TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Ambulatory Clinics

Professional Staff Bylaws

Lubbock Campus

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DEFINITIONS

A. **Active Professional Support Staff**: The Active Professional Support Staff shall consist of Social Workers, Licensed Professional Counselors, Certified Drug and Alcohol Counselors, Physician Assistants, Nurse Practitioners, and Dieticians who regularly attend patients in the Ambulatory Clinics under the supervision of a Professional Staff Practitioner.

B. **Ambulatory Clinics**: The Texas Tech University Health Sciences Center School of Medicine Ambulatory clinics.

C. **Clinical Appointment**: The appointment granted to practitioners who are not full or part-time salaried faculty, are non-tenure track, and are not TTUHSC staff Practitioners, but who have applied for appointment in writing, and meet appointment requirements of the appropriate Clinical Department, as well as comply with core requirements common to all Practitioners, as approved by the Dean.

D. **Clinical Privileges**: Permission, defined in writing, to provide medical care in the Texas Tech University Health Sciences Center School of Medicine Ambulatory Clinics within specified limits, based upon the Practitioner’s professional license, experience, competence, ability, and judgment.

E. **Consultant**: A physician, podiatrist, dentist, oral surgeon, psychologist or other Professional Staff who provides advice or service at the request of a Practitioner.

F. **Day**: All days including weekends and holidays.

G. **Dean**: The individual appointed by the President of the Texas Tech University Health Sciences Center charged with the overall management of the School of Medicine and its Ambulatory Clinics.

H. **Dentist**: An individual who is fully licensed to practice dental medicine or oral surgery.

I. **Ex-Officio**: Membership by virtue of an office or position with the rights and privileges of regular members except that the member shall not be counted in determining the existence of a quorum and shall not have voting rights.

J. **Governing Body**: The Board of Regents of the Texas Tech University Health Sciences Center acting through the Chancellor, the President, and Dean of the School of Medicine.

K. **House Staff**: Medical School graduates who participate in a Residency Training or Fellowship Program for Texas Tech University Health Sciences Center, which has been approved by the Liaison Committee on Graduate Medical Education.

L. **Licensed Nurses**: Registered Nurses (RN) and Licensed Vocational Nurses (LVN) who are fully licensed to practice nursing.

M. **Medical**: Of, pertaining to, or dealing with the healing art and science of medicine.

N. **MPIP**: Medical Practice Income Plan.
O. **MPIP Policy Committee**: MPIP Policy Committee of the Texas Tech University Health Sciences Center is the committee established for the purpose of managing and holding in trust its members’ professional income related to patient care. Membership is required of each medical school faculty member with a fifty percent or greater faculty appointment at Texas Tech University Health Sciences Center.

P. **Physician**: An individual with an M.D. or D.O degree who is fully licensed to practice medicine in the State of Texas.

Q. **Physician Extenders**: Appropriately licensed Physician Assistants, Physician Associates, Nurse Practitioners, Nurse Clinicians, Nurse Midwives, Certified Registered Nurse Anesthetists (CRNAs), Dieticians and Clinical Pharmacists.

R. **Podiatrist**: An individual with a D.P.M. degree who is fully licensed to practice podiatry.

S. **Practitioner**: A physician, podiatrist, dentist, oral surgeon, or psychologist licensed to practice his/her profession in the State of Texas who has applied for or who has been appointed to the professional staff of Texas Tech University Health Sciences School of Medicine.

T. **President**: The individual appointed by the Texas Tech University System Board of Regents and charged with the overall management of Texas Tech University Health Sciences Center.

U. **Professional Staff**: All Practitioners employed by or under contract with Texas Tech University Health Sciences Center School of Medicine who are authorized by the Governing Body to provide health care services.

V. **Professional Staff Year**: The year commencing on the first day of September and ending on the 31st day of August each year.

W. **Special Notice**: Notice in writing, delivered either by hand, or by certified mail, return receipt requested.

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

Y. **Texas Tech Physicians of Lubbock**: Texas Tech University Health Sciences Center School of Medicine, Lubbock campus, ambulatory clinics operating under the direction of the Dean of the School of Medicine, the Executive Associate Dean and CEO of MPIP, and the Lubbock Medical Practice Income Plan.
PREAMBLE

WHEREAS, Texas Tech University Health Sciences Center School of Medicine is established under the laws of the State of Texas to provide medical education, research and health care; and

WHEREAS, one of its principle objectives is to promote the delivery of health care services by Practitioners in a multi-specialty group practice at a level of quality and efficiency consistent with accepted standards; and

WHEREAS, the Practitioners in the multi-specialty group practice may provide health care services in a variety of settings including the Ambulatory Clinics, which are established to serve as the primary teaching and research clinics for Texas Tech University Health Sciences Center School of Medicine; and

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

THEREFORE, these Bylaws are created to set forth principles and requirements within which the Professional Staff at Texas Tech University Health Sciences Center shall be organized and carry out their responsibilities and to set forth the procedures pursuant to which they shall act.
ARTICLE 1: NAME

Practitioners authorized by the MPIP Policy Committee to provide health care services as a part of or in connection with their duties, responsibilities or training shall be referred to as the Professional Staff of the Texas Tech University Health Sciences Center (TTUHSC) School of Medicine.

ARTICLE 2: PURPOSES

The Purposes of the Professional Staff shall be to:

2.1 Promote the delivery of quality care to patients treated in or by any of the facilities, departments, of the TTUHSC School of Medicine and its Ambulatory Clinics.

2.2 Provide a mechanism for accounting to the MPIP Policy Committee as to the appropriateness and quality of health care services, the qualifications and competency of Practitioners and other individuals exercising clinical privileges at the TTUHSC School of Medicine and its Ambulatory Clinics.

2.3 Provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill in accordance with the needs of the TTUHSC School of Medicine;

2.4 Initiate and maintain rules and regulations for self-governance.

2.5 Provide a means whereby issues concerning the Professional Staff of the TTUHSC School of Medicine and its Ambulatory Clinics may be reviewed by the Professional Staff with the Dean, the President and Governing Body of the TTUHSC School of Medicine; and

2.6 Adhere to the Mission, Vision and SPIRIT (Service Excellence, Patient First, Integrity, Respect, Innovation, Teamwork) Statements of the TTUHSC School of Medicine and Texas Tech Physicians of Lubbock, and support the accomplishment of its Key Performance indicators (KPIs).

ARTICLE 3: PROFESSIONAL STAFF APPOINTMENT

Section 3.1 Nature of Appointment

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

Section 3.2 Qualifications for Appointment

3.2.1 General. Only Practitioners currently appointed as faculty, residents or clinical fellows of a Clinical Department of the TTUHSC School of Medicine shall be qualified for appointment to the Professional Staff.
3.2.2 **Basic Qualifications.** In order to qualify for appointment to the Professional Staff, Practitioners shall document their qualifications. Such documentation shall include, at a minimum:

3.2.2.1 **Licensure** – A valid and current license to practice his/her profession in the State of Texas; or license as otherwise permitted to practice in the state of Texas;

3.2.2.2 **Controlled substances registration** – Appropriate state and federal registration to prescribe controlled substances;

3.2.2.3 **Professional Education** – Graduation from an accredited allopathic, osteopathic, dental, podiatric or other professional school or fulfillment of such other educational qualifications, which satisfy the state eligibility requirements for licensure;

3.2.2.4 **Clinical Competence** – Current competence as verified by experience, evidence of continuing education, and references documenting the ability to provide care to patients consistent with accepted standards of practice;

3.2.2.5 **Location** – Office and residence close enough to the TTUHSC School of Medicine to provide continuous care to patients of the TTUHSC School of Medicine and its Ambulatory Clinics, such distance to be determined by the MPIP Policy Committee;

3.2.2.6 **Ability to Work with Others** – Ability to work with and communicate with other staff members, employees, the MPIP Policy Committee, patients, and others in a cooperative and professional manner that promotes quality and efficient care;

3.2.2.7 **Professional Ethics and References** – Adherence to generally recognized professional ethics and satisfactory references from peers;

3.2.2.8 **Insurance** – Participation in the TTUHSC School of Medicine Professional Medical Malpractice Self-Insurance Plan or the existence, as documented by certificate, of professional liability insurance coverage in such amounts and form as deemed sufficient by the MPIP Policy Committee.

3.2.3 **Agreement to Maintain Qualifications.** Acceptance of appointment to the Professional Staff shall constitute the Practitioner’s agreement to maintain the basic qualifications for appointment.

3.2.4 **Obligations of Appointment.** Each Practitioner, as a condition of obtaining and maintaining appointment to the Professional Staff and in accordance with these Bylaws, shall:

3.2.4.1 Provide patients with care consistent with accepted standards of practice;

3.2.4.2 Abide by the Staff Bylaws, Department requirements, and all other TTUHSC School of Medicine policies, procedures, and requirements;
3.2.4.3 Appear before any Staff Bylaws Committee, Department, the Dean, or the MPIP Policy Committee and provide requested information;

3.2.4.4 Comply with the established code of ethics of his/her profession;

3.2.4.5 Notify the Dean immediately of any change in licensure, controlled substances registration, insurance, medical staff membership or clinical privileges at any hospital or other health care entities; Medicare and Medicaid provider status; any requested appearance, investigation or disciplinary action by any licensing or other governmental agency or the Texas Medical Foundation; or any other change in the information provided on applications for appointment and reappointment;

3.2.4.6 Attend staff, Department, and committee meetings as required by these Bylaws;

3.2.4.7 Cooperate and participate in performance improvement and risk management activities;

3.2.4.8 Participate in the medical school and residency programs as required by the Department Chair or the Dean;

3.2.4.9 Provide consultations in accordance with the TTUHSC School of Medicine and its Ambulatory Clinics’ requirements; and

3.2.4.10 Support the Mission, Vision, values and key performance indicators of MPIP.

3.2.5 Effect of Affiliations. No Practitioner shall be entitled to appointment to the Professional Staff or to exercise clinical privileges in the Ambulatory Clinics solely by reason of:

3.2.5.1 Licensure to practice his/her profession;

3.2.5.2 Status as a faculty member, resident, or clinical fellow of the TTUHSC School of Medicine;

3.2.5.3 Membership in any professional organization; or

3.2.5.4 Past or existing privileges at another institution.

3.2.6 Qualifications for Reappointment. Practitioners seeking reappointment shall be required to demonstrate continued satisfaction of basic qualifications for appointment as set forth under Section 3.2.2 above, as well as:

3.2.6.1 Active participation in performance improvement, risk management, peer review, and continuing medical education programs;

3.2.6.2 Cooperation and ability to work with Staff Practitioners and the TTUHSC School of Medicine and its Ambulatory Clinics’ personnel;
3.2.6.3 Maintaining a professional demeanor toward patients, and the public;
3.2.6.4 Teaching activities and responsibilities; and
3.2.6.5 Such other specific information that may bear on the Practitioner’s ability to provide health care services in the TTUHSC School of Medicine and its Ambulatory Clinics consistent with accepted standards.

Section 3.3 Conditions and Duration of Appointments

3.3.1 Appointment Decision. The Dean, on behalf of the President, shall make initial appointments and reappointments to the Professional Staff. Action on appointments, re-appointments or revocation of appointments shall be made only after there has been a recommendation from the Credentials Committee, whose decision may be ratified by the MPIP Policy Committee, as provided in these Bylaws. Appointment to the Professional Staff shall confer on the Practitioner only such clinical privileges in the Ambulatory Clinics as have been granted through the credentialing process.

3.3.2 Term. All initial appointments to the Professional Staff shall be provisional for a period one year. All reappointments to the provisional staff may not exceed one full year. All appointments and reappointments shall be for a period of not more than two years.

ARTICLE 4: CATEGORIES OF THE PROFESSIONAL STAFF

Section 4.1 General

The Professional Staff shall be divided into the following categories:

4.1.1 Active Professional Staff
4.1.2 Courtesy Professional Staff
4.1.3 Provisional Professional Staff
4.1.4 Housestaff
4.1.5 Honorary or Emeritus Professional Staff
4.1.6 Scientific Professional Staff
4.1.7 Consultant Professional Staff (See Courtesy, Section 4.3)

Section 4.2 Active Professional Staff

4.2.1 The Active Professional Staff shall consist of Practitioners who have completed the provisional period and who regularly attend patients in the TTUHSC School of Medicine and its Ambulatory Clinics.
4.2.2 The Active Professional Staff must be located close enough to the Ambulatory Clinics to provide continuous care to their patients.

4.2.3 The Active Professional Staff Members must assume all the functions and responsibilities of membership on the Active Professional Staff including, where appropriate, consultation assignments.

4.2.4 Members of the Active Professional Staff shall be able to vote, hold office and serve on professional staff committees.

4.2.5 Residents and clinical fellows shall not be members of the Active Professional Staff.

4.2.6 Non-salaried Practitioners with Clinical Appointments shall not be members of the Active Professional Staff.

Section 4.3 Courtesy Professional Staff

4.3.1 The Courtesy Professional Staff shall consist of Practitioners qualified for Active Professional Staff status but who only occasionally attend the TTUHSC School of Medicine and its Ambulatory Clinics or who act only as consultants.

4.3.2 Non-salaried Practitioners with clinical appointments shall be members of the Courtesy Professional Staff.

4.3.3 Courtesy Professional Staff members shall not be eligible to vote or hold office in the Professional Staff organization.

4.3.4 Professional Staff Members shall be eligible to serve on Professional Staff committees and to vote on matters before such committees.

4.3.5 Courtesy Professional Staff members shall not be required to attend Professional Staff meetings unless specifically requested to attend by the Dean.

4.3.6 Courtesy Professional Staff members shall abide by the rules and regulations and policies and procedures of the TTUHSC School of Medicine and its Ambulatory clinics.

Section 4.4 Provisional Professional Staff

4.4.1 All appointments to any category of the Professional Staff shall be provisional for a period of one year. Reappointment shall be in accord with Article 3 and for the term and duration as set out in Section 3.3.

4.4.2 Provisional Professional Staff members shall have all of the responsibilities and obligations of the staff category for which they apply and are appointed.

4.4.3 The failure to advance a Provisional Professional Staff member to permanent staff status shall be deemed a termination of staff appointment.
4.4.4 A Provisional Professional Staff member whose appointment is terminated shall be entitled to the procedural rights of review accorded by these Bylaws.

4.4.5 The performance of a Provisional Professional Staff member shall be assessed by the Chair or other departmental representative to determine eligibility for permanent staff appointment.

**Section 4.5 Housestaff**

4.5.1 The Housestaff shall consist of allopathic school or osteopathic school graduates who participate in Residency Training or Fellowship Program for the TTUHSC which has been approved by the Accreditation Council for Graduate Medical Education.

4.5.2 Housestaff members shall be under the supervision of the Department in which they are assigned and shall have privileges to treat patients under the supervision of the Active, Provisional and Courtesy Professional Staff.

4.5.3 The members of the Housestaff shall abide by these Bylaws, Administrative Guidelines and all other rules, regulations, policies and procedures of the TTUHSC School of Medicine and its Ambulatory Clinics.

4.5.4 Failure of a member of the Housestaff to perform assigned duties or to abide by the requirements listed in Section 4.5.3 above shall be reported to the appropriate Department Chair or Resident Program Director for necessary corrective action.

4.5.5 Members of the Housestaff shall not be eligible to vote or hold office in the Professional Staff organization. They may, however, serve on committees and may attend meetings of the Professional Staff unless specifically exempted by the Dean.

4.5.6 The activities of the Housestaff shall be included in the review and evaluation of the quality of clinical care. Resolution of problems identified as a result of this review, and evaluation will be the responsibility of the supervising physician, appropriate Department Chair or Resident Program Director and the Dean.

4.5.7 Housestaff shall not be entitled to Procedural Rights under these Bylaws. The TTUHSC Housestaff Policies and Procedures shall govern actions involving Housestaff.

**Section 4.6 Honorary Professional Staff**

4.6.1 The title “Honorary Professional Staff may be conferred as recognition for long and faithful service, or for very distinguished service to the School of Medicine including but not limited to the areas of public service, medical research or any significant contribution to the body of knowledge in the area of Medicine or benefiting the practice of Medicine.

4.6.2 Nominations for honorary professional staff status may be made by School of Medicine faculty, staff or members of the MPIP Policy Committee.

4.6.3 No person actively employed or associated with the School of Medicine at the time of the award will be considered for honorary status.
4.6.4 Each such appointment shall be subject to approval by the MPIP Policy Committee upon recommendation of the School of Medicine Dean with concurrence of the TTUHSC President.

4.6.5 Honorary staff may serve in an advisory capacity on Professional Staff committees but will not be a voting member.

ARTICLE 5: PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

Section 5.1 Application for Appointment

5.1.1 General. All applications for appointment to the Professional Staff shall be in writing, signed by the Practitioner and submitted on the forms prescribed by the TTUHSC School of Medicine.

5.1.2 Conditions of Application. In applying for appointment or reappointment to the Professional Staff each Practitioner specifically signifies his agreement to comply with all provisions of these Bylaws, and to execute any requested authorization or other documents to implement these agreements.

5.1.3 Submission of Application. The Practitioner shall document the basic qualifications or appointment, as set out in Article 3, and provide information concerning any additional qualifications specified in these Bylaws or required by the MPIP Policy Committee. A signed authorization for release of information and release from liability form, in the form prescribed by the MPIP Policy Committee, must accompany the application.

5.1.3.1 The application for appointment or reappointment shall be submitted to the appropriate Office. An application shall not be considered complete until all requested information has been received.

5.1.3.2 The Chair, or designee acting on behalf of the Department, shall notify the Practitioner if an application for appointment or reappointment is not complete or requested information has not been received. Failure to submit a complete application, provide requested information (or have a third party provide requested information), or appear as requested for an interview may result in the application not being considered. The Practitioner shall not be entitled to any procedural rights of review provided in Article 8 or otherwise as a result of such non-consideration.

5.1.4 Practitioner Responsibilities. The Practitioner shall have the responsibility at the time of appointment and reappointment of producing adequate information to document competence, character, ethics and other qualifications to the satisfaction of the Department, any Staff committee, and the MPIP Policy Committee, and for resolving any questions regarding such qualifications. The Practitioner shall also have the duty to update information provided on the application. Failure to update, or correct any misstatement, misrepresentation or omission, whether or not intentional, constitutes grounds for denial of the application for appointment or reappointment, or may result in corrective action.
5.1.5 **Content of Recommendation.** A recommendation to appoint, reappoint, or grant clinical privileges must specifically indicate the clinical privileges to be granted and any conditions on the exercise of such privileges. All adverse recommendations shall include the reasons or bases for the recommendation, with reference to specific acts or charges to the extent possible.

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

**Section 5.2 Application Form**

5.2.1 **Form.** All applications for appointment or reappointment to the Professional Staff shall be in writing, clearly legible and suitable for reproduction, signed by the Practitioner and submitted on a form prescribed by the TTUHSC School of Medicine.

5.2.2 **Appointment.** Every application for initial appointment must contain complete and accurate information concerning at least the following:

- **5.2.2.1** Professional licensure and controlled substances registration, including copies of certificates, and malpractice coverage, if applicable;
- **5.2.2.2** Undergraduate, professional and postgraduate education, including names of individuals responsible for monitoring the Practitioner’s performance;
- **5.2.2.3** Specialty board certification (or eligibility status) and any attempts to obtain certification;
- **5.2.2.4** Complete malpractice claims history and experience, including all claims and lawsuits and authorization required under Section 5.2.4 below;
- **5.2.2.5** Information regarding any pending or prior action involving requested appearance, investigation, denial, revocation, suspension, probation, limitation or termination of any of the following: professional societies, boards, associations or organizations; appointment or other status at any hospital or other entity where health care services are provided; Medicare or Medicaid provider status; and peer review organizations;
- **5.2.2.6** Any instances of non-renewal, relinquishment, resignations, withdrawal or failure to proceed with an application or request for any of the matters listed above in Section 5.2.2.5;
- **5.2.2.7** Names and addresses of all individuals currently or previously professionally associated or affiliated with, and all hospitals or other entities where
Practitioner practiced or practices, including the names of department Chair or supervisors, if applicable;

5.2.2.8 Names of at least three individuals licensed in the same profession, including at least one from the same specialty, who have had sufficient experience in observing and working with the Practitioner to enable them and who are willing to provide a written opinion as to the Practitioner’s professional competence, ethical character and any other matter requested, in such detail as required by the TTUHSC School of Medicine;

5.2.2.9 Current and/or prior criminal history;

5.2.2.10 Clinical privileges and Staff category requested;

5.2.2.11 Competence, through documentation of the scope and experience in the area for which privileges are requested.

5.2.3 Reappointment. Applications for reappointment shall request an update of the information on the appointment form, including all changes in information of status since initial appointment or prior reappointment, and any other information requested by the TTUHSC School of Medicine.

5.2.4 Authorization and Releases.

5.2.4.1 Each application for appointment, reappointment, or clinical privileges shall include an authorization for disclosure of information by Third Parties to the TTUHSC School of Medicine and a release of the Third Parties and TTUHSC School of Medicine and staff from liability, consistent with the provisions of Article 8.

5.2.4.2 Practitioner shall be required to execute an authorization to his insurance carrier(s) to provide any information requested by the TTUHSC School of Medicine on past and current claims related to the Practitioner’s practice; however, the Practitioner has the ultimate responsibility of providing the TTUHSC School of Medicine with the information.

5.2.4.3 By applying for appointment or reappointment to the Professional Staff, each Practitioner:

5.2.4.3.1 Signifies willingness to appear for interviews regarding the application.

5.2.4.3.2 Authorizes the TTUHSC School of Medicine to consult with members of the professional staffs of the other institutions with which the Practitioner has been associated.

5.2.4.3.3 Authorizes the TTUHSC School of Medicine to consult with any party or entity that may have information bearing on competence, character, and ethical qualifications.
5.2.4.3.4 Consents to the TTUHSC School of Medicine inspection of all records and documents that may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, as well as moral and ethical qualifications for Staff appointment.

5.2.4.3.5 Releases from any liability the TTUHSC School of Medicine and its employees and Representatives for their acts performed in connection with evaluating the Practitioner’s credentials.

5.2.4.3.6 Releases from liability all individuals and organizations who provide information to the TTUHSC School of Medicine concerning the Practitioner’s competence, ethics, character, and other qualifications for Staff appointment and clinical privileges, including confidential or privileged information.

5.2.4.3.7 The application form shall include a statement that the applicant has read the Bylaws of the Professional Staff and agrees to be bound by the terms thereof if granted membership and/or clinical privileges. After the Practitioner has signed the application, it will be forwarded to the Dean’s office.

Section 5.3 Appointment Process

5.3.1 Department. Upon receipt of the application, the Chair or designee on behalf of the department in which the Practitioner seeks clinical privileges shall review the application and supporting documentation. The Department may, at its discretion, hold a personal, informal interview with the Practitioner. Within fourteen days of the receipt of the application, the Department shall provide the Credentials Committee with a specific written recommendation that:

5.3.1.1 The application be deferred for further consideration (not to exceed 30 days);

5.3.1.2 The Practitioner’s application be denied; or

5.3.1.3 The Practitioner’s application is approved.

Any such recommendations shall be accompanied by an identification of the Professional Staff Category to which the Practitioner should be assigned, a delineation of the clinical privileges that should be granted, and any probationary conditions to be imposed, if applicable.

5.3.2 Credentials Committee.

5.3.2.1 The Credentials Committee shall;

5.3.2.1.1 Examine the evidence of the character, professional competence, qualifications, and technical standing of the Practitioner; and
5.3.2.1.2 Determine, through information given by the Practitioner, whether the Practitioner has established and meets all the necessary qualifications for the category and the clinical privileges requested.

5.3.2.2 The Credentials Committee may interview the Practitioner, conduct additional investigations and, if needed, defer action on the application for period not to exceed 30 days.

5.3.2.3 Within 30 days after receipt of the completed application for appointment from the Department, the Credentials Committee shall grant the initial appointment as delegated by the MPIP Policy Committee.

5.3.2.4 The Credentials Committee shall forward the following to the MPIP Policy Committee:

5.3.2.4.1 The completed application;

5.3.2.4.2 The Department’s written, specific recommendations including delineation of clinical privileges;

5.3.2.4.3 The decision of the Credentials Committee;

5.3.2.4.4 The materials upon which the recommendations were based.

5.3.3 The MPIP Policy Committee. Upon receipt of a decision of the Credentials Committee, the MPIP Policy Committee shall review and investigate the matter, and consider the matter for ratification.

5.3.3.1 If the MPIP Policy Committee ratifies the decision of the Credentials Committee, then the Dean or designee shall notify the Practitioner.

5.3.3.2 If the action of the MPIP Policy Committee is adverse to the Practitioner, as defined in Article 7 of these Bylaws, the Committee shall promptly notify the Practitioner by special notice and provide the Practitioner with a copy of the MPIP Policy Committee’s action. The Practitioner shall be entitled to the procedures provided for in Article 7, and all further procedures shall be in accordance therewith.

5.3.4 Governing Body. The Governing Body delegates decision making to the School of Medicine in matters of appointment and reappointment.

Section 5.4 Reappointment Process

5.4.1 Review. Each member of the Professional Staff shall automatically be reviewed on a biennial basis at least 90 days before the end of the member’s appointment period. This review shall be done to determine whether to reappoint the Practitioner and whether or not to modify clinical privileges or Professional Staff category.
5.4.2 Procedure. The same procedure as is utilized in the Appointment Process as set out under Section 5.3 above shall be utilized in the Reappointment Process.

ARTICLE 6: CLINICAL PRIVILEGES

Section 6.1 General

6.1.1 Exercise of Clinical Privileges. Every Practitioner appointed to the Professional Staff shall, in connection with practice in the TTUHSC School of Medicine or its Ambulatory Clinics, be entitled to exercise only those clinical privileges specifically granted by the MPIP Policy Committee.

6.1.2 Request for Privileges. Every initial application for Staff appointment must contain a request for the specific clinical privileges desired by the Practitioner, and the site(s) where each privilege will be granted. The evaluation of such requests shall be made in accordance with the appointment/reappointment procedures and shall be based upon:

6.1.2.1 The Practitioner’s education, training, and experience;

6.1.2.2 Demonstrated competence;

6.1.2.3 References, other relevant information, and a review by the Clinical Department as overseen by the Chair in which such privileges are sought.

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

6.1.3. Criteria. During the appointment/reappointment process, determination of clinical privileges and the increase or curtailment of the same shall be based upon:

6.1.3.1 The direct observation of care provided;

6.1.3.2 Review of the records of patients treated in the Ambulatory Clinics or other institutions;

6.1.3.3 Review of the records of the Professional Staff, which document the evaluation of the Practitioner’s participation in the delivery of health care.

Section 6.2 Dentists, Podiatrists, Oral Surgeons and Psychologists

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

6.2.1 The scope and extent of surgical procedures that each dentist, podiatrist, or oral surgeon may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.
6.2.2 Surgical procedures performed by dentists and oral surgeons shall be under the overall supervision of the Department of Surgery.

6.2.3 Surgical procedures performed by podiatrists shall be under the overall supervision of the Department of Orthopaedic Surgery and Rehabilitation.

6.2.4 All dental, podiatry, and oral surgery patients shall receive the same basic medical appraisal as patients attended in other surgical services.

6.2.5 Medical problems that arise while a patient is being attended by a non-physician Practitioner will be referred to the appropriate Ambulatory Clinic or other facility.

Section 6.3 Practice by Non-physician Practitioners

6.3.1 Limitations. Only Practitioners shall be eligible for appointment to the Professional Staff. Any practice by individuals other than Practitioners shall be solely at the discretion of the MPIP Policy Committee and in accordance with the TTUHSC School of Medicine policies. Non-physician Practitioners including Physician Extenders and Active Professional Support Staff shall have the same procedural rights of review as afforded Practitioners under these Bylaws.

6.3.2 Physician Extenders. Physician Extenders should be granted privileges based upon their qualifications. Any granting of clinical privileges shall take into account supervision requirements, clinical duties, and responsibilities of both the supervising Practitioner and the Physician Extender. Physician Extenders shall include, but not be limited to: Nurse Practitioners, CRNAs, Physician Assistants, Dieticians and Clinical Pharmacists. Physicians may delegate the management of a patient’s drug therapy to Clinical Pharmacists in accordance with medical clinic Department policy.

6.3.3 Active Professional Support Staff. The Active Professional Support Staff shall consist of Social Workers, Licensed Professional Counselors, Certified Drug and Alcohol Counselors, Physician Assistants, Nurse Practitioners, and Dieticians who regularly attend patients in the Ambulatory Clinics under the supervision of a Professional Staff Practitioner.

Section 6.4 Temporary Privileges

6.4.1 New Applicants. Upon receipt of an application for Professional Staff appointment from an appropriately licensed Practitioner, the Dean, on behalf of the MPIP Policy Committee, may grant temporary privileges to the Practitioner.

6.4.1.1 The granting of temporary privileges shall be based upon information currently available, which may be reasonably relied upon as to the competence and ethical standing of the applicant.

6.4.1.2 The written concurrence of the appropriate Clinical Department Chair indicating the need for expediency to provide adequate and appropriate patient care and of the Credentials Committee is required.
6.4.1.3 The Practitioner shall act under the supervision of the Chair of the appropriate Clinical Department.

6.4.2 **Special Temporary Privileges.** Special temporary privileges may be granted by the Dean, or designee, on behalf of the MPIP Policy Committee to a physician, podiatrist, dentist, oral surgeon or psychologist who is not an applicant for Staff appointment. Special temporary privileges may be granted for the care of specific patients, purposes of consultation, and as otherwise deemed appropriate by the Dean.

6.4.2.1 The terms and conditions of such privileges shall be at the discretion of the Dean.

6.4.2.2 At a minimum, the individual seeking special temporary privileges, shall produce:

   6.4.2.2.1 Proof of Texas licensure and Controlled Substances Registration, if applicable, without restrictions;

   6.4.2.2.2 Proof of professional liability insurance coverage in the amounts designated by the Governing Body;

   6.4.2.2.3 Acknowledgment of receipt of these Bylaws and the agreement to be bound by their terms; and

   6.4.2.2.4 Favorable written references from at least two members of the individual’s profession.

6.4.2.3 **Curriculum Vitae.**

6.4.3 **Supervision.** The Dean in consultation with the appropriate Department may impose special requirements of supervision and reporting on any individual seeking temporary privileges.

6.4.4 **Denial, Limitation, or Termination.** The Dean, on behalf of the Governing Body, may at anytime, in consultation with the MPIP Policy Committee or the appropriate Department, deny, limit or terminate a Practitioner’s temporary privileges. The individual shall not be entitled to any procedural rights of review as a result of denial of request for temporary privileges, the imposition of special requirements, or termination of temporary privileges.

**ARTICLE 7: PROFESSIONAL STAFF ORGANIZATION**

**Section 7.1 Professional Staff Officers**

7.1.1 The officers of the Professional Staff shall be:

   7.1.1.1 Dean, School of Medicine

   7.1.1.2 Chair, MPIP Policy Committee
7.1.1.3 Chair, Performance Improvement Committee

7.1.2 The Dean shall be the Administrative Officer of the Professional Staff.

7.1.3 The Chair of the MPIP Policy Committee shall be elected by the MPIP Committee.

7.1.4 The Chair of the Performance Improvement Committee shall be appointed by the Dean and serve at the Dean’s pleasure.

Section 7.2 Duties of Officers

7.2.1 Dean. The Dean shall:

7.2.1.1 Be responsible for the overall implementation of these Professional Staff Bylaws and for compliance with procedural safeguards in all instances where corrective action has been requested with regard to a practitioner;

7.2.1.2 Be the spokesperson for the Professional Staff in its external professional and public relations;

7.2.1.3 Call, preside at, and be responsible for the agenda of all general meetings of the Professional Staff; and

7.2.1.4 Appoint Department Chairs and committee members as appropriate.

7.2.2 Chair, MPIP Policy Committee. The Chair of the MPIP Policy Committee shall:

7.2.2.1 Act in cooperation and coordination with the Dean in all matters of mutual concern within the Ambulatory Clinics;

7.2.2.2 Represent the views, policies, needs, and grievances of the Professional Staff to the Dean;

7.2.2.3 In the absence of the Dean, assume the duties of the Dean in his capacity as the Chief Executive and Administrative Officer of the Professional Staff.

7.2.3 Chair, Performance Improvement Committee. The Chair of the Performance Improvement Committee shall:

7.2.3.1 Serve as an ex-officio member of all other Professional Staff Committees;

7.2.3.2 In consultation with the Performance Improvement Committee, recommend individuals to the Dean for appointment to all standing, special, and multidisciplinary staff committees;

7.2.3.3 Report to the Dean the performance and maintenance of quality with respect to the Professional Staff’s responsibility to provide medical care.
ARTICLE 8: CLINICAL DEPARTMENTS

Section 8.1 Clinical Departments and Services

8.1.1 Organization. The administrative organizational plan of the Clinical Departments and their Services shall be in accordance with the overall plans of the TTUHSC School of Medicine. Each Department and any Service within the Department is an integral part of the TTUHSC School of Medicine and its Ambulatory Clinics and shall, within the Policy framework established by the Professional Staff, establish rules consistent with overall Department and Ambulatory Clinic policy. Each service shall be directly responsible to the Clinical Department within which it functions.

8.1.2 List of Departments. The following Clinical Departments are established. Additional Departments or Divisions within Departments, as may be required from time to time, may be established by the Dean after considering recommendations from the appropriate Department Chair.

8.1.2.1 Anesthesiology
8.1.2.2 Dermatology
8.1.2.3 Family and Community Medicine/ Student Health
8.1.2.4 Internal Medicine
8.1.2.5 Neurology
8.1.2.6 Obstetrics and Gynecology
8.1.2.7 Ophthalmology and Visual Sciences
8.1.2.8 Orthopedic Surgery and Rehabilitation
8.1.2.9 Pathology
8.1.2.10 Pediatrics
8.1.2.11 Psychiatry
8.1.2.12 Surgery
8.1.2.13 Urology

8.1.3 Medical Peer Review Committee Status. Each Department and Division shall serve as a medical peer review committee, as such term is defined under state law, and is authorized by the MPIP Policy Committee to evaluate health care services, including evaluation of the qualifications of Practitioners and health care services rendered by those Practitioners, and to evaluate the merits of complaints relating to Practitioners or other individuals providing health care services in the TTUHSC School of Medicine and its Ambulatory Clinics. Members of a Department shall act as members of a
medical peer review committee when performing functions or responsibilities of the Department.

8.1.4. **Department Functions and Responsibilities.** Each department shall:

8.1.4.1 Establish written criteria for the granting of clinical privileges in the Department and each of its Services;

8.1.4.2 Evaluate the qualifications and competence of Practitioners exercising or requesting to exercise clinical privileges in the Department and recommend what clinical privileges should be granted;

8.1.4.3 Review findings from the ongoing monitoring the evaluation of quality and appropriateness of health care services and perform Performance Improvement review of those services provided by Practitioners assigned to the Department;

8.1.4.4 Conduct medical peer review of Practitioners exercising privileges in the Department, including supervising Practitioners during the provisional period of appointment and those exercising temporary privileges;

8.1.4.5 Evaluate and make recommendations on the merits of complaints involving Practitioners; and

8.1.4.6 Perform such other functions as set forth in these Bylaws or as assigned by the MPIP Policy Committee, Dean or Governing Body.

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

### Section 8.2 Department Chair

8.2.1 **Qualifications, Appointment, and Removal.** Each Chair shall be a member of the Active Staff and shall be appointed by the Dean. A Chair may be removed by action of the Dean on behalf of the Governing Body.

8.2.2 **Functions.** Each Chair shall:

8.2.2.1 Be responsible for the organization of all Department activities and for general administration of the Department;

8.2.2.2 Review the professional performance of all individuals with clinical privileges in the Department and report and recommend to the Credentials Committee as part of the reappointment process and at such other times as may be indicated;

8.2.2.3 Be responsible for enforcement of these Bylaws, and all other rules and regulations and policies and procedures of the TTUHSC School of Medicine and its Ambulatory Clinics.
8.2.2.4 Be responsible for implementation within the Department of actions taken by the MPIP Policy Committee;

8.2.2.5 Make recommendations to the Credentials Committee concerning the appointment, category, reappointment, and the delineation of clinical privileges for all Practitioners in the Department;

8.2.2.6 Be responsible for the overall teaching, education, and research program in the Department and Clinic;

8.2.2.7 Provide for the administration of the Department through cooperation with the nursing service, ambulatory clinic, administration, safety, and all other TTUHSC Departments in matters affecting patient care, including personnel, support services, supplies, special regulations, standing orders and techniques;

8.2.2.8 Assist in preparation of annual reports, including budgetary planning pertaining to the Department as may be required by the MPIP Policy Committee and the Dean;

8.2.2.9 Be responsible for the overall implementation and participation in the Performance Improvement Program, including accomplishment of KPIs within the Department; and

8.2.2.10 Perform such other duties as set forth in these Bylaws or as may be requested by the MPIP Policy Committee or the Dean, or as otherwise required.

Section 8.3 Assignment to Departments

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

ARTICLE 9: COMMITTEES

Section 9.1 General

9.1.1 **Type and Duties.** Committees of the Professional Staff shall be standing or ad hoc. The Dean shall determine the task assignment for ad hoc committees and may assign specific or additional tasks to standing committees as needed. Any function of a committee may be carried out by a subcommittee appointed by the committee chair or the Dean. The Professional Staff may recommend to the Dean the establishment of appropriate committees to direct, monitor, review and evaluate services on a regular basis.

9.1.2 **Members.**

9.1.2.1 The members and chairs of all Staff committees, other than as provided below, shall be appointed by the Dean. Terms of appointment shall be
for one year, unless otherwise provided. The Dean may replace or add members to committees as deemed necessary.

9.1.2.2 The Dean or the Chair of the Performance Improvement Committee shall be an ex-officio member of all Staff committees on which they are not already designated as voting members.

9.1.3 Medical Peer Review Committee Status. All committees shall be medical peer review committees, as such term is defined under state law and are authorized by the Governing Body to evaluate health care services, including evaluation of the qualifications of Practitioners and health care services rendered by those Practitioners, and to evaluate the merits of complaints relating to Practitioners or other individuals providing health care services in the TTUHSC School of Medicine and its Ambulatory Clinics.

Section 9.2 Meetings

9.2.1 Regular Meetings. Committees shall meet regularly, at least once each quarter, and shall provide notice of the time and location of the meeting.

9.2.2 Special Meetings. A special meeting of any committee may be called by or at the request of a Chair.

9.2.3 Quorum. Twenty-five percent of the voting staff members of a committee, but not fewer than two, shall constitute a quorum. A quorum must be present before any action may be taken, but once constituted the business of the meeting may continue, and all actions taken thereafter shall be binding even though less than a quorum may be present at a later time in the meeting.

9.2.4 Manner of Action. The action of a majority of the voting Staff Practitioners present at a meeting at which a quorum is present shall be the action of a committee.

9.2.5 Attendance. Each Active and Provisional Staff Practitioner is expected to attend Staff Committee meetings to which he/she is assigned in a given year. Unless absences are excused by the Committee Chair because of illness, emergency, or other good reason, failure to attend committee meetings may be grounds for terminations of committee membership, corrective action or denial of reappointment.

9.2.6 Minutes. When required, the Committee Chair shall ensure that minutes of each meeting are prepared in accord with the TTUHSC School of Medicine Bylaws. Minutes shall be approved by a majority of the voting members who attended the meeting.

Section 9.3 MPIP Policy Committee

9.3.1 Composition. The MPIP Policy Committee shall be a standing committee, and shall consist of the Professional Staff Officers and Department Chairs. The Executive Associate Dean and CEO of MPIP shall serve as an ex-Officio member.

9.3.2 Duties. The duties of MPIP Policy Committee shall be to:
9.3.2.1 Review and ratify the decision of the Credentials Committee on matters relating to the qualifications and competence of Practitioners including appointments, reappointments and corrective actions;

9.3.2.2 Review and recommend polices, bylaws and rules consistent with the standard of practice and accreditation requirements;

9.3.2.3 Review and recommend operational budgets for Clinics;

9.3.2.4 Formulate long-range plans consistent with the TTUHSC and Texas Tech Physicians of Lubbock Mission, Vision and values of SPIRIT Statements and goals;

9.3.2.5 Provide that Quality Assurance/Performance Improvement activities are documented and reviewed, and recommendations are made;

9.3.2.6 Implement and maintain MPIP Bylaws; and

9.3.2.7 Perform such other duties as requested by the Dean or MPIP Policy Committee.

Section 9.4 Performance Improvement Committee

9.4.1 Composition. The Clinic Operations/Performance Improvement Committee shall be a standing committee, and shall consist of a multidisciplinary team of faculty, residents, and staff appointed by the Dean of the School of Medicine. This committee shall be the practice element authorized to monitor and promote quality of the TTUHSC School of Medicine Group Practice. In addition, this committee shall oversee all clinical operations of the TTUHSC School of Medicine Group Practice.

9.4.2 Duties. The duties of the Performance Improvement Committee shall be to:

9.4.2.1 Receive activity reports from committees and councils (see Section 9.4.4) and implement changes when appropriate or recommend changes to the MPIP Policy Committee;

9.4.2.2 Develop patient care policies for the Ambulatory Clinics that are consistent with current standards of practice and accreditation requirements;

9.4.2.3 Develop and monitor referral and consultation protocols;

9.4.2.4 Monitor Performance Improvement and Risk Management Programs;

9.4.2.5 Recommend appropriate actions and resolutions of identified problems within the Ambulatory Clinics;
9.4.2.6 Forward any recommendations to the MPIP Policy Committee;

9.4.2.7 Assess the quality of patient care rendered within the Ambulatory Clinics;

9.4.2.8 Identify and assess the cause and scope of problems or concerns in the care of patients in the Ambulatory Clinic;

9.4.2.9 Determine the priorities for investigations and the resolution of problems based on the potential for adverse impact of patient care;

9.4.2.10 Implement decisions designed to alleviate any identified problems or concern;

9.4.2.11 Implement activities designed to monitor the effectiveness of recommended actions;

9.4.2.12 Appropriately document the effectiveness of the overall program to enhance patient care;

9.4.2.13 Actions which may be recommended to address problems or concerns may include:

9.4.2.13.1 New or revised policies or procedures;

9.4.2.13.2 Education;

9.4.2.13.3 Equipment or supply changes;

9.4.2.13.4 Staffing changes;

9.4.2.13.5 Facility or environmental changes.

9.4.2.14 Make recommendations to the MPIP Policy Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics.

9.4.3 **Standing Subcommittees.** The following are standing subcommittees of the Performance Improvement Committee:

9.4.3.1 Infection Control Subcommittee

9.4.3.2 Electronic Health Records/Use and Standards Subcommittee

9.4.3.3 Risk Assessment/Management Subcommittee

9.4.3.4 Nurse Managers Subcommittee

9.4.3.5 Environment of Care Subcommittee
9.4.4 The above committees shall forward on a regular basis or as necessary all activities or recommendations and procedures which will affect the operation of the clinical areas to the Performance Improvement Committee for information or approval.

9.4.5 Infection Control Subcommittee

9.4.5.1 Composition. The Infection Control Subcommittee shall consist of representation from:

9.4.5.1.1 The Medical Director
9.4.5.1.2 Three Faculty Physicians
9.4.5.1.3 Director of Infection Control/Employee Health
9.4.5.1.4 Infection Control/Employee Health Nurse
9.4.5.1.5 One Nurse Manager Representative
9.4.5.1.6 One Nursing Staff representative
9.4.5.1.7 Laboratory Representative (UMC)
9.4.5.1.8 Risk Manager
9.4.5.1.9 Director TTUHSC Facilities Management

9.4.5.1.10 TTUHSC Ex-Officios:

9.4.5.1.10.1 Director Custodial Services
9.4.5.1.10.2 UMC Infection Control Nurse Representative
9.4.5.1.10.3 Director, Performance Improvement

9.4.5.2 Duties. The duties of the Infection Control Subcommittee shall be to:

9.4.5.2.1 Determine the type of surveillance and reporting programs to be used and provide the standard criteria for reporting all types of infections;

9.4.5.2.2 Supervise infection control in ambulatory care activities including:

- Disposal of infectious material
- Isolation procedures
- Input into the content and scope of the employee health issues;
9.4.5.2.3 Promote and revise as necessary a preventive and corrective program designed to minimize infection hazard in the TTUHSC School of Medicine and its Ambulatory Clinics;

9.4.5.2.4 Review and analyze the risk of infection within the TTUHSC School of Medicine and its Ambulatory Clinics, particularly with regard to proper management and epidemic potential;

9.4.5.2.5 Analyze data on infection regularly, evaluate current trends and experiences, and implement indicated measures;

9.4.5.2.6 Prepare and distribute to the TTUHSC School of Medicine and its Ambulatory Clinics staff information that is pertinent to infection control;

9.4.5.2.7 Review Department infection control procedures to assess their adequacy and compatibility with institutional policies;

9.4.5.2.8 Monitor the reporting of reportable diseases to appropriate health authorities;

9.4.5.2.9 Make recommendations to the Clinic Operations Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics.

9.4.6 Electronic Health Records/Use and Standards Subcommittee

9.4.6.1 Composition. The members of the Electronic Health Records/Use and Standards Subcommittee shall be appointed by the Dean upon the recommendation of the Chair of the Performance Improvement Committee. The Electronic Health Records/Use and Standards Subcommittee shall consist of:

9.4.6.1.1 At least three (3) faculty physicians

9.4.6.1.2 Chief Medical Information Officer

9.4.6.1.3 Director of Nursing Services

9.4.6.1.4 One Clinical Department Administrator

9.4.6.1.5 TTUHSC EHR/Medical Records Director

9.4.6.1.6 Ex-Officios:

9.4.6.1.6.1 Risk Manager

9.4.6.1.6.2 Performance Improvement Director

9.4.6.2 Duties. The duties of the committee shall be:
9.4.6.2.1 To assure the adequacy of the medical record as teaching, patient care, and evaluation tool by recommending minimum standards for objectively measuring adequacy;

9.4.6.2.2 To recommend the design of the medical record, and the organization of the contents;

9.4.6.2.3 To review and recommend to the medical staff the forms used in the medical record and any changes therein;

9.4.6.2.4 To recommend the minimum documentation to describe patient history, examination, problems, plans, treatment rendered, progress results and patient instructions; the method for identifying responsibility for patient care actions taken, the timeliness of the required documentation; and the overall structure of the documentation;

9.4.6.2.5 To recommend to the medical staff as to any use of electronic data processing and storage system for medical records purpose;

9.4.6.2.6 To recommend policies and procedures which preserve the confidentiality of medical records to include access to a release of information from the medical record;

9.4.6.2.7 To ensure that timely and appropriate completion of all medical record information is provided;

9.4.6.2.8 To report findings and recommendations for action to the Performance Improvement Committee;

9.4.6.2.9 To make recommendations to the Performance Improvement Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics.

9.4.7 Risk Assessment/Management Subcommittee

9.4.7.1 Composition. The Risk Assessment/Management Subcommittee shall consist of:

9.4.7.1.1 The Chair appointed by the Dean or the Dean’s designee

9.4.7.1.2 One representative from each Clinical Department

9.4.7.1.3 One Representative of the Office of General Counsel, Professional Liability Division

9.4.7.1.4 The Dean or his designee

9.4.7.1.5 A representative from University Medical Center
9.4.7.1.6 TTUHSC Risk Manager

9.4.7.1.7 TTUHSC Performance Improvement Director (ex-officio)

9.4.7.1.8 TTUHSC Director of Nursing Services (ex-officio)

9.4.7.2 Duties. The duties of the committee shall be ongoing organization-wide identification and assessment of risk, as well as development and implementation of risk reduction strategies with the intent to make recommendations that mitigate risks to the institution. The Risk Assessment/Management Subcommittee recognizes risks to the organization as operational, financial, human, strategic, legal/regulatory and technological.

9.4.8 Nurse Manager Subcommittee

9.4.8.1 Composition. The Nurse Manager Subcommittee shall consist of:

9.4.8.1.1 Chair, Director of Nursing Services

9.4.8.1.2 One Nurse Manager representative from each Clinical Department

9.4.8.1.3 Performance Improvement Director

9.4.8.1.4 TTUHSC Risk Manager

9.4.8.1.5 Director, Volunteer Services

9.4.8.1.6 Director, Patient Advocacy

9.4.8.2 Duties. The duties of the Nurse Manager Subcommittee shall be to:

9.4.8.2.1 Assist in the development and revision of patient care policies and procedures for the Ambulatory Clinics;

9.4.8.2.2 Serve as liaison for the Ambulatory Clinic Nursing Staff, the Professional Staff, Clinic Administration, and the MPIP Policy Committee;

9.4.8.2.3 Assist in Performance Improvement activities and make recommendations for curative action to the appropriate committees.

9.4.9 Environment of Care Subcommittee

9.4.9.1 Composition. Members of this subcommittee shall be appointed by the President or his/her designee and shall consist of:

9.4.9.1.1 The Chair appointed by the Dean or the Dean’s designee
9.4.9.1.2 Director, TTUHSC Safety Service Department

9.4.9.1.3 Director, TTUHSC Police

9.4.9.1.4 Director, Facilities Management

9.4.9.1.5 Representative of TTUHSC School of Medicine

9.4.9.1.6 Representative of TTUHSC Performance Improvement Office

9.4.9.1.7 Infection Control/Employee Health Director and Nurse

9.4.9.2 Duties. This subcommittee is established for the purpose of reviewing the TTUHSC School of Medicine accident data, actual and potential occupational safety and health issues, environment of care plans, and the formulation and implementation of recommendations to improve the overall environment of care safety program.

Section 9.5 Credentials Committee

9.5.1 Composition. The Credentials Committee shall be a standing committee, and shall consist of at least six members of the Professional Staff appointed to provide for broad representation of the clinical specialties of the Professional Staff. Ex-officio membership may include representation from the Medical Staff Office, Risk Management and School of Medicine Performance Improvement in the event the Credentialing Committee seeks out such ex-officio representatives.

9.5.2 Duties. The Duties of the Credentials Committee shall be to:

9.5.2.1 Review the credentials of all Practitioners and the delineation of clinical privileges in compliance with Articles 5 and 6 of these Bylaws;

9.5.2.2 Recommend the granting of the initial appointment and clinical privileges to be presented to MPIP Policy Committee for consideration and ratification;

9.5.2.3 Maintain a permanent record of its proceedings and actions and submit a copy of the minutes and written recommendations to the MPIP Policy Committee.

Section 9.6 Bylaws Committee

9.6.1 Composition. The Bylaws Committee shall be appointed by the Dean upon the recommendation of the Chair of the MPIP Policy Committee, on an ad hoc basis and shall consist of at least three members of the Professional Staff, along with administrative staff, as deemed appropriate.

9.6.2 Duties. In order that appropriate Professional Staff Bylaws are maintained, this Committee will conduct a review of the Bylaws as requested by the Dean, or designee, and make appropriate recommendations.
Section 9.7 Professional Liability Committee

9.7.1 Composition. The Professional Liability Committee shall consist of:

9.10.1.1 The Dean or the Dean’s designee

9.10.1.2 Department Chairs

9.10.1.3 Representatives from the Office of General Counsel, Professional Liability Division

9.7.2 Duties. The Duties of the Professional Liability Committee shall be to evaluate health care services provided by the TTUHSC School of Medicine, its Ambulatory Clinics and Professional Staff, and to evaluate the merits of complaints relating to Practitioners or other individuals providing health care services in the TTUHSC School of Medicine and its Ambulatory Clinics.

ARTICLE 10: MEDICAL STAFF MEETINGS

Section 10.1 Regular Meetings

An annual Professional Staff meeting shall be held no less than 30 days and no more than 120 days before the end of the Professional Staff year. Regular meetings shall be held at such a day and hour and upon such notice as designated by the Dean.

Section 10.2 Special Meetings

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

Section 10.3 Quorum and Voting

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

Section 10.4 Attendance Requirements

Each member of the Active Professional Staff is expected to attend the regular annual meeting of the Professional Staff unless excused by the Dean. The failure to meet the annual attendance expectation may be grounds for corrective action and will be considered during the reappointment process.
Section 10.5 Agenda

The agenda at any Professional Staff meeting shall be:

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

The agenda may be revised at the discretion of the Dean.

ARTICLE 11: CORRECTIVE ACTION

Section 11.1 General

11.1.1 Grounds. Corrective action, whether routine or emergency, shall be taken when a Practitioner’s activities or professional conduct are considered to be lower than accepted standards, detrimental to patient safety or to the delivery of quality patient care services, not in compliance with Professional Staff Bylaws (“Bylaws”) or the TTUHSC polices or requirements, or disruptive to the TTUHSC operations or programs.

11.1.2 Content of Recommendation. A recommendation regarding corrective action must specifically indicate the recommended action, including any conditions on the exercise of clinical privileges. To the extent possible, any adverse recommendations shall include the reasons or bases for the recommendation, with reference to specific acts.

11.1.3 Time Periods Processing. Any time periods herein, within which action by a Department, any committee, the Dean, on behalf of the Governing body, or the MPIP Policy Committee is to be taken, are intended as guidelines and not to create a right of a Practitioner to have an action taken within these precise time periods. Time periods may be extended by the Department, appropriate committee, or the MPIP Policy Committee for good cause including without limitation the need for additional review.
Section 11.2 Routine Corrective Action

11.2.1 Initiation. A request for investigation and possible corrective action involving a Practitioner may be initiated by any of the following as a medical peer review committee or as a member on behalf of such a committee:

11.2.1.1 Any Chair or clinical medical director of a Department;

11.2.1.1 Any Staff committee or its Chair;

11.2.1.1 President or Dean or a designee on behalf of the Governing Body.

11.2.2 Notice. A request for investigation and corrective action shall be in writing, submitted to the MPIP Policy Committee (“the Committee”), and supported by reference to the specific facts, activities or conduct which constitutes the reason for the request. The Committee shall promptly notify the Practitioner’s Department Chair in writing of any request received and shall continue to keep the Dean fully informed of all actions taken in connection with the request. The Chair of the Committee shall notify the Practitioner by special notice that a request for investigation and corrective action has been received and apprise the Practitioner of the general nature of the request.

11.2.3 Investigation. Within 21 days of a request for corrective action pursuant to the Bylaws, the Committee shall conduct an investigation through an ad hoc committee. The committee investigating the request shall consist of three persons, and be referred to as the Investigating Committee.

11.2.3.1 In determining whether sufficient grounds for corrective action exist, the Investigating Committee may consider all credible evidence and facts relevant thereto, and shall not be limited to the consideration of any specific incident or event.

11.2.3.2 The Practitioner for whom investigation and possible corrective action has been requested shall have an opportunity to appear before the Investigating Committee in the course of its investigation. The Practitioner’s appearance before the Investigating Committee shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rights of review shall apply. No attorneys shall be present at any meetings of the Investigating Committee. As part of the Practitioner’s appearance before the Investigating Committee, the Practitioner shall submit a written statement which shall be included in the Investigating Committee’s report. The Practitioner shall not be entitled to be present during the investigation, interviews with other witnesses, Committee deliberations or voting.

11.2.3.3 Within 21 days after receipt of the request and following the Practitioner’s appearance before the Investigating Committee, unless waived, the Investigating Committee shall make a written report of its investigation,
setting forth the areas of concern, if any, regarding the Practitioner or his
care, and any recommendation regarding corrective action, if applicable.

11.2.3.4 If, at any time following receipt of the request for investigation and corrective
action, and pending completion of the investigation, the Investigating
Committee may determine that a temporary suspension with pay of any of
the Practitioner’s clinical privileges is in the best interest of patient care or
safety or continued effective program operations. In such an event, it may
impose such a temporary suspension effective immediately for a period
not to exceed 14 days. A temporary suspension shall not be considered or
reported as corrective action. Further, the Practitioner shall not be entitled
to any procedural rights of review during a temporary suspension. The
temporary suspension may be terminated by the Investigating Committee
at any time, but shall automatically terminate on the 14th day.

11.2.4 Reporting Corrective Action.

11.2.4.1 It is the responsibility of the Dean to report to the Chief Medical Officer
and Credentials Committee of the applicable affiliated hospitals and health
care facilities, any corrective action including, but not limited to suspension
(not the temporary suspension described in 11.2.3.4 above) or termination
due to quality of care concerns initiated against a Practitioner. The
Credentials Committee will then provide information and make appropriate
recommendations to the MPIP Policy Committee.

11.2.4.2 In the event the Dean orders suspension for more than 30 days, it is the
responsibility of the Dean to report such action to the Texas Medical Board.
The Dean shall notify Risk Assessment/Management if such report is
made.

11.2.5 MPIP Policy Committee Findings and Recommendation.

11.2.5.1 Within 7 days from receipt of the Investigating Committee’s report, the
MPIP Policy Committee shall issue written findings and recommendations
to the Dean regarding corrective action, if any. The recommendations may
include, without limitation:

11.2.5.1.1 Rejecting the request for corrective action;

11.2.5.1.2 Issuing a warning, letter of admonition, or letter of reprimand;

11.2.5.1.3 Imposing a term of probation, record review, or consultation
requirement;

11.2.5.1.4 Reducing, suspending, or revoking clinical privileges; or

11.2.5.1.5 Termination of the Practitioner’s appointment which may result
in dismissal for cause.
If necessary, the MPIP Policy Committee may conduct, or require the Investigating Committee to conduct additional investigation before issuing its findings and recommendations.

11.2.5.2 When the findings and recommendation of the MPIP Policy Committee are favorable to the Practitioner, the Committee shall promptly forward them, together with all supporting documentation, to the Dean.

11.2.5.3 When the findings and recommendations of the MPIP Policy Committee are adverse to the Practitioner, as defined in Article 7 of the Bylaws, the Chair of the Committee shall promptly notify the Practitioner by special notice and provide the Practitioner with a copy of the MPIP Policy Committee’s findings and recommendations. The Practitioner shall be entitled to the procedures provided for in Article 7 and all further procedures shall be in accordance therewith.

11.2.6 Action of the Dean. Upon receipt of the MPIP Policy Committee’s findings and recommendations, the Dean shall act on the matter.

11.2.6.1 If the Dean’s evaluation and determination does not involve corrective action for the Practitioner, such result shall become final and the Dean shall promptly notify the Practitioner by special notice.

11.2.6.2 If the Dean’s evaluation and determination is adverse to the Practitioner, as defined in Article 7 of the Bylaws, the Dean, or designee, shall promptly notify the Practitioner in writing. The Practitioner shall be entitled to the procedures provided for in Article 7, and all further procedures shall be in accordance therewith. Such adverse recommendation shall be held in abeyance until the Practitioner has exercised or waived his rights under Article 7, unless an emergency suspension is imposed.

Section 11.3 Emergency Suspension

11.3.1 Grounds. Emergency suspension of all, or any portion of, a Practitioner’s clinical privileges may be imposed whenever action must be taken immediately in the best interest of patient care or whenever failure to do so may result in imminent danger to the health or safety of any person. Individuals who may impose an emergency suspension are:

11.3.1.1 The Chair or clinical medical director of the Practitioner’s Department

11.3.1.2 The Dean (or his/her designee) on behalf of the Governing Body

11.3.1.3 The President

11.3.2 The UMC/TTUHSC Medical Staff Office shall notify the Dean of the School of Medicine and the TTUHSC Institutional Compliance Officer whenever a provider is found to be excluded or debarred from participation in federal and/or state programs.
11.3.3 **Suspension of Privileges.** The Dean of the School of Medicine will initiate immediate suspension of privileges in the event that:

11.3.3.1 A serious quality of care concern exists that may be adverse to immediate patient health and safety; or

11.3.3.2 The Practitioner is found to be excluded or debarred from participation in federal and/or state programs.

11.3.4 **Notice.** The individual imposing the emergency suspension shall immediately notify the Dean of the suspension, and shall notify the Practitioner by special notice. The individual imposing the emergency suspension shall also notify the Chair of the MPIP Policy Committee and the Practitioner’s Department Chair. The Department Chair shall notify the CMO of the affiliated hospitals and other health care facilities.

11.3.5 **Investigation.** Within 7 days of imposing an emergency suspension, the MPIP Policy Committee, through an ad hoc Committee, shall investigate the basis for the emergency suspension and issue findings and a recommendation as to whether corrective action is warranted. The ad hoc Committee shall not be limited to the consideration of any specific incident or event. If the emergency suspension was imposed within 7 days of a recommendation of the MPIP Policy Committee for corrective action following investigation based on the same or similar grounds as the emergency suspension, further investigation by the MPIP Policy Committee will not be required.

11.3.5.1 If the MPIP Policy Committee determines that corrective action is not necessary, the emergency suspension shall terminate immediately.

11.3.5.2 If the emergency suspension is terminated by the MPIP Policy Committee, and no adverse recommendation is issued, the matter shall be deemed resolved and closed. In that case, the Practitioner shall not be entitled to any procedural rights of review.

11.3.5.3 If the MPIP Policy Committee recommends corrective or adverse action regarding the Practitioner, as defined in Article 7, the Practitioner shall be entitled to the procedures provided for in Article 7, and all further procedures shall be in accordance therewith. If the MPIP Policy Committee recommends that corrective or adverse action, e.g., emergency suspension, is indicated, such recommendation for action shall take effect immediately.

11.3.6 **Continuity of Care.** If an emergency suspension is imposed on the Practitioner, the Practitioner’s Department Chair shall immediately arrange for each of the Practitioner’s patients to select another Practitioner to provide interim care.

**Section 11.4 Automatic Suspension**

11.4.1 **Grounds.** Occurrence of any of the following events shall operate as an automatic suspension of the Practitioner’s clinical privileges and Staff appointment(s) as specified below. Failure of a Practitioner to report the occurrence of any of the events outlined below shall be grounds for corrective action, in addition to automatic suspension.
11.4.1.1 If a Practitioner’s medical license is revoked, his/her Staff appointment and all clinical privileges are immediately terminated. If the Practitioner’s medical license is suspended, his/her Staff appointment and all clinical privileges are suspended for the term of the license suspension. If a Practitioner’s license expires, his/her Staff appointment and all clinical privileges are suspended until the license is reinstated or renewed. Unless the School of Medicine determines that other actions shall be imposed, the following may apply: If the Practitioner’s medical license is limited or restricted by the Texas Medical Board, any clinical privileges within the scope of the limitation or restriction are suspended for the term of the license limitation or restriction.

11.4.1.2 Probation by Texas Medical Board: If a Practitioner is placed on probation by the Texas Medical Board, all voting and committee appointments are automatically suspended for the term of the probation.

11.4.1.3 Whenever a Practitioner fails to maintain Professional Liability Insurance as required by these Bylaws, all clinical privileges are immediately suspended. The Practitioner’s Staff appointment is automatically terminated if insurance is not reinstated within 30 days.

11.4.1.4 Upon separation from TTUHSC, Practitioner’s Staff appointment and all clinical privileges are immediately terminated without procedural rights of review.

11.4.1.5 After warning of delinquency in accordance with the Rules and Regulations of the EHR/Medical Records and Performance Improvement Departments, continued failure of a Practitioner to complete outstanding medical records shall result in automatic suspension of privileges to see patients in the Ambulatory Clinic effective until medical records are completed and/or returned.

11.4.2 Notices. On behalf of the Governing Body, the Dean or his/her designee, on behalf of the Governing Body, shall notify the Practitioner by special notice and the Credentials and MPIP Policy Committees of any action pursuant to this Section. The Practitioner’s Department Chair shall also be notified.

11.4.3 Procedural Rights. The Practitioner shall not be entitled to any procedural rights of review for any action under Section 11.4.1.

11.4.4 Continuity of Care. If an alternative suspension is imposed, the Practitioner’s Department Chair shall immediately arrange for each of the patients of the suspended Practitioner to select another Practitioner to provide interim care.

11.4.5 Reinstatement After Automatic Suspension.

11.4.5.1 Reappointment of a practitioner whose medical license is reinstated after revocation or suspension must follow the initial application procedures as outlined in the Bylaws. Where the license is restored after having been restricted, before full clinical privileges are restored, the MPIP Policy
Committee shall review the matter pursuant to the corrective action procedures and may recommend corrective action. If so, clinical privileges shall not be restored until resolution of the request for corrective action.

11.4.5.2 Where controlled substances registration is restored following revocation, suspension, limitation or probation before full clinical privileges to prescribe are restored, the MPIP Policy Committee shall review the matter pursuant to the corrective action procedures and any recommendation for corrective action. If so, clinical privileges shall not be restored until resolution of the request for corrective action.

11.4.5.3 Upon presentation of insurance as required by the Bylaws to the Practitioner’s Department Chair and the MPIP Policy Committee of a certificate, the automatic suspension shall terminate unless the suspension was for longer than 30 days, in which case the suspension shall automatically become a termination of Staff appointment, and the Practitioner shall be required to seek initial appointment in accordance with the Bylaws.

11.4.6 Notice. The MPIP Policy Committee shall notify the Credentials Committee and the Practitioner’s Department Chair of the expiration of an automatic suspension.

11.4.7 Texas Medical Board and Other Professional Issues. In the event a Physician is not, or cannot be, licensed in the State of Texas, is the subject of an investigation being conducted by the Texas Medical Board, or, for whatever reason, is not credentialed or does not have the requisite privileges, these are issues that are unique to the Physician alone, and are not matters for which the TTUHSC School of Medicine is responsible. It shall be the sole responsibility of the Physician to timely resolve these matters to the satisfaction of the School of Medicine. Otherwise, Physician is ineligible to serve as a faculty member, which will be cause for dismissal.

ARTICLE 12: HEARING AND APPELLATE REVIEW PROCEDURE

Section 12.1 Right to Hearing and to Appellate Review

Whenever a Practitioner receives notice of a recommendation or decision which is adverse to the Practitioner, as such term is defined in Section 12.2 below, the Practitioner shall be entitled to the procedures set forth in this Article, as may be amended from time to time. The Practitioner shall not be entitled to any review of a recommendation or decision as provided in these Bylaws, which is not defined below as adverse.

Section 12.2 Definitions

12.2.1 Adverse Recommendations or Actions. Except as qualified by Section 12.2.2 below and if no prior right to a hearing existed, only the following recommendations or actions when taken by the MPIP Policy Committee or Governing Body are “adverse” and shall entitle a Practitioner to the procedures set forth in this Article:

12.2.1.1 Denial of appointment or reappointment;
12.2.1.2 Suspension or revocation of appointment;

12.2.1.3 Denial of requested Staff category;

12.2.1.4 Reduction in Staff category;

12.2.1.5 Failure to advance from Provisional Status;

12.2.1.6 Denial of requested clinical privileges;

12.2.1.7 Reduction, suspension, or revocation of clinical privileges; or

12.2.1.8 Imposition of a consultation or concurrent supervision requirement, except during the provisional period.

12.2.2 Actions Not Adverse. The following recommendations or actions, and any others set forth in these Bylaws, shall not entitle a Practitioner to any procedural rights of review pursuant to these Bylaws:

12.2.2.1 Refusal to apply or to accept or consider an application for appointment as provided in Article 5;

12.2.2.2 Termination of appointment or clinical privileges pursuant to a contractual agreement with TTUHSC, unless otherwise provided in the agreement;

12.2.2.3 Denial or termination of any temporary privileges granted pursuant to Article 6;

12.2.2.4 Any action affecting Housestaff;

12.2.2.5 Issuance of a warning letter or admonition or letter or reprimand;

12.2.2.6 Imposition of any condition or requirement during the provisional period;

12.2.2.7 Automatic suspension or termination pursuant to Article 6;

12.2.2.8 Revocation of Medical Staff membership as provided in Article 10; or

12.2.2.9 Removal from Staff office, administrative position, or committee appointment.

Section 12.3 Notice and Request for Hearing

12.3.1 Notice of Right To Hearing. A Practitioner against whom adverse or corrective actions are recommended, as defined in Section 12.2.1 has been issued shall be given special notice in writing by the Chair of the MPIP Policy Committee or the Dean or his/her designee on behalf of the Governing Body within 14 days of the recommendation. Such notice shall:
12.3.1.1 Advise the Practitioner and provide him/her with a copy of the written recommendation for corrective or adverse action, which shall include a statement of the reasons for the proposed action and a listing of any patient records in issue;

12.3.1.2 Advise the Practitioner of his right to a hearing pursuant to this Article and specify that a request for a hearing must be received by the Chair of the MPIP Policy Committee or the Dean by special written notice within 14 days of receipt of the recommendation for corrective or adverse action;

12.3.1.3 State that failure to request a hearing within the specified time period shall constitute a waiver of any rights to a hearing, appellate review, or any other review of the matter pursuant to these Bylaws;

12.3.1.4 State that upon receipt of the Practitioner’s request for a hearing in the manner specified, the Chair of the MPIP Policy Committee or the Dean will notify the Practitioner in writing of the date, time, and location of the hearing;

12.3.1.5 Include a copy of this Article, referencing in the notice regarding the rights set forth in Section 12.5.7; and

12.3.1.6 Advise the Practitioner that if she/he will be accompanied by an attorney at the hearing, such information must accompany the request for hearing pursuant to Section 12.3.2.

12.3.2 **Request for Hearing.** A Practitioner shall have 14 days following receipt of recommendation for corrective or adverse action pursuant to Section 12.3.1 to file a written request for a hearing with the Chair of the MPIP Policy Committee or the Dean.

12.3.3 **Effect of Waiver.** A Practitioner who fails to request a hearing within the time and in the manner specified in Section 12.3.2 above waives all rights to such hearing and to any other review, which might otherwise have been available on the matter pursuant to these Bylaws. Waiver shall result in the adverse recommendation going forward to the Dean. In such case, the Dean shall send a copy of the MPIP Policy Committee’s final decision to the Practitioner by special notice.

**Section 12.4 Hearing Prerequisites**

12.4.1 **Notice of Hearing.** Within 14 days after receipt of a request for a hearing, the MPIP Policy Committee shall schedule and arrange for such hearing and shall, through the Dean or his/her designee, notify the Practitioner in writing of the date, time and location of the hearing. The hearing date shall be not less than 14 days and no more than 30 days from the date of this notice to the Practitioner.

12.4.2 **Witness.** The notice of hearing shall include a list of the names of witnesses expected to testify and all documents, if any, the representative of the School of Medicine intends to submit supporting the recommendation for adverse action. The notice shall also advise the Practitioner that at least 7 days before the hearing, the Practitioner shall
provide a list of the names of witnesses he/she expects to testify, and documents he/she intends to introduce in opposing the recommendation for corrective or adverse action. The Practitioner is responsible for arranging the attendance of his/her witnesses.

12.4.3 **Hearing Committee.** The hearing shall be held before a Hearing Committee, selected by the MPIP Policy Committee comprised of a panel of three providers practicing under the same license as the Practitioner, none of whom may serve from the same Department on the Lubbock campus. When it is untenable or impossible to identify persons to serve on such a Committee, faculty or providers from other TTUHSC SOM campuses may be used.

12.4.3.1 The Hearing Committee members may not have participated in initiating, investigating or in considering the underlying matter at issue.

12.4.3.2 The Hearing Committee members shall be selected from the Faculty Staff Practitioners, none of whom may serve from the same Department on the Lubbock Campus. A member of the Hearing Committee shall be elected by the Hearing Committee members to serve as the Presiding Officer.

12.4.3.3 The Practitioner shall be provided the names of the Hearing Committee members upon receipt of the hearing notice. If applicable the Practitioner shall be required to raise any objections to the qualifications of these individuals at least 7 days prior to the hearing, by providing written notice to the Dean or his/her designee. If the Dean or designee determines that the objections have merit, other individual(s) shall be selected to serve on the Hearing Committee. Failure to object to qualifications of any member is tantamount to the Practitioner’s approval of the qualifications of those serving on the Hearing Committee.

12.4.3.4 The Hearing Committee may review administrative support from the Office of the Dean in the conduct of the hearing process.

**Section 12.5 Conduct of Hearing**

12.5.1 **Presence of Members and Practitioners.** Each member of the Hearing Committee must be present throughout the hearing and deliberations. The Practitioner who requested the hearing shall have the right to be present throughout the hearing, but not during the deliberations.

12.5.2 **Record of Hearing.** The hearing shall be tape-recorded. At the request and expense of the Practitioner, a court reporter may be present to record the proceedings. The cost of obtaining a copy of the transcript shall be the responsibility of the requesting party.

12.5.3 **Authority.** The Presiding Officer shall provide the hearing participants a reasonable opportunity to present relevant oral and documentary evidence in an efficient and expeditious manner, and shall maintain proper decorum. The Presiding Officer shall determine the order and procedure for presenting evidence and argument during the hearing, and shall have the authority and discretion to make rulings on questions,
which arise during the hearing. If the Presiding Officer determines that either hearing participant is not proceeding in an efficient and expeditious manner, the Officer may take such discretionary action as deemed necessary by the circumstances to proceed and this shall not be deemed to deprive the faculty member of due process.

12.5.4 **Evidence.** The hearing need not be conducted in accordance with strict rules of law related to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action.

12.5.5 **Attorneys.** The hearing afforded the Practitioner is for the purpose of intra-professional resolution of matters bearing on professional competence and conduct. Both parties may be accompanied by legal counsel in an advisory capacity as specified below.

12.5.5.1 If the Practitioner is to be accompanied by legal counsel, such fact must be included in the Practitioner’s written request for a hearing under Section 12.3.2. The Representative recommending adverse action shall be accompanied by an attorney only if the Practitioner is to be accompanied by an attorney.

12.5.5.2 If attorneys do not accompany the parties at the hearing, nothing herein is intended to deprive the Practitioner, Hearing Committee, the representative who made the recommendation for adverse action, the MPIP Policy Committee, or any witnesses of the right to utilize legal counsel in preparing for the hearing or appeal, or for consultation during any hearing recess.

12.5.5.3 Attorneys participate in an advisory capacity only. The committed shall have discretionary power to excuse from the hearing, any attorney that disturbs the normal proceedings of the hearing.

12.5.6 **Rights of Parties.** During a hearing, each of the parties shall have the right to:

12.5.6.1 Present and examine witnesses;

12.5.6.2 Present evidence that is relevant, as determined by the Presiding Officer in accordance with Section 12.5.4 above;

12.5.6.3 Cross-examine and impeach any witnesses;

12.5.6.4 Rebut any evidence;

12.5.6.5 Request that a record be made of the hearing pursuant to Section 12.5.2 above;

12.5.6.6 Be accompanied by an attorney or other individual of the party’s choice in accordance with Section 12.5.5 above;

12.5.6.7 Prior to or during the hearing, submit statements concerning any relevant issues and have such statements become part of the hearing record; and
12.5.6.8 Submit a written or oral statement at the close of the hearing.

12.5.7 **Procedure.** In the hearing, the School of Medicine representative who recommended adverse or corrective action shall first present evidence in support of the recommendation. The Hearing Committee and Practitioner may question the representative and any witnesses. The Practitioner shall then present evidence opposing the recommendation. The Hearing Committee and the body's representative may call additional witnesses, request additional information, or permit either party to present additional witnesses or information if it deems such action appropriate.

12.5.8 **Postponement and Recesses.** Requests for postponement of a hearing shall be granted by the Hearing Committee only upon a showing of good cause and only if the request is made as soon as is reasonably possible. The Hearing Committee may recess the hearing and reconvene the same for the convenience of the participants, or for the purpose of obtaining new or additional evidence or for consulting others as needed. There shall be no requirement of prior notice of any recess, deliberations, or adjournment. Upon conclusion of the presentation of oral and written evidence, the hearing shall conclude.

12.5.9 **Deliberations and Adjournment.** The Hearing Committee shall conduct deliberations outside the presence of the parties and/or any other individuals. The Hearing Committee’s recommendation may reject, affirm, or modify the recommendation for adverse or corrective action. The affirmative vote of a majority of the members is required for a recommendation for adverse action, as defined in Section 12.2. Upon conclusion of deliberations, the hearing shall adjourn.

**Section 12.6 Hearing Committee Recommendation**

12.6.1 **Recommendation.** Within 14 days after adjournment of the hearing, the Hearing Committee shall issue its written findings and recommendations, and the bases therefor, and shall forward the findings and recommendations together with the hearing record and all other documentation to the Dean.

12.6.2 **Notice and Further Action.** The Dean shall notify the Practitioner by special written notice of the Hearing Committee’s findings and recommendations.

12.6.2.1 If the recommendation of the Hearing Committee is adverse to the Practitioner, as defined in Section 12.2, the Practitioner shall have the right to request appellate review of the matter pursuant to Section 12.7 below. Notice to the Practitioner for recommendations of adverse action shall include notice of Practitioner’s right to request appellate review in accordance with Section 12.7.2.

12.6.2.2 A Practitioner who fails to request appellate review within the time and in the manner specified waives any right to such review pursuant to this Article. As a result of the waiver, the findings and recommendations of the MPIP Policy Committee will stand. In such case, the Dean shall send a copy of the MPIP Policy Committee’s final findings and recommendations to the Practitioner by special written notice.
12.6.2.3 If the MPIP Policy Committee or the Dean determines that a recommendation for adverse action is indicated, the Dean shall notify the Practitioner and School of Medicine representative of the recommendation by special written notice, including a copy of the Committee’s recommendations and of the Practitioner’s right to request appellate review in accordance with Section 12.7 below.

Section 12.7 Appellate Review

12.7.1 **Appellate Review Committee.** Appellate review shall be conducted by an Appellate Review Committee duly appointed by members of the MPIP Policy Committee who have not previously reviewed the matter made the subject of the review. The Appellate Review Committee shall consist of not less than three (3) members of the Medical Staff. The Medical Staff Members on the Appellate Review Committee shall not have participated previously in any consideration of the underlying matter at issue.

12.7.2 **Requirements and Waivers.** The Practitioner shall have 14 days following receipt of notice of the right to appellate review to file a written request for such review with the Dean, and shall do so by special written notice.

12.7.2.1 Upon receipt of a timely request for appellate review, the Dean shall deliver such request to the MPIP Policy Committee. As soon as practical, the Chair of the Appellate Review Committee shall schedule a date for such a review, which shall be not less than 14 days from the date of receipt of the request for appellate review. At least 7 days before the date of the appellate review, the Dean shall provide the Practitioner special written notice of the date, time and location of the review.

12.7.2.2 A Practitioner who fails to request appellate review within the time and in the manner specified waives any right to such review pursuant to this Article. As a result of the waiver, the findings and recommendations of the MPIP Policy Committee shall stand without further view or reconsideration. In such case, the Dean shall provide a copy of the final findings and recommendations to the Practitioner and School of Medicine representative by special written notice.

12.7.3 **Written Statement.** The Practitioner shall be provided a copy of the Hearing Committee’s “Findings and Recommendations”, the record, and any other material subsequently considered by the MPIP Policy Committee. The Practitioner may submit a written statement in his/her own behalf, limited to those matters specifically pertaining to the scope of the appellate review as set forth in Section 12.7.4 below, the preparation of which the Practitioner’s legal counsel may assist. Such written statement shall be submitted to the Appellate Review Committee, the body whose findings and recommendations for adverse action initiated the hearing, and to the Dean or his/her designee by special written notice at least 14 days prior to the date for the appellate review. A similar statement may be submitted, by the School of Medicine representative at least seven days prior to the appellate review, and if submitted, the Dean or his/her designee shall promptly provide a copy to the Practitioner by special written notice.
12.7.4 **Scope of Review.** The Appellate review shall be limited to matters referenced below:

12.7.4.1 Whether the procedures set forth in the Professional Staff Bylaws and this Article regarding the hearing and any subsequent review were substantially complied with;

12.7.4.2 Whether recommendations for adverse action is unreasonable, arbitrary, capricious, discriminatory, or without basis.

12.7.5 **Procedures.** The Appellate review will be based on the record of the hearing, the Hearing Committee’s recommendation, any subsequent review by the MPIP Policy Committee or Dean, any written statements submitted, and such other material as may be accepted by the Appellate Review Committee. New or additional matters not raised during the original hearing can only be introduced at the discretion of the Appellate Review Committee.

12.7.5.1 The Chair of the Appellate Review Committee shall determine the order of procedure during the review and make all required rulings. The Appellate Review Committee shall have such additional powers as are necessary to discharge its responsibilities.

12.7.5.2 The members of the Appellate Review Committee must be present throughout the review and deliberations.

12.7.5.3 The Appellate Review Committee shall conduct its deliberations outside the presence of the parties, and upon conclusion of deliberations, the appellate review shall be declared adjourned.

12.7.6 **Recommendation.** Within 14 days after adjournment, the Appellate Review Committee shall make its written findings and recommendations, including a statement of the bases therefor, to the MPIP Policy and Hearing Committees. The Appellate Review Committee may remand the matter for further hearing or procedures within 21 days; recommend modification of the recommendations; or affirm or deny the recommendation. If the Appellate Review Committee finds that the procedures were substantially complied with and that the adverse recommendation initiating the right to appellate review was not unreasonable, arbitrary, capricious, discriminatory, or lacking in basis, it shall affirm the recommendation for adverse action. An affirmative vote of a majority of the members is required to affirm the recommendation for adverse action.

**Section 12.8 Final Decision by the President**

The Appellate Review Committee shall forward its findings and recommendation to the President of the TTUHSC. Within 14 days after receipt of the Appellate Review Committee’s recommendation, the President shall review the matter and issue a written decision, including the bases therefor. By special written notice, the Dean shall send a copy of the President’s final decision, including a statement of the bases for the decision, and a copy of the Appellate Review Committee’s recommendation, if adverse, to the Practitioner and School of Medicine Representative. The President’s decision shall be final, will take effect immediately, and shall not be subject to further hearing or appellate review under the Professional Staff Bylaws.
Section 12.9 Limitations

Notwithstanding any other provision of this Article or these Bylaws, no Practitioner shall be entitled to more than one hearing and appellate review on any single matter. Once the President has issued a final decision, there shall be no further right to any review or reconsideration of the decision, pursuant to this Article or these Bylaws.

Section 12.10 Time Periods for Processing

Any time periods herein within which action by a committee, the Dean or his/her designee or the MPIP Policy Committee is to be taken are intended as guidelines and not to create a right of a Practitioner to have an action taken within these precise time periods. Time periods may be extended by the appropriate committee, the Dean or his/her designee or the MPIP Policy Committee in the event the Practitioner is presently under emergency suspension or upon request of the Practitioner if the Practitioner waives in writing any right or entitlement to the time periods set forth herein.

12.10.1 Request for Hearing. A Practitioner shall have 14 days following receipt of notice pursuant to Section 12.3.1 to file a written request by special notice for a hearing with the Chair of the MPIP Policy Committee or the Dean or his/her designee.

12.10.1 Effect a Waiver. A Practitioner who fails to request a hearing within the time and in the manner specified in Section 12.3.2 above waives all rights to such hearing and to any other review, which might otherwise have been available on the matter pursuant to these Bylaws. Waiver shall result in the recommendation for adverse action becoming final without further review or reconsideration. In such case, the Dean shall, by special notice, send a copy of the MPIP Policy Committee’s final decision to the Practitioner.

ARTICLE 13: CONFIDENTIALITY AND IMMUNITY

Section 13.1 General

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

Section 13.2 Definitions

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

“Information” means records of proceedings, minutes, interview, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communications, whether in written, oral, or electronic form.
“Representative” means the Governing Body, its members and appointed representatives; all employees, agents, and affiliates of the TTUHSC School of Medicine; TTUHSC attorneys and their assistants or designees; the Professional staff and all appointees thereto; and any authorized representative of any of the foregoing.

“Third Parties” means all individuals or entities other than TTUHSC, including government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities, or otherwise.

Section 13.3 Activities and Information Covered

13.3.1 Activities. The confidentiality and immunity provided under this Article applies to all information provided in connection with this or any other entity’s activities including, but not limited to:

13.3.1.1 Applications for appointment or clinical privileges;
13.3.1.2 Periodic reappraisals for reappointment or clinical privileges;
13.3.1.3 Corrective action, including automatic and summary suspensions;
13.3.1.4 Hearings and appellate reviews;
13.3.1.5 Peer review and quality management activities;
13.3.1.6 Profiles and profile analysis;
13.3.1.7 Risk management activities and claims review; and
13.3.1.8 Other committee or Staff activities related to monitoring of health care services, Staff operations, and Practitioner conduct.

13.3.2 Information. The information referred to in this Article may relate to a Practitioner’s professional licensure or certification, education, training, clinical ability, judgment, utilization practices, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect the quality, efficiency, or appropriateness of health care services provided, including confidential patient communications or records.

Section 13.4 Confidentiality of Information

13.4.1 General. Information submitted, collected or prepared by any Representative or Third Parties, including for patient care, or related to any of the activities set forth in Section 13.3.1 shall be privileged and confidential. Nothing herein shall prevent the disclosure of information to the Dean or his/her designee, or as necessary for a committee or Department to carry out its functions, and such disclosure shall not waive any privilege or confidentiality, which may apply to the information.

13.4.2 Committees. Unless authorized or required by law, disclosure of any information generated by or at the direction of a Staff or Governing Body committee or a Department
by any person other than a Representative shall require execution of a written waiver by the committee’s Chair and approval by the Dean or his/her designee. All committee and Department documents shall be maintained in accordance with TTUHSC policy. Access to committee or Department documents shall be in accordance with TTUHSC policy and applicable legal requirements to maintain any available privileges of confidentiality.

13.4.3 **Practitioner Information.**

13.4.3.1 Each Practitioner authorizes Representatives to solicit, provide, and act upon information bearing on professional ability, utilization practices, and other qualifications, and authorizes all Third Parties to provide information to TTUHSC or its Representatives, including allowing inspection and copying of any records in the possession of Third Parties.

13.4.3.2 Staff information concerning a Practitioner shall not be disclosed by TTUHSC without the Practitioner’s authorization, unless disclosure is authorized or required by law or these Bylaws.

13.4.4 **Minutes.** The originals of the minutes of all meetings of the Staff, Departments and Staff Committees shall be maintained in accordance with TTUHSC policy. Access to minutes shall be in accordance with TTUHSC policy and applicable legal requirements to maintain any available privileges of confidentiality.

13.4.5 **Sanctions.** Practitioners who breach confidentiality referred to in this Article may be subject to corrective action.

**Section 13.5 Immunity from Liability**

13.5.1 **For Action Taken.** No Representative shall be liable to a Practitioner for damages or other relief for any decision, opinion, action, statement, or recommendation made within the scope of his duties as a representative, if such representative acts in good faith and without malice.

13.5.2 **For Providing Information.** No Representative or Third Parties shall be liable to a Practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a Representative or to any third party pursuant to authorization by the Practitioner or if permitted or required by law or these Bylaws, provided that such Representative or Third Party acts in good faith and without malice.

**Section 13.6 Authorization and Releases**

Each Practitioner shall, upon request of the TTUHSC School of Medicine and in such form as requested by the TTUHSC School of Medicine, execute general and specific authorizations and releases from liability reflecting the provisions of this Article; provided, however, that execution of such documents is not a prerequisite to the effectiveness of this Article. Failure to execute such documents on initial application shall result in the application being deemed incomplete and it shall not be considered.
**Section 13.7 Reporting Requirements**

The submission of any reports required of the TTUHSC School of Medicine or medical peer review committees pursuant to state or federal law shall be the responsibility of the Dean or his/her designee, subject to approval by the Governing Body. Nothing herein shall affect or interfere with any right of any individual Practitioner to make any report pursuant to state or federal law.

**Section 13.8 Cumulative Effect**

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

**ARTICLE 14: ADOPTION AND AMENDMENT**

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

Adoption of and amendment to these Bylaws must receive a two-thirds majority vote of the voting members present. Adoption and amendment shall be effective when approved by the Dean or his/her designee and the President of TTUHSC. The MPIP Policy committee shall have the power to adopt such amendments to the Bylaws as are, in the committee’s judgment, technical or legal, modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors or grammar or expression. Such amendments shall take effect immediately if not disapproved by the Dean or his/her designee within 60 days of adoption by the MPIP Policy Committee.
ARTICLE 15: REVIEW

These Bylaws are revised and take effect October 2013 superseding and replacing any and all previous Professional Staff Bylaws in effect. Henceforth, all clinic activities and actions of the Professional Staff and of each individual exercising clinical privileges in these clinics shall be taken pursuant to the requirements of these Bylaws.

Approved:

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Steven Berk, MD, Dean

Date of Signature: October 7, 2013

______________________________
Tedd Mitchell, President

Date of Signature: October 7, 2013

(Rev. 3-13)