HENDRICK MEDICAL CENTER
BROWNWOOD

MEDICAL STAFF BYLAWS

Effective June 5, 2025

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

Unless otherwise indicated, the definitions that apply to terms used in these Bylaws are set forth in the Credentials & Procedures Policy.

1.B. DELEGATION OF FUNCTIONS

(1) When a function under these Bylaws is to be carried out by a member of Administrative Leadership, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Physician or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws Documents. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

(2) When an individual who is assigned a function under these Bylaws is unavailable or unable to perform that function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. SUBSTANTIAL COMPLIANCE

While every effort will be made to comply with all provisions of these Bylaws, technical or minor deviations from the procedures set forth within these Bylaws will not invalidate any review or action taken.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

2.A. GENERAL

(1) Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials & Procedures Policy are eligible to apply for appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as **Appendix A** to these Bylaws.

(2) To ensure that each Medical Staff member is in the appropriate category based on their relationship to the Hospital, the Credentials Committee retains the right to recommend Medical Staff category placement to the MEC and Board at the time of initial appointment and reappointment.

2.B. ACTIVE STAFF

2.B.1. Qualifications:

The Active Staff will consist of physicians, dentists, and podiatrists who:

(a) regularly admit and treat patients at the Hospital;

(b) have an office and/or residence located in such proximity to the Hospital as to be readily available to hospital patients for continuous care; and

(c) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Hospital through service on committees and/or active participation in performance improvement or professional practice evaluation functions.

2.B.2. Prerogatives and Responsibilities:

Active Staff members:

(a) may admit patients in accordance with their specific delineation of clinical privileges;

(b) may exercise such clinical privileges as are granted to them;

(c) may attend and participate in Medical Staff and applicable department, section, and committee meetings (with vote*);

(d) may hold office, serve as Department Chairs, serve on Medical Staff committees, and serve as chairs of committees;

(e) may attend educational programs of the Medical Staff and the Hospital;

(f) will cooperate in the peer review and performance improvement processes; and

(g) must perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

* In order to retain voting rights, Active Staff members must attend 26% of all combined Medical Staff committee meetings that they are responsible to attend during the preceding year or portion of year since appointment to the Medical Staff.

Examples:

- An Active Staff member who has been Active for more than one year and not on any committees who attends two of four quarterly Medical Staff meetings (50% attendance) would retain voting privileges.

- An Active Staff member who has been Active for six months and not on any committees who attends one of two quarterly Medical Staff meetings during that time would meet the 26% attendance requirement to retain voting privileges.

- An Active Staff member who is on one committee that meets monthly would need to attend four meetings (any combination of the monthly committee meetings and quarterly Medical Staff meetings) to meet the 26% attendance requirements to retain voting privileges.

2.C. COVERAGE STAFF

2.C.1. Qualifications:

(a) The Coverage Staff will consist of physicians, dentists, and podiatrists who:

(1) desire appointment to the Medical Staff solely for the purpose of being able to cover their specialty (i.e., locums tenens physicians, members of Hospital-based specialties that are contracted to provide services at the Hospital but who do not meet the residency/office requirements of the Active Staff (e.g., Hospitalists and Emergence Medicine physicians), or other members of a group practice or coverage group); or

(2) occasionally consult in areas that are not otherwise available or in very limited supply at the Hospital at the request of other members of the Medical Staff (e.g., a consulting specialist).

(b) At each reappointment time, Coverage Staff members will provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

(c) Coverage Staff members are required to comply with any defined response time requirements in place at the Hospital during those times when they are providing services.

(d) The Medical Staff appointment and clinical privileges of Coverage Staff members will be automatically relinquished, with no right to a hearing or appeal, if their contract or coverage arrangement with the Hospital terminates for any reason or if coverage for their specialty becomes readily available on the Active Staff, in which case, the Coverage Staff member may request a transfer to a different staff category if they desire continued appointment.

2.C.2. Prerogatives and Responsibilities:

Coverage Staff members:

(a) may admit patients in accordance with their specific delineation of clinical privileges;

(b) may exercise such clinical privileges as are granted to them;

(c) will assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation, and teaching assignments when covering for their specialty;

(d) will be entitled to attend Medical Staff, department and section meetings (without vote);

(e) may not hold office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees;

(f) will generally have no staff committee responsibilities, but may be invited to serve on committees (without vote);

(g) will cooperate in the peer review and performance improvement processes; and

(h) must perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

2.D. COMMUNITY STAFF

2.D.1. Qualifications:

The Community Staff consists of members who:

(a) desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital and who otherwise meet the eligibility criteria set forth in the Credentials & Procedures Policy with the exception of those related to eligibility criteria for clinical privileges at the Hospital; and

(b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Community Staff as outlined in Section 2.D.2.

The primary purpose of the Community Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care.

2.D.2. Prerogatives and Responsibilities:

Community Staff members:

(a) may not admit patients or exercise clinical privileges at the Hospital;

(b) may attend and participate in Medical Staff, department, and section meetings (without vote);

(c) may not hold office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees;

(d) may be invited to serve on committees (with vote);

(e) may attend educational activities sponsored by the Medical Staff and the Hospital;

(f) may refer patients to members of the Active Staff for admission and/or care;

(g) are encouraged to submit their relevant outpatient records for inclusion in the Hospital's medical records for any patients who are referred;

(h) are encouraged to communicate directly with Active Staff members about the care of any patients referred, as well as to visit any such patients;

(i) may review the medical records and test results (via paper or electronic access) for any patients who are referred;

(j) may perform history and physical examinations in the office and have those reports entered into the Hospital's medical records;

(k) may not: attend patients, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Hospital;

(l) must accept referrals from the Emergency Department for follow-up care of patients treated and released from the Emergency Department; and

(m) may refer patients to the Hospital's diagnostic facilities and order such tests.

2.E. ADMINISTRATIVE STAFF

2.E.1. Qualifications:

The Administrative Staff will consist of members who:

(a) are Physicians who provide administrative services to the Medical Staff and Hospital but who do not have a clinical practice at the Hospital; and

(b) meet the eligibility criteria set forth in the Credentials & Procedures Policy with the exception of those related to emergency call coverage, coverage arrangements, and eligibility criteria for clinical privileges.

2.E.2. Prerogatives and Responsibilities:

Administrative Staff members:

(a) may not admit patients or exercise clinical privileges at the Hospital;

(b) may attend and participate in Medical Staff, department, and section meetings (without vote);

(c) may not hold office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees;

(d) may be invited to serve on committees (with vote); and

(e) may attend educational activities of the Medical Staff and the Hospital.

2.F. TELEMEDICINE STAFF

2.F.1. Qualifications:

The Telemedicine Staff will consist of Physicians who are granted telemedicine privileges in accordance with Article 4 of the Credentials & Procedures Policy and who satisfy all requirement of the Texas Medical Board for the practice of Telemedicine, including licensure requirements. Any telemedicine privileges that are granted in conjunction with a contractual agreement will be incident to and coterminous with the agreement.

2.F.2. Prerogatives and Responsibilities:

(a) Telemedicine Staff members:

(1) may not admit patients to the Hospital;

(2) may attend Medical Staff, department, and section meetings if invited to do so (without vote);

(3) may be appointed to committees (with vote); and

(4) may not hold office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees.

(b) An out-of-state telemedicine licensee's clinical practice will 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 will 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.

(c) Unless a person holds a current full license to practice medicine in Texas, a person holding an out-of-state telemedicine license will not be authorized to physically practice medicine in the state of Texas.

2.G. HONORARY STAFF

2.G.1. Qualifications:

(a) The Honorary Staff will consist of Physicians of outstanding professional and personal reputation who the Medical Staff has chosen to honor in recognition of distinguished service to the Hospital or for distinguished professional achievement.

(b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application/reappointment processing.

2.G.2. Prerogatives and Responsibilities:

Honorary Staff members:

(a) may not admit patients or exercise clinical privileges at the Hospital;

(b) may attend Medical Staff, department, and section meetings (without vote);

(c) may be appointed to committees (with vote);

(d) may attend educational programs of the Medical Staff and the Hospital;

(e) may not hold office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees.

2.H. ADVANCED PRACTICE AND OTHER PROFESSIONAL STAFF

2.H.1. Qualifications:

The Advanced Practice and Other Professional Staff consists of Advanced Practice Providers and Licensed Practitioners. The Advanced Practice and Other Professional Staff is not a category of the Medical Staff but is included in this Article of the Bylaws for convenient reference.

2.H.2. Prerogatives and Responsibilities:

Advanced Practice and Other Professional Staff members:

(a) may not be granted admitting privileges;

(b) may function at the Hospital as permitted by their license and clinical privileges;

(c) may not hold office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees;

(d) may attend meetings of the Medical Staff and applicable department and section meetings (without vote);

(e) may be invited to serve on committees (without vote);

(f) may attend educational programs of the Medical Staff and the Hospital;

(g) will cooperate in the peer review and performance improvement processes; and

(h) must perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

ARTICLE 3

OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff will be the Chief of Staff, Vice Chief of Staff, and Immediate Past Chief of Staff.

3.B. ELIGIBILITY CRITERIA

(1) Only those members of the Medical Staff who satisfy the following criteria initially and continuously will be eligible to serve as an officer of the Medical Staff. They must:

(a) be appointed in good standing to, and have served on, the Medical Staff for at least two years;

(b) have no past or pending adverse recommendations concerning appointment or clinical privileges;

(c) not presently be serving as a Medical Staff officer, Board member or Department Chair at any other hospital and will not so serve during their term of office;

(d) be willing to faithfully discharge the duties and responsibilities of the position;

(e) have at least two years of experience in a leadership position or other involvement in performance improvement functions (e.g., service on Medical Staff committees);

(f) attend continuing education relating to Medical Staff leadership, credentialing, and/or peer review functions prior to or during the term of the office, when requested;

(g) have demonstrated an ability to work well with others; and

(h) disclose any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with the Hospital or any affiliate. This does not apply to services provided within a Physician's office and billed under the same provider number used by the Physician. The MEC will assess any such conflicts to determine whether they are such that they render the individual ineligible for the position.

(2) All Medical Staff Officers must maintain such qualifications during their term of office. Failure to do so will automatically create a vacancy in the office involved, unless an exception is recommended by the MEC and approved by the Board.

3.C. DUTIES

3.C.1. Chief of Staff:

The Chief of Staff will:

(a) act in coordination and cooperation with Hospital Administration in matters of mutual concern involving the care of patients in the Hospital;

(b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the CAO and the Board;

(c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;

(d) appoint all committee chairs and committee members in conjunction with the department chairs;

(e) chair the MEC (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;

(f) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of the Hospital; and

(g) perform all functions authorized in all applicable policies, including Initial Mentoring Efforts and Progressive Steps as referenced in the Credentials & Procedures Policy and other relevant Medical Staff policies.

3.C.2. Vice Chief of Staff:

The Vice Chief of Staff will:

(a) assume all duties of the Chief of Staff and act with full authority as Chief of Staff when the Chief of Staff is unavailable within a reasonable period of time;

(b) serve on the MEC, with vote;

(c) assume all such additional duties as are assigned to him or her by the Chief of Staff or the MEC; and

(d) become Chief of Staff upon completion of his or her term.

3.C.3. Immediate Past Chief of Staff:

The Immediate Past Chief of Staff will:

(a) may serve on the MEC as an *ex officio* member, without vote;

(b) serve as an advisor to other Medical Staff leaders; and

(c) assume all duties assigned by the Chief of Staff or the MEC.

3.D. NOMINATIONS

(1) The Chief of Staff shall be responsible for identifying the name of at least two qualified nominees for any vacant office. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected. Notice of the nominees will be provided to the general Medical Staff prior to the election.

(2) Additional nominations may also be submitted by any member of the Medical Staff either prior to the election or from the floor on the day of the election. However, in order for a nomination to be added to the ballot, the candidate must be willing to serve and meet the qualifications in Section 3.B, in the judgment of the MEC.

3.E. ELECTION

(1) At the discretion of the MEC, elections may occur at called meetings of the Medical Staff. Candidates receiving a majority of votes cast at the meeting by those Voting Members of the Medical Staff present and voting at that meeting will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election will be held promptly between the two candidates receiving the highest number of votes.

(2) In the alternative, elections will be held by written or electronic ballot returned to Medical Staff Services in the manner as indicated on the ballot at the time it is distributed. Ballots will be provided to all Voting Members of the Medical Staff and completed ballots must be received in Medical Staff Services by the date indicated on the ballot. Those who receive a majority of the votes cast will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.

3.F. TERM OF OFFICE

Officers will serve for a term of two years.

3.G. REMOVAL FROM OFFICE OR MEMBERSHIP ON THE MEDICAL EXECUTIVE COMMITTEE

(1) Removal of an elected officer or member of the MEC may be effectuated by a two-thirds vote of the MEC, or by a two-thirds vote of the Voting Members of the Medical Staff, or by the Board. Grounds for removal will be:

(a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;

(b) failure to perform the duties of the position held;

(c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or

(d) an infirmity that renders the individual incapable of fulfilling the duties of that office.

(2) At least 10 days prior to the initiation of any removal action, the individual will be given written notice of the date of the meeting at which action is to be considered. The individual will be afforded an opportunity to speak to the MEC, the Voting Members of the Medical Staff, or the Board, as applicable, prior to a vote on removal. No removal will be effective until approved by the Board.

3.H. VACANCIES

A vacancy in the office of Chief of Staff will be filled by the Vice Chief of Staff, who will serve until the end of the Chief of Staff's unexpired term. In the event there is a vacancy in the Vice Chief of Staff position, the MEC will appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

ARTICLE 4

CLINICAL DEPARTMENTS AND SECTIONS

4.A. ORGANIZATION

The Medical Staff will be organized into departments and sections as determined by the MEC and listed in the Organization Manual. The MEC may create new departments, eliminate departments, create or eliminate sections within departments, or otherwise reorganize the department structure, in accordance with the amendment provisions contained in the Organization Manual.

4.B. ASSIGNMENT TO DEPARTMENTS AND SECTIONS

(1) Upon initial appointment, each Medical Staff member will be assigned to a clinical department and section, if applicable. Assignment to a particular department or section does not preclude a Medical Staff member from seeking and being granted clinical privileges typically associated with another department.

(2) A Medical Staff member may request a change in department or section assignment to reflect a change in his or her clinical practice.

(3) Department or section assignment may be transferred at the discretion of the MEC.

4.C. FUNCTIONS OF DEPARTMENTS

The departments will be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments, (ii) to monitor the practice of all those with clinical privileges in a given department, and (iii) to assure emergency call coverage for all patients.

4.D. QUALIFICATIONS OF ELECTED DEPARTMENT CHAIRS AND VICE CHAIRS

Each Department Chair and Vice Chair will be on the Active Staff and will be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS AND VICE CHAIRS

(1) Except as otherwise provided by contract, departments will be responsible for the selection of their Department Chairs and Vice Chairs. The names of any individuals who are selected to serve as Department Chairs (and any Vice Chairs) will be presented to the Board for its confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board

for acting in a Medical Staff leadership role. If no one is willing to serve as a Department Chair, the Chief of Staff will appoint an individual, in consultation with the MEC.

(2) Any Department Chair or Vice Chair may be removed by a two-thirds vote of the department or by a two-thirds vote of the MEC after reasonable notice and opportunity to be heard. Grounds for removal will be:

(a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;

(b) failure to perform the duties of the position held;

(c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or

(d) an infirmity that renders the Medical Staff member incapable of fulfilling the duties of that office.

(3) Prior to the initiation of any removal action, the Medical Staff member will be given written notice of the date of the meeting at which such action will be taken at least 10 days prior to the date of the meeting. The Medical Staff member will be afforded an opportunity to speak to the department or MEC, as applicable, prior to a vote on such removal being taken.

(4) Department Chairs and Vice Chairs will serve a term of two years and may be reelected for one consecutive term.

4.F. DUTIES OF DEPARTMENT CHAIRS

Department Chairs will work in collaboration with Medical Staff Leaders and other Hospital personnel to collectively be responsible for the following:

(1) all clinically-related activities of the department;

(2) all administratively-related activities of the department, unless otherwise provided for by the Hospital;

(3) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;

(4) recommending criteria for clinical privileges that are relevant to the care provided in the department;

(5) evaluating requests for clinical privileges for each member of the department;

(6) the integration of the department into the primary functions of the Hospital;

(7) the coordination and integration of interdepartmental and intradepartmental services;

(8) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;

(9) determination of the qualifications and competence of department personnel who are not licensed practitioners and who provide patient care, treatment and services;

(10) recommendations for a sufficient number of qualified and competent persons to provide care or services;

(11) continuous assessment and improvement of the quality of care and services provided;

(12) maintenance of quality monitoring programs, as appropriate;

(13) recommendations for space and other resources needed by the department;

(14) assessing and recommending off-site sources for needed patient care services not provided by the department or the Hospital;

(15) the orientation and continuing education of all persons in the department; and

(16) performing all functions authorized in the Credentials & Procedures Policy.

4.G. DUTIES OF DEPARTMENT VICE CHAIRS

Vice Chairs will carry out the duties requested by Department Chairs. Upon request, these duties may include:

(1) assisting with the review of applications for initial appointment, reappointment, and clinical privileges, including interviewing applicants;

(2) evaluation of individuals to assist with ongoing professional practice evaluation and focused professional practice evaluation;

(3) participation in the development of criteria for clinical privileges;

(4) reviewing and reporting on the professional performance of individuals practicing within the section; and

(5) serving in the absence of the Department Chair.

4.H. SERVICE LINES

(1) Hendrick Health may also establish multi-disciplinary service lines to facilitate the delivery of quality, safe, and effective patient care.

(2) When service lines exist, a physician will be designated to serve as a Service Line Director who will have the responsibility for the day-to-day operations of the service line. This physician will work closely with an individual designated by Hendrick Health to assist with day-to-day operations and overall management of the service line.

(3) Notwithstanding the creation of services lines, the primary responsibility for activities related to credentialing, privileging, and the evaluation of professional practice related to the Practitioners who function within the service line will remain the responsibility of the relevant Department Chair or other appropriate Medical Staff Leader or Medical Staff committee.

(4) Service Line Directors may participate in credentialing, privileging, and evaluation of professional practice activities if requested by a Medical Staff Leader or Medical Staff committee. In these circumstances, the Service Line Directors must follow the processes and procedures outlined the Medical Staff Bylaws and policies and treat all such activities and documentation in a strictly confidential and privileged manner. Any documentation that is created by a Service Line Director in this regard will be maintained in the Practitioner's confidential Medical Staff file.

ARTICLE 5

MEDICAL STAFF COMMITTEES

5.A. GENERAL

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

Unless otherwise indicated:

(1) all committee chairs and members will be appointed by the Chief of Staff. All committee members must signify their willingness to meet basic expectations of committee membership as set forth in Section 3.B of the Organization Manual;

(2) Medical Staff committee chairs and members will be appointed for initial terms of two years and may be reappointed for additional terms. All appointed chairs and members may be removed and vacancies filled by the Chief of Staff;

(3) all Hospital and administrative representatives on the committees will be appointed by the CAO, in consultation with the CMO. All such representatives will serve on the committees, without vote; and

(4) the Chief of Staff, CMO, and the CAO will be members, *ex officio*, without vote, on all committees.

5.C. MEDICAL EXECUTIVE COMMITTEE

5.C.1. Composition:

(a) The MEC will consist of the following voting members: the officers of the Medical Staff, Chair of the Credentials Committee, two-elected Physician members-at-large, and the Department Chairs. At least one MEC member shall have served on the previous year's MEC for continuity. No member of the Active Staff is ineligible for membership on the MEC solely because of their professional discipline or specialty.

(b) The Immediate Past Chief of Staff and the CAO will serve as *ex officio*, non-voting members.

(c) The Chief of Staff will chair the MEC.

(d) Other individuals (e.g., other Medical Staff members, Advanced Practice Providers, Hospital personnel, legal counsel, etc.) may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals should be present only for the relevant agenda item and excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.

5.C.2. Duties:

The MEC has the primary oversight authority related to professional activities and functions of the Medical Staff and performance improvement activities regarding the professional services provided by Medical Staff members with clinical privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

(a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings;

(b) recommending directly to the Board on at least the following:

(1) the Medical Staff's structure;

(2) the mechanism used to review credentials and to delineate individual clinical privileges;

(3) applicants for Medical Staff appointment and reappointment;

(4) delineation of clinical privileges for each eligible individual;

(5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;

(6) the mechanism by which Medical Staff appointment may be terminated; and

(7) hearing procedures;

(c) consulting with the CAO on quality-related aspects of contracts for patient care services;

(d) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;

(e) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;

(f) providing leadership in activities related to patient safety;

(g) providing oversight in the process of analyzing and improving patient satisfaction;

(h) prioritizing continuing medical education activities;

(i) reviewing, or delegating to the Bylaws Committee the responsibility to review, at least once every five years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and

(j) performing such other functions as are assigned to it by these Bylaws, the Credentials & Procedures Policy, the Board or other applicable policies.

5.C.3. Meetings:

The MEC will meet as often as necessary to fulfill its responsibilities and will maintain a permanent record of its proceedings and actions.

5.D. CREATION OF STANDING AND SPECIAL COMMITTEES

(1) In accordance with the amendment provisions in the Organization Manual, the MEC may establish additional committees to perform one or more staff functions and may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual Medical Staff member, a standing committee, or a special task force will be performed by the MEC.

(2) Special committees will be created and their Medical Staff members and chairs will be appointed by the Chief of Staff. Such committees will confine their activities to the purpose for which they were appointed and will report to the MEC.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 to December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff will meet quarterly as needed.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff, the MEC, the Board, or by a petition signed by not less than 10% of the Voting Members of the Medical Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS

6.C.1. Regular Department Meetings:

Each department will meet as often as necessary to fulfill their responsibilities, at times set by the Department Chair.

6.C.2. Regular Committee Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each committee will meet as often as necessary to fulfill its responsibilities, at times set by the chair.

6.C.3. Special Meetings:

A special meeting of any department or committee may be called by or at the request of the Presiding Officer, the Chief of Staff, or by a petition signed by not less than 10% of the voting members of the department or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

(a) Medical Staff members will be provided notice of all regular meetings of the Medical Staff and regular meetings of departments and committees at least 10 days

in advance of the meetings. The primary mechanism utilized for providing notice will be e-mail; however, notice may also be provided by mail, facsimile, hand delivery, posting in a designated electronic or physical location, or telephone at least 10 days prior to the meetings. All notices will provide the date, time, and place of the meetings.

(b) When a special meeting of the Medical Staff, a department, and/or a committee is called, all of the provisions in paragraph (a) will apply except that the notice period will be reduced to 48 hours and posting may not be the sole mechanism used for providing notice of a special meeting.

(c) The attendance of any individual Medical Staff member at any meeting will constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

(a) For any regular or special meeting of the Medical Staff, department, or committee, those voting members present (but not fewer than two) will constitute a quorum. Exceptions to this general rule are as follows:

(1) for meetings of the MEC, the PRC, and the Credentials Committee the presence of at least 50% of the voting members of the committee will constitute a quorum; and

(2) for amendments to these Medical Staff Bylaws, at least 10% of the Voting Members of the Medical Staff will constitute a quorum.

(b) The Presiding Officer may permit some members of the Medical Staff or a department or committee that is meeting in person to participate in the meeting via telephone, videoconference, or other approved modes of communication. All such individuals will count for purposes of calculating the quorum and for voting.

(c) As an alternative to an in-person meeting, at the discretion of the Presiding Officer, meetings of the Medical Staff, a department, or a Medical Staff committee may be conducted entirely by telephone or videoconference or the voting members may also be presented with a question by mail, facsimile, e-mail or other electronic means, hand delivery, or telephone and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws (which requires a quorum of 10%) and actions by the MEC and the PRC (which require a 50% quorum), a quorum for purposes of these votes will be the number of responses returned to the Presiding Officer by the date indicated. The question raised will be determined in the affirmative if a majority of the responses returned has so indicated.

(d) Recommendations and actions of the Medical Staff, departments, and committees will be by consensus. In the event it is necessary to vote on an issue, that issue will

be determined by a majority vote of those individuals present. Voting may be by written ballot at the discretion of the Presiding Officer.

6.D.3. Agenda:

The Presiding Officer for the meeting will set the agenda for any regular or special meeting of the Medical Staff, department, or committee.

6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order Revised may be used for reference at all meetings and elections, but will not be binding. Specific provisions of these Bylaws and Medical Staff, department, or committee custom will prevail at all meetings, and the Presiding Officer (Medical Staff Officer, Department Chair, or committee chair, as applicable) will have the authority to rule definitively on all matters of procedure.

6.D.5. Minutes, Reports, and Recommendations:

(a) Minutes of all meetings of the Medical Staff, departments, and committees should be prepared and should include a record of the attendance of Medical Staff members and the recommendations made and the votes taken on each matter. The minutes should be approved in accordance with Medical Staff, department, or committee custom.

(b) Unless otherwise indicated, a summary of all recommendations and actions of the Medical Staff, a department, or a committee should be transmitted to the MEC and to the CAO for purposes of keeping the Board apprised of the activities of the Medical Staff and its departments and committees.

(c) A permanent file of the minutes of all meetings should be maintained by the Hospital.

6.D.6. Confidentiality:

All Medical Staff business conducted by committees or departments is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials & Procedures Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

(a) All members of the MEC, the PRC, and the Credentials Committee are required to attend at least 50% of all regular and special meetings of these committees. Failure to attend the required number of meetings may result in replacement of the member.

(b) Each Active Staff member is expected, but not required, to attend and participate in all Medical Staff meetings and applicable department and committee meetings each year. Failure to meet the attendance requirements of the Active Staff may result in a loss of voting rights, as described in Article 2.

(c) Participation at a meeting by telephone, video conference, or other approved modes of communication may constitute attendance at the discretion of the Presiding Officer.

ARTICLE 7

LEGAL PROTECTIONS FOR PRACTITIONERS
PERFORMING MEDICAL STAFF FUNCTIONS

Practitioners have significant personal legal protections from various sources when they perform functions pursuant to these Bylaws, the Credentials & Procedures Policy, the Medical Staff Organization Manual, and all other policies of the Medical Staff and Hospital, as long as they maintain confidentiality and act in accordance with these Bylaws and related policies. The sources of these legal protections include:

(a) As set forth in Section 2.C.2 of the Credentials & Procedures Policy, all Practitioners agree, as a condition of applying for appointment, reappointment, and/or clinical privileges, to release from liability, extend immunity to, and not sue other practitioners for any actions, recommendations, communications, and/or disclosures made or taken in the course of credentialing and peer review activities.

(b) All applicants for appointment, reappointment, and clinical privileges sign an application form by which they release from liability and agree not to sue other practitioners who participate in credentialing and peer review activities.

(c) Protections are also available under both the Texas peer review statute and the federal Health Care Quality Improvement Act ("HCQIA") for practitioners who participate in credentialing and peer review activities. The Medical Staff Bylaws and related policies have been structured to take full advantage of these legal protections.

(d) The Hospital will indemnify practitioners who perform functions under these Bylaws and related policies for any claims made against the practitioner that are not completely covered by an applicable insurance policy, in accordance with the Hospital's corporate bylaws.

ARTICLE 8

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials & Procedures Policy in a more expansive form.

8.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials & Procedures Policy.

8.B. PROCESS FOR PRIVILEGING

Requests for clinical privileges are provided to the applicable Department Chair, who evaluates the quality and efficiency of services ordered or performed by the individual and reviews the individual's education, training, and experience. The Credentials Committee then reviews the Department Chair's report and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant clinical privileges is favorable, it is forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CAO of the right to request a hearing.

8.C. PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are provided to the applicable Department Chair, who evaluates the quality and efficiency of services ordered or performed by the individual and reviews the individual's education, training, and experience. The Credentials Committee then reviews the Department Chair's report and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant appointment or reappointment is favorable, it is forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CAO of the right to request a hearing.

8.D. TEMPORARY PRIVILEGING

Temporary privileges may be granted by the CAO to (i) applicants for initial appointment and (ii) individuals seeking privileges when there is an important patient care, treatment,

or service need. In either situation, the grant of temporary privileges will not exceed 120 days for new applicants or 60 days for temporary privileges for an important patient care need.

8.E. DISASTER PRIVILEGING

When the disaster plan has been implemented, the CAO, CMO, or Chief of Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

8.F. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF CLINICAL PRIVILEGES

(1) Clinical privileges may be automatically relinquished if an individual:

(a) fails to do any of the following:

(i) satisfy threshold eligibility criteria;

(ii) provide requested information;

(iii) attend a mandatory meeting to discuss issues or concerns;

(iv) complete and comply with educational or training requirements;

(v) comply with request for fitness for practice evaluation; or

(vi) comply with request for competency assessment;

(b) is involved or alleged to be involved in defined criminal activity;

(c) makes a misstatement or omission on an application form;

(d) remains absent on leave for longer than one year, unless an extension is granted; or

(e) is involved in other activities that may trigger an automatic relinquishment under Medical Staff policy.

(2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.

8.G. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

(1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the MEC, OR any Medical Staff Officer or Department

Chair, acting in conjunction with the CMO or the CAO, is authorized to suspend or restrict all or any portion of an individual's clinical privileges as a precaution pending an investigation.

(2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the MEC or CAO.

(3) The individual will be provided a brief written description of the reason(s) for the precautionary suspension.

(4) The MEC will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.

(5) Prior to, or as part of, this review, the individual may be given an opportunity to meet with the MEC.

8.H. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, or Rules and Regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Medical Staff Professionalism Policy or is disruptive to the orderly operation of the Hospital or its Medical Staff.

8.I. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL

(1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.

(2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.

(3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.

(4) A stenographic reporter will be present to make a record of the hearing.

(5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are

available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the Hearing Panel in the form of a post-hearing statement submitted at the close of the hearing.

(6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.

(7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

(8) The affected individual and the MEC may request an appeal of the recommendations of the Hearing Panel to the Board.

ARTICLE 9

AMENDMENTS

9.A. MEDICAL STAFF BYLAWS

(1) Amendments to these Bylaws may be proposed by a petition signed by at least ten Voting Members of the Medical Staff, by the Bylaws Committee, or by the MEC.

(2) In the discretion of the MEC, amendments to the Bylaws will be presented to the Medical Staff in one of the following two ways:

(a) Amendments Subject to Vote at a Meeting: The MEC will report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon by those present at an in-person meeting of the Medical Staff if notice has been provided at least 14 days prior to the meeting. To be adopted, (i) a quorum of at least 10% of the Voting Members of the Medical Staff must be present, and (ii) the amendment must receive a majority of the votes cast by the Voting Members of the Medical Staff at the meeting.

(b) Amendments Subject to Vote via Written or Electronic Ballot: The MEC will present proposed amendments to the Voting Members of the Medical Staff by written or electronic ballot, to be returned by the date and in the manner indicated on the ballot, which date will be at least 14 days after the proposed amendment was provided to the Voting Members of the Medical Staff. Along with the proposed amendments, the MEC will provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 10% of the Voting Members of the Medical Staff, and (ii) the amendment must receive a majority of the votes cast.

In either case, if an amendment is neither approved nor rejected by failure to reach a quorum of at least 10% of the Voting Members of the Medical Staff, then the amendment will be referred back to the MEC. To be adopted, an amendment referred back to the MEC will require a two-thirds approval or "yes" vote of the voting members of the committee. The vote will be held at a meeting or by written or electronic ballot. Such amendments will become effective when approved by the Board.

(3) The MEC will have the power to adopt such clarifications to these Bylaws which are needed because of renumbering, punctuation, spelling or errors of grammar, or change of name(s) or title(s).

(4) All amendments will be effective only after approval by the Board.

(5) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CAO within two weeks after receipt of a request for same submitted by the Chief of Staff.

(6) Neither the Medical Staff nor the Board will unilaterally (without seeking the advice of the other party) amend these Bylaws.

9.B. OTHER MEDICAL STAFF DOCUMENTS

(1) Medical Staff Policies, Procedures, and Rules and Regulations:

(a) In addition to the Medical Staff Bylaws, there will be policies, procedures and Rules and Regulations that will be applicable to all Medical Staff members and other individuals who have been granted clinical privileges. All Medical Staff policies, procedures, and Rules and Regulations will be considered an integral part of the Medical Staff Bylaws but will be amended in accordance with this section.

(b) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these documents will be provided to the Voting Members of the Medical Staff at least 14 Days prior to the MEC meeting when the vote is to take place. Any Voting Member of the Medical Staff may submit written comments on the amendments to the MEC.

(c) The MEC and the Board will have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of provisionally adopted amendments will be provided to each Voting Member of the Medical Staff as soon as possible. The Voting Members of the Medical Staff will have 30 days to review and provide comments on the provisional amendments to the MEC. If there is no conflict between the Medical Staff and the MEC, the provisional amendments will stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below will be implemented.

(d) Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by at least 10% of the Voting Members of the Medical Staff. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.

(e) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.

(f) Adoption of and changes to the Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

(2) Hendrick Health Policies:

In addition to the Medical Staff Bylaws, policies, procedures, and rules and regulations, there will be Hendrick Health policies that will be applicable to all Medical Staff members and other individuals who have been granted clinical privileges. All such Medical Staff policies will be considered an integral part of the Medical Staff Bylaws and will be amended as indicated in the specific policy.

9.C. CONFLICT MANAGEMENT PROCESS

(1) When there is a conflict between the Medical Staff and the MEC with regard to:

(a) proposed amendments to the Medical Staff Rules and Regulations,

(b) a new policy proposed or adopted by the MEC, or

(c) proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting of the Medical Staff to discuss the conflict may be called by the MEC or a petition signed by at least 20% of the Voting Members of the Medical Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.

(2) If the differences cannot be resolved, the MEC will forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the Voting Members of the Medical Staff, to the Board for final action.

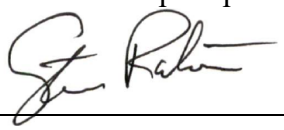
(3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.

(4) Nothing in this section is intended to prevent individual Medical Staff members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Bylaws, the Medical Staff Rules and Regulations, or other Medical Staff policies directly to the Board. Communication from Medical Staff members to the Board will be directed through the CAO, who will forward the request for communication to the Chair of the Board. The CAO will also provide notification to the MEC by informing the Chief of Staff of all such exchanges. The Chair of the Board will determine the manner and method of the Board's response to the Medical Staff member(s).

ARTICLE 10

ADOPTION

These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter thereof.

Medical Staff: 

Board of Trustees: _____

APPENDIX A

MEDICAL STAFF CATEGORIES SUMMARY

	Active	Coverage	Community	Admin.	Telemedicine	Honorary	APP
Category Description	Regularly admit and/or treat patients and are located close enough to the Hospital to ensure continuous care	Cover a specialty or occasionally consult at the Hospital	Desire to be associated with Hospital but have no inpatient practice (Membership only)	Provide administrative services to the Hospital/ Medical Staff but have no clinical practice	Provide telemedicine services to the Hospital from a distant site location	No longer practice but recognized for their reputation, achievements or service at Hospital	APPs who provide services at the Hospital
May hold Admitting Privileges	Y	Y	N	N	N	N	N
Exercise clinical privileges	Y	Y	N	N	Y	N	Y
OPPE/FPPE	Y	Y	N	N	Y	N	Y
May attend Medical Staff and applicable Department meetings	Y	Y	Y	Y	Y	Y	Y
May vote at Medical Staff and applicable Department meetings	Y	N	N	N	N	N	N
May serve as a Medical Staff Officer	Y	N	N	N	N	N	N
May be invited to serve on Medical Staff committees	Y	Y	Y	Y	Y	Y	Y
Voting rights when serving on a committee	Y	N	Y	Y	Y	Y	N
May be appointed chair of a Standing Medical Staff committee	Y	N	N	N	N	N	N
Emergency Call Responsibilities	Y	Y	F/C	N	N	N	N

Y = Yes
N = No
F/C = No Emergency Call responsibilities but may be directed referrals from the Emergency Department for follow-up care.

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

(a) General Documentation Requirements

(1) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by an individual who has been granted clinical privileges by the Hospital to perform histories and physicals.

(2) The scope of the medical history and physical examination will include, as pertinent:

- chief complaint;
- details of present illness;
- review of systems and physical examination, to include pertinent findings in those organ systems relevant to the presenting illness;
- relevant medical history, appropriate to the age of the patient;
- medications and allergies;
- assessments, including problem list; and
- plan of treatment.

(b) H&Ps Performed Prior to Admission

(1) Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.

(2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record by an individual who has been granted clinical privileges to complete histories and physicals.

(3) The update of the history and physical examination will be based on an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.

(4) In the case of readmission of a patient, all previous records will be made available by the Hospital for review and use by the attending physician.

(c) Cancellations, Delays, and Emergency Situations

(1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, procedures performed in the operating suites, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until an appropriate history and physical examination is recorded in the medical record, unless the attending physician states in writing that an emergency situation exists.

(2) In an emergency situation, when there is no time to record either a complete or a Short Stay history and physical, the attending physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, an assessment of the patient's heart rate, respiratory rate, and blood pressure. Immediately following the emergency procedure, the attending physician is then required to complete and document a complete history and physical examination.

(d) Short Stay Documentation Requirements

A Short Stay History and Physical Form, approved by the MEC, may be utilized for (i) ambulatory or same day procedures, or (ii) short stay observations which do not meet inpatient criteria. These forms will document the chief complaint or reason for the procedure, the relevant history of the present illness or injury, and the patient's current clinical condition/physical findings.