

1. Enter or give orders or direct patient care;
2. Write progress notes or otherwise enter documentation in the inpatient medical record;
3. Perform any procedures or provide any treatment;
4. Admit, attend, or engage in any active medical management; or
5. Vote on Medical Staff issues or hold elected office in Medical Staff leadership.

Referring Staff Members shall be required to complete an application specifically designed for the Referring Staff, provide the names of two professional references (MD, DO, DPM, DDS, DMD) and possess a current, valid and unrestricted license to practice in the State of Texas.

#### 2.8.6 Administrative Staff

Medico-Administrative Officers, Chief Medical Officers and Vice Presidents of Medical Staff, or other physician (Administrative Staff), who act in a purely administrative capacity with no clinical duties or privileges may, but need not be a member of the Medical Staff. Administrative Staff are subject to the regular personnel policies of the Hospital and to the terms of any contract or other conditions of employment or administrative appointment. Administrative Staff with no clinical duties or privileges shall not be subject to the clinical requirements of the Medical Staff Rules and Regulations.

A Medico-Administrative officer, Chief Medical Officer or Vice President of Medical Staff, who serves in an administrative capacity and has some clinical duties, must be a member of the Medical Staff, appointed and having clinical privileges granted in accordance with these Bylaws.

A member of the Administrative Staff shall:

- A. Discharge the applicable responsibilities set forth in these Bylaws, the Medical Staff Rules and Regulations, as well as Hospital and Departmental policies and procedures; and
- B. Report any changes in health status as outlined in "Duties after Appointment) to the Credentials Committee immediately; and
- C. Discharge such other functions as may be required from time to time by the MEC or the Chair of the Department to which he/she is assigned;
- D. Be exempt from Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation requirements, but only if having no clinical duties;
- E. Not be required to participate in the Emergency Services Call program.

F. Not hold elected medical staff leadership position or vote.

#### 2.8.7 Retired Staff

To be eligible for the retired staff status, the Member must have held Active, Affiliate, Referring or Administrative Medical Staff membership at the Hospital.

A retired staff member is not eligible to admit patients or to exercise clinical privileges in the Hospital. A retired staff member may, however, attend staff and department meetings and hospital educational meetings. A retired staff member shall not be eligible to vote or to hold office in the Medical Staff organization or to hold office in any departments or committees of which he/she is a member.

Practitioners in the retired staff status who have provided outstanding and distinguished service to the Medical Staff and the Hospital may be recognized for such service by the additional designation as Honorary Staff.

#### 2.8.8 Honorary Staff

The Honorary Staff shall consist of those retired physicians, dentists, podiatrists, and others whom the Medical Staff wishes to honor, who continue to adhere to appropriate professional and ethical standards of their profession. Such Members must be recommended by a current Medical Staff Member in good standing and approved by the MEC. Honorary Staff Members may attend Medical Staff continuing education functions and serve on Medical Staff committees (except committees involved in peer review) but may not admit, attend, or perform consultations for patients and shall maintain no clinical privileges. Those retired staff in the Honorary Staff category shall not be eligible to hold office or vote on matters presented to the General Staff.