

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE**

Ambulatory Clinics

Professional Staff Bylaws

Lubbock Campus

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DEFINITIONS

1. **Ambulatory Clinics:** The Texas Tech University Health Sciences Center School of Medicine Ambulatory Clinics.
2. **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.
3. **Consultant:** A physician, podiatrist, dentist, oral surgeon, psychologist or other Professional who provides advice or service at the request of a Practitioner.
4. **President:** The individual appointed by the Texas Tech University Health Sciences Center Board of Regents and charged with the overall management of Texas Tech University Health Sciences Center.
5. **Day:** All days including weekends and holidays.
6. **Dean:** The individual appointed by the President of the Texas Tech University Health Sciences Center charged with the overall management of the School of Medicine and its Ambulatory Clinics.
7. **Dentist:** An individual who is fully licensed to practice dental medicine or oral surgery.
8. **Ex-Officio:** Membership by virtue of an office or position with the rights and privileges of regular members except that the member shall not be counted in determining the existence of a quorum and shall not have voting rights.
9. **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.
10. **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.
11. **Licensed Nurses:** Registered Nurses (RN) and Licensed Vocational Nurses (LVN) who are fully licensed to practice nursing.
12. **Medical:** Of, pertaining to, or dealing with the healing art and science of medicine.
13. **MPIP:** Medical Practice Income Plan.
14. **Physician:** An individual with an M.D. or D.O degree who is fully licensed to practice medicine.
15. **Physician Extenders:** Appropriately licensed Physician Assistants, Physician Associates, Advanced Nurse Practitioners, Nurse Clinicians, and Nurse Midwives.
16. **Podiatrist:** An individual with a D.P.M. degree who is fully licensed to practice podiatry.

17. **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.
18. **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.
19. **Professional Staff Year:** The year commencing on the first day of January and ending on the 31st day of December each year.
20. **Special Notice:** Notice in writing, delivered either by hand, or by certified mail, Return receipt requested.
21. **TTUHSC:** Texas Tech University Health Sciences Center.

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 I: 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 School of Medicine.

ARTICLE II: PURPOSES

The Purposes of the Professional Staff shall be to:

1. Promote the delivery of quality care to patients treated in or by any of the facilities, departments, or services of the TTUHSC School of Medicine and its Ambulatory Clinics.
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 TTUHSC School of Medicine and its Ambulatory Clinics.
3. Provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill, in accordance with the needs of TTUHSC School of Medicine;
4. Initiate and maintain rules and regulations for self-government.
5. Provide a means whereby issues concerning the Professional Staff of the TTUHSC School of Medicine and its Ambulatory Clinics may be discussed by the Professional Staff with the Dean, the President and Governing Body of TTUHSC School of Medicine; and
6. Adhere to the Mission Statement of the TTUHSC School of Medicine.

ARTICLE III: PROFESSIONAL STAFF APPOINTMENT

Section A. Nature of Appointment

Appointment to the Professional Staff of 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 B. Qualifications for Appointment

1. General. Only Practitioners currently appointed as faculty, residents or clinical fellows of a Clinical Department of TTUHSC School of Medicine shall be qualified for appointment to the Professional Staff.
2. Basic Qualifications. In order to qualify for appointment to the Professional Staff,

Practitioners shall document their qualifications. Such documentation shall include, at a minimum:

- a. Licensure- A valid and current license to practice his/her profession in the State of Texas; or license as otherwise permitted to practice in the state of Texas;
 - b. Controlled substances registration- Appropriate state and federal registration to prescribe controlled substances;
 - c. Professional Education- Graduation from an accredited medical, osteopathic, dental, podiatric or other professional school or fulfillment of such other professional school or fulfillment of such other educational qualifications which satisfy the state eligibility requirements for licensure;
 - d. 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;
 - e. Location- Office and residence close enough to TTUHSC School of Medicine to provide continuous care to patients of TTUHSC School of Medicine and its Ambulatory Clinics, such distance to be determined by the MPIP Policy Committee;
 - f. 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;
 - g. Professional Ethics and References- Adherence to generally recognized professional ethics and satisfactory references from peers;
 - h. Insurance- Participation in the TTUHSC School of Medicine Professional Medical Malpractice Self-Insurance Plan or the existence, documented by certificate, of professional liability insurance coverage in such amounts and from as deemed sufficient by the MPIP Policy Committee. (See Appendix's for each Campus for amounts.)
3. Agreement to Maintain Qualifications. Acceptance of appointment to the Professional Staff shall constitute the Practitioner's agreement to maintain the basic qualifications for appointment.
 4. Obligations of Appointment. Each Practitioner, as a condition of obtaining and maintaining appointment to the Staff and in accord with these Bylaws shall:
 - a. Provide patients with care consistent with accepted standard of practice;
 - b. Abide by the Staff Bylaws, Department requirements, and all other TTUHSC School of Medicine policies, procedures, and requirements;
 - c. Appear before any Staff Bylaws, Department, the Dean, or the MPIP Policy Committee and provide requested information;
 - d. Comply with the established code of ethics of his/her profession;

- e. 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;
 - f. Attend staff, Department, and committee meetings as required by these Bylaws;
 - g. Cooperate and participate in performance improvement and risk management activities;
 - h. Participate in the medical school and residency programs as required by the Department Chairperson or the Dean; and
 - i. Provide consultations in accordance with TTUHSC School of Medicine and its Ambulatory Clinics requirements.
5. Effect of Affiliations. No Practitioner shall be entitled to appointment to the Professional Staff or to exercise clinical privileges in the Ambulatory Clinics solely by reason of:
- a. Licensure to practice his/her profession;
 - b. Status as a faculty member, resident, or clinical fellow of the TTUHSC School of Medicine;
 - c. Membership in any professional organization; or
 - d. Past or existing privileges at another institution.
6. Qualifications for Reappointment. Practitioners seeking reappointment shall be required to demonstrate continued satisfaction of basic qualifications for appointment as set forth under Section B (2) above, as well as:
- a. Active participation in performance improvement, risk management, peer review, and continuing medical education programs
 - b. Cooperation and ability to work with Staff Practitioners and TTUHSC School of Medicine and its Ambulatory Clinics personnel;
 - c. Professional attitude toward patients, and the public;
 - d. Teaching activities and responsibilities; and
 - e. Such other specific information that may bear on the Practitioner's ability to provide health care services in TTUHSC School of Medicine and its Ambulatory Clinics consistent with accepted standards.

Section C. Conditions and Duration of Appointments

1. Appointment Decision. The Dean, on behalf of the Governing Body, 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.

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 IV: CATEGORIES OF THE PROFESSIONAL STAFF

Section A. General

The Professional Staff shall be divided into the following categories:

1. Active Professional Staff
2. Courtesy Professional Staff
3. Provisional Professional Staff
4. House Staff
5. Honorary or Emeritus Professional Staff
6. Scientific Professional Staff
7. Consultant Professional Staff (See Courtesy, Section C.1)

Section B. The Active Professional Staff

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.
2. The Active Professional Staff must be located close enough to the Ambulatory Clinics to provide continuous care to their patients.
3. They must assume all the functions and responsibilities of membership on the Active Professional Staff including, where appropriate, consultation assignments.
4. Members of the Active Professional Staff shall be able to vote, hold office and serve on professional staff committees.
5. Residents and clinical fellows shall not be members of the Active Professional Staff.
6. Nonsalaried Practitioners with clinical appointments shall not be members of the Active Professional Staff.

Section C. The Courtesy Professional Staff

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

2. Nonsalaried Practitioners with clinical appointments shall be members of the Courtesy Professional Staff.
3. Courtesy Professional Staff members shall not be eligible to vote or hold office in this Professional Staff organization.
4. They shall be eligible to serve on Professional Staff committees and to vote on matters before such committees.
5. Courtesy Professional Staff members shall not be required to attend Professional Staff meetings unless specifically requested to attend by the Dean.
6. Courtesy Professional Staff members shall abide by the rules and regulations and policies and procedures of the TTUHSC School of Medicine and its Ambulatory clinics.

Section D. The Provisional Professional Staff

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 III and for the term and duration as set out in Article III(c).
2. Provisional Professional Staff members shall have all of the responsibility and obligations of the staff category for which they apply and are appointed.
3. The failure to advance a Provisional Professional Staff member to permanent staff status shall be deemed a termination of staff appointment.
4. A Provisional Professional Staff member whose appointment is terminated shall be entitled to the procedural rights of review accorded by these Bylaws.
5. The performance of a Provisional Professional Staff member shall be observed by the Chairperson or other departmental representative to determine eligibility for permanent staff appointment.

Section E. House Staff

1. The House Staff shall consist of medical school graduates who participate in Residency Training or Fellowship Program for TTUHSC which has been approved by the Liaison Committee on Graduate Medical Education.
2. House Staff 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.
3. The members of the House Staff shall abide by these Bylaws, Administrative Guidelines and all other rules, regulations, policies and procedures of TTUHSC School of Medicine and its Ambulatory Clinics.
4. Failure of a member of the House Staff to perform assigned duties or to abide by the requirements listed in Section E.3 above shall be reported to the appropriate Department Chairperson for necessary corrective action.

5. Members of the House Staff shall not be eligible to vote or hold office in the Professional Staff organization. They may, however, serve on committees and may attend meetings of the Professional Staff unless specifically exempted by the Dean.
6. The activities of the House Staff shall be included in the review and evaluation of the quality of clinical care. Resolution of problems identified as a result of this review an evaluation will be the responsibility of the supervising physician, appropriate Department Chairperson and the Dean.
7. House Staff shall not be entitled to Procedural Rights under these Bylaws; corrective The TTUHSC House Staff Administrative Guidelines shall govern actions involving House Staff.

Section F. Honorary or Emeritus Professional Staff

1. The title “Emeritus” or 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 the body of knowledge in the area of Medicine or benefiting the practice of Medicine.
2. Emeritus appointments are strictly honorary and without stipend.
3. Nominations for honorary professional staff status may be made by School of Medicine faculty, staff or members of MPIP Policy Committee.
4. No person actively employed or associated with the School of Medicine at the time of the award will be considered for honorary status.
5. Each such appointment shall be subject to approval by the board upon recommendation of the School of Medicine Dean with concurrence of the TTUHSC President.
6. Honorary or Emeritus staff may serve in an advisory capacity on Professional Staff committees but will not be a voting member.

ARTICLE V: PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

Section A. Application for Appointment

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 TTUHSC School of Medicine.
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.
3. Submission of Application. The Practitioner shall document the basic qualifications or appointment set out in Article III, 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.

- a. The application for appointment or reappointment shall be submitted to the appropriate Office (See Appendix for each Campus). An application shall not be considered complete until all requested information has been received.
 - b. The chairperson, or designee action 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 VIII or otherwise as a result of such non-consideration.
4. Practitioner Responsibilities. The Practitioner shall have the responsibility on 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 doubts about such qualifications. The Practitioner shall also have the duty to update information provided on the application. Failure to update or any misstatement, misrepresentation or omission, whether or not intentional, constitutes grounds for denial of the application for appointment or reappointment or corrective action.
5. Content of Recommendation. A recommendation to appoint, reappoint, or grant clinical privileges must specifically indicate the clinical privileges to be granted and any conditions on the exercise of such privileges. All adverse recommendations shall include the reasons or basis for the recommendation, with reference to specific acts or charges to the extent possible.
6. Time Periods for Processing. Any time periods herein, within which action by a Department, any committee, the Dean on behalf of the Governing Body or 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 shortened or extended for good cause upon written request of the Practitioner. The Practitioner shall be advised in writing of any such extensions.

Section B. Application Form

1. Form. All applications for appointment or reappointment to the Professional Staff shall be in writing, clearly legible and suitable for reproduction, signed by the Practitioner and submitted on a form prescribed by the TTUHSC School of Medicine.
2. Appointment. Every application for initial appointment must contain complete and accurate information concerning at least the following:
 - a. Professional licensure and controlled substances registration, including copies of certificates, and malpractice coverage, if applicable;
 - b. Undergraduate, professional and postgraduate education, including names of individuals responsible for monitoring the Practitioner's performance;

- c. Specialty board certification (or eligibility status) and any attempts to obtain certification;
 - d. Complete malpractice claims history and experience, including all claims and lawsuits and authorization required under Section 4 below;
 - e. Information regarding any pending or prior action involving requested appearance, investigation, denial, revocation, suspension, probation, limitation or termination of any of the following: 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;
 - f. 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 B (2)(e);
 - g. Names and addresses of all individuals currently or previously professionally associated or affiliated with, and all hospitals or other entities where Practitioner practiced or practices, including the names of department chairperson or supervisors, if applicable;
 - h. Names of at least three individuals licensed in the same profession, including at least one from the same specialty, who have had sufficient experience in observing and working with the Practitioner to enable them and who are willing to provide a written opinion as to the Practitioner's professional competence, ethical character and any other matter requested, in such detail as required by TTUHSC School of Medicine;
 - i. Current or prior criminal history;
 - j. Clinical privileges and Staff category requested;
 - k. Competence, through documentation of the scope and experience in the area for which privileges are requested.
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 TTUHSC School of Medicine.
4. Authorization and Releases.
- a. Each application for appointment, reappointment, or clinical privileges shall include an authorization for disclosure of information by third parties to 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 XIII.
 - b. Practitioner shall be required to execute an authorization to his insurance carrier(s) to provide any information requested by TTUHSC School of Medicine on past and current claims related to the Practitioner's practice; however, the Practitioner has the ultimate responsibility of providing TTUHSC School of Medicine with the information.

- c. By applying for appointment or reappointment to the Professional Staff, each Practitioner:
 - i. Signifies willingness to appear for interviews regarding the application.
 - ii. 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.
 - iii. Authorizes the TTUHSC School of Medicine to consult with who may have information bearing on competence, character, and ethical qualifications.
 - iv. 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.
 - v. Releases from any liability TTUHSC School of Medicine and its employees and representatives for their acts performed in connection with evaluating the Practitioner's credentials.
 - vi. 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 privileged or confidential information.
 - vii. 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 obtaining signature forward to the appropriate Dean's office.

Section C. Appointment Process

1. Department. Upon receipt of the application, the Chairperson or designee on behalf of the department in which the Practitioner seeks clinical privileges shall review the application and supporting documentation. The Department may, at its discretion, hold a personal informal interview with the Practitioner. Within fourteen days of the receipt of the application, the Department shall provide the Credentials Committee with a specific written recommendation that:
 - a. The application be deferred for further consideration (not to exceed 30 days);
 - b. The Practitioner's application be denied; or
 - c. The Practitioner's application 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.

2. Credentials Committee.
 - a. The Credentials Committee shall;
 - i. Examine the evidence of the character, professional competence, qualifications, and technical standing of the Practitioner; and

- ii. 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.
 - b. 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.
 - c. Within 30 days after receipt of the completed application for appointment from the Department, the Credentials Committee shall grant initial appointment as delegated by the MPIP Policy Committee.
 - d. The Credentials Committee shall forward the following to the MPIP Policy Committee:
 - i. The completed application;
 - ii. The Department's written, specific recommendations including delineation of clinical privileges;
 - iii. The decision of the Credentials Committee;
 - iv. The materials upon which the recommendations were based.
3. 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.
 - a. If MPIP Policy Committee ratifies the decision of the Credentials Committee, then the Dean or designee shall notify the practitioner.
 - b. If the action of the MPIP Policy Committee is adverse to the Practitioner, as defined in Article XII 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 XII, and all further procedures shall be in accord therewith.
4. Governing Body - The Governing Body delegates decision making to the School of Medicine in matters of appointment and reappointment.

Section D. Reappointment Process.

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

ARTICLE VI. CLINICAL PRIVILEGES

Section A. General

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.
2. Request for Privileges. Every initial application for Staff appointment must contain a request for the specific clinical privileges desired by the Practitioner. The evaluation of such requests shall be made in accordance with the appointment/reappointment procedures and shall be based upon:
 - a. The Practitioner's education, training, and experience;
 - b. Demonstrated competence;
 - c. References and other relevant information and an appraisal by the Clinical Department in which such privileges are sought.

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

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

Section B. Dentists, Podiatrists, Oral Surgeons and Psychologists

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

1. The scope and extent of surgical procedures that each dentist, podiatrist, or oral surgeon may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.
2. Surgical procedures performed by dentists and oral surgeons shall be under the overall supervision of the Department of Surgery.
3. Surgical procedures performed by podiatrists shall be under the overall supervision of the Department of Orthopaedics.
4. All dental, podiatry, and oral surgery patients shall receive the same basic medical appraisal as patients attended in other surgical services.

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

Section C. Practice by Non-physician Practitioners

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 accord with 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 by these Bylaws to Practitioners.
2. Physician Extenders. Physician Extenders should be granted privileges based their qualifications. Any grant of clinical privileges shall take into account supervision requirements, clinical duties, and responsibilities of both the supervising Practitioner and the Physician Extender. The granting of privileges for each Physician Extender shall be accomplished in a manner determined by the appropriate Clinical Department.
3. Active Professional Support Staff. The Active Professional Support Staff shall consist of Social Workers, Licensed Professional Counselors, Certified Drug and Alcohol Counselors, Registered Nurses, Licensed Vocational Nurses, Physician Assistants, Nurse Practitioners, and Dieticians who regularly attend patients in the Ambulatory Clinics under the supervision of a Professional Staff Practitioner.

Section D. Temporary Privileges

1. New Applicants. Upon receipt of an application for Professional Staff appointment from an appropriately licensed Practitioner, the Dean, on behalf of the MPIP Policy Committee, may grant temporary privileges to the Practitioner.
 - a. 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.
 - b. The written concurrence of the appropriate Clinical Department Chairperson indicating the need for expediency to provide adequate and appropriate patient care and of the Credentials Committee is required.
 - c. The Practitioner shall act under the supervision of the Chairperson of appropriate Clinical Department.
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.
 - a. The terms and conditions of such privileges shall be at the discretion of the Dean.
 - b. At a minimum, the individual seeking special temporary privileges, shall produce:
 - i. Proof of Texas licensure and Controlled Substances Registration, if applicable, without restrictions;
 - ii. Proof of professional liability insurance coverage in the amounts designated by the Governing Body;

- iii. Acknowledgment of receipt of these Bylaws and agreement to be bound by their terms; and
 - iv. Favorable written references from at least two members of the individual's profession.
- c. Curriculum Vitae
3. Supervision. The Dean in consultation with the appropriate Department may impose special requirements of supervision and reporting on any individual seeking temporary privileges.
 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 VII. PROFESSIONAL STAFF ORGANIZATION

Section A. Professional Staff Officers

The officers of the Professional Staff shall be:

- Dean, School of Medicine
- Chairperson, MPIP Policy Committee
- Chairperson, Clinic Operations/Performance Improvement Committee

The Dean shall be the Chief Executive and Administrative Officer of the Professional Staff. The Chairperson of the MPIP Policy Committee shall be elected annually by the MPIP Committee. The Chairperson of the Clinic Operations/Performance Improvement Committee shall be appointed by the Dean and serve at the Dean's pleasure.

Section B. Duties of Officers

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

3. Chairperson, Clinic Operations/Performance Improvement Committee. The Chairperson of the Clinic Operations/Performance Improvement Committee shall:
 - a. Serve as an ex-officio member of all other Professional Staff Committees;
 - b. In consultation with the Clinic Operations Committee, recommend individuals to the Dean for appointment to all standing, special, and multidisciplinary staff committees;
 - c. Provide the policies of the School of Medicine and its Ambulatory Clinics to the Professional Staff;
 - d. Report to the Dean the performance and maintenance of quality with respect to the Professional Staff's responsibility to provide medical care.

ARTICLE VIII. CLINICAL DEPARTMENTS

Section A. Clinical Departments and Services

1. Organization. The administrative organizational plan of the Clinical Departments and their Services shall be in accord with the overall plans of 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.
2. List of Departments. The following Clinical Departments are established. Additional Departments or Sections within Departments, as may be required from time to time, may be established by the Dean after considering recommendations from the appropriate Department Chairperson.
 - a. Anesthesiology
 - b. Dermatology
 - c. Family and Community Medicine
 - d. Internal Medicine
 - e. Neuropsychiatry
 - f. Obstetrics and Gynecology
 - g. Ophthalmology
 - h. Orthopedic Surgery
 - i. Pathology
 - j. Pediatrics
 - k. Surgery
3. Medical Peer Review Committee Status. Each Department and Service 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 individual providing health care services in TTUHSC School of Medicine and its Ambulatory Clinics. Members of a Department shall act as members of a medical peer review committee when performing a function or responsibilities of the Department.
4. Department Functions and Responsibilities. Each department shall:

- a. Establish written criteria for the granting of clinical privileges in the Department and each of its Services;
- b. Evaluate the qualifications and competence of Practitioners exercising or requesting to exercise clinical privileges in the Department and recommend what clinical privileges should be granted;
- c. Review findings from the ongoing monitoring 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;
- c. 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;
- d. Evaluate and make recommendations on the merits of complaints involving Practitioners; and
- f. Perform such other functions as set forth in these Bylaws or as assigned by the MPIP Policy Committee, Dean or Governing Body.

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

Section B. Department Chairperson

1. Qualifications, Appointment, and Removal. Each chairperson shall be a member of the Active Staff and shall be appointed by the Dean. A Chairperson may be removed by action of the Dean on behalf of the Governing Body.
2. Functions. Each Chairperson shall;
 - a. Be responsible for the organization of all Department activities and for general administration of the Department;
 - b. Appoint a Medical Director of the clinic;
 - c. Review the professional performance of all individuals with clinical privileges in the Department and report and recommend to the Credentials Committee as part of the reappointment process and at such other times as may be indicated;
 - d. Be responsible for enforcement of these Bylaws, and all other rules and regulations and policies and procedures of TTUHSC School of Medicine and its Ambulatory Clinics.
 - e. Be responsible for implementation within the Department of actions taken by the MPIP Policy Committee;
 - f. Make recommendations to the Credentials Committee concerning the appointment, category, reappointment, and the delineation of clinical privileges for all Practitioners in the Department;
 - g. Be responsible for the overall teaching, education, and research program in the Department and Clinic;
 - h. Provide for the administration of the Department through cooperation with the nursing service, ambulatory clinic, administration, safety, and all other TTUHSC Departments in matters affecting patient care, including personnel, support services, supplies, special regulations, standing orders and techniques;
 - i. Assist in preparation of annual reports, including budgetary planning pertaining to the Department as may be required by the MPIP Policy Committee and the Dean;
 - j. Be responsible for the overall implementation and participation in the Performance Improvement Program within the Department; and

- k. Perform such other duties as set forth in these Bylaws or as may be requested by the MPIP Policy Committee or the Dean.

Section C. Assignment to Departments

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

ARTICLE IX: COMMITTEES

Section A. General

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

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

5. 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.
6. Attendance. Each Active and Provisional Staff Practitioner is expected to attend Staff Committee meetings to which he/she is assigned in a given year. Unless absences are excused by the Committee Chairperson because of illness, emergency, or other good reason, failure to attend committee meetings may be grounds for terminations of committees membership, corrective action or denial of reappointment.
7. Minutes. When required, the Committee Chairperson shall ensure that minutes of each meeting are prepared in accord with TTUHSC School of Medicine Bylaws. Minutes shall be approved by a majority of the voting members who attended the meeting.

Section C. MPIP Policy Committee

1. Composition. The MPIP Policy Committee shall be a standing committee and shall consist of the officers of the Staff and Department Chairpersons. The Director of Clinic Administration shall be an ex-Officio member.
2. Duties. The duties of MPIP Policy Committee shall be to:
 - a. 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;
 - b. Review and recommend polices, bylaws and rules consistent with the standard of practice and accreditation requirements;
 - c. Review and recommend operational budgets for Clinics;
 - d. Review matters relating to legal and professional conduct of the TTUHSC School of Medicine, its Ambulatory Clinics and support staff and make recommendations as appropriate.
 - e. Formulate long-range plans consistent with the TTUHSC Mission Statements and goal;
 - f. Provide that Quality Assurance/Performance Improvement activities are documented, reviewed and related to continuing education;
 - g. Implement and maintain MPIP Bylaws; and
 - h. Perform such other duties as requested by the Dean or MPIP Policy Committee.

Section D. Clinic Operations/ Performance Improvement Committee

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.
2. Duties. The duties of the Clinic Operations/ Performance Improvement Committee shall be to:
 - a. Receive activity reports from committees and implement changes when appropriate or recommend changes to the MPIP Policy Committee;

- b. Develop patient care policies for the Ambulatory Clinics that are consistent with current standards of practice and accreditation requirements;
 - c. Develop and monitor referral and consultation protocols;
 - d. Monitor Performance Improvement and Risk Management Programs;
 - e. Recommend appropriate actions and resolutions of identified problems within the Ambulatory Clinics;
 - f. Forward any recommendations to the MPIP Policy Committee;
 - g. Assess the quality of patient care rendered within the Ambulatory Clinics;
 - h. Identify and assess the cause and scope of problems or concerns in the care of patients in the Ambulatory Clinic;
 - i. Determine the priorities for investigations and the resolution of problems based on the potential for adverse impact of patient care;
 - j. Implement decisions designed to alleviate any identified problems or concern;
 - k. Implement activities designed to monitor the effectiveness of recommended actions;
 - l. Appropriately document the effectiveness of the overall program to enhance patient care;
 - m. Actions which may be recommended to address problems or concerns may include;
 - i. New or revised polices or procedures;
 - ii. Education;
 - iii. Equipment or supply changes;
 - iv. Staffing changes;
 - v. Facility or environmental changes;
 - n. Make recommendations to the MPIP Policy Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics;
3. Standing Subcommittees. The following are standing subcommittees of the Clinic Operations/ Performance Improvement Committee:
- a. Risk Management Committee
 - b. Medical Records Committee
 - c. Infection Control Committee
 - d. Administrators Committee
 - e. Nurse Managers Committee
 - f. Safety Advisory Committee
 - g. Credentials Committee
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 Clinic Operations/Performance Improvement Committee for information or approval.

Section E. Performance Improvement Committee

1. Composition. The Performance Improvement Committee will be joint committee with the Clinic Operations Committee as defined above.

Section F. Infection Control Committee

1. Composition. The Infection Control Committee shall consist of representation from;
- a. One Medical Director;
 - b. Three Faculty Physicians;

- c. Head Nurse for Infection Control;
- d. Employee Health Nurse;
- e. One Nurse Manager Representative;
- f. One Nursing Staff representative;
- g. Laboratory Representative (UMC);
- h. Risk Manager;
- i. Director TTUHSC Facilities Management;
- j. TTUHSC Ex-Officios
 - i. Director Custodial Services
 - ii. UMC Infection Control Nurse Representative;
 - iii. Director, Performance Improvement

2. Duties. The duties on the Infection Control Committee shall be to:

- a. Determine the type of surveillance and reporting programs to be used and provide the standard criteria for reporting all types of infections;
- b. 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.
- c. Promote and revise as necessary a preventive and corrective program designed to minimize infection hazard in TTUHSC School of Medicine and its Ambulatory Clinics;
- d. Review and analyze the risk of infection within TTUHSC School of Medicine and its Ambulatory Clinics, particularly with regard to proper management and epidemic potential;
- e. Analyze data on infection regularly, evaluate current trends and experiences, and implement indicated measures;
- f. Prepare and distribute to TTUHSC School of Medicine and its Ambulatory Clinics staff information that is pertinent to infection control;
- g. Review Department infection control procedures to assess their adequacy and compatibility with institutional policies;
- h. Monitor the reporting of reportable diseases to appropriate health authorities.
- i. Make recommendations to the Clinic Operations Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics;

Section G. Medical Records Committee

1. Composition. The members of the Medical Records Committee shall be appointed by the Dean upon the recommendation of the Chairperson of the Clinic Operations/Performance Improvement Committee. The Medical Records Committee shall consist of:

- a. At least three (3) faculty physicians
- ~~b.~~ One representative from the Nurse Manager group
- ~~c.~~ One representative from the Clinical Department Administrator group
- d. HSC Medical Records Director
- e. Ex-Officios
 - i. Risk Manager
 - ii. Performance Improvement Director

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

- a. To assure the adequacy of the medical record as teaching, patient care, and evaluation tool by recommending minimum standards for objectively measuring adequacy.
- b. To recommend the design of the medical record folder and contents, the organization of the contents, and the circulation of the medical record folder.
- c. Review and recommend to the medical staff the forms used in the medical record and any changes therein.
- d. 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.
- e. Recommendation to the medical staff as to any use of electronic data processing and storage system for medical records purpose.
- f. To recommend policies and procedures which preserve the confidentiality of medical records to include access to a release of information from the medical record.
- g. To ensure that timely and appropriate completion of all medical record information is provided.
- h. Report findings and recommendations for action to the Clinic Operations/Performance Improvement Committee.
- i. Make recommendations to the Clinic Operations/Performance Improvement Committee regarding policy, procedure or curative actions related to patient care in the Ambulatory Clinics;

Section H. Credentials Committee

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 shall include representation from the Medical Staff Office, Risk Management and School of Medicine Performance Improvement.
2. Duties. The Duties of the Credentials Committee shall be to:
 - a. Review the credentials of all Practitioners and the delineation of clinical privileges in compliance with Articles V and VI of these Bylaws;
 - b. Grant initial appointment and clinical privileges to be presented to MPIP Policy Committee for consideration.
 - c. 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 I. Bylaws Committee

1. Composition. The Bylaws Committee shall be appointed by the Dean upon the recommendation of the Chairperson of the MPIP Policy Committee, on an ad hoc basis and shall consist of at least three members of the Professional Staff.
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 J. Professional Liability Committee

1. Composition. The Professional Liability Committee shall consist of:
 - a. The Dean or designee,
 - b. Department Chairpersons,
 - c. Representatives from Office of General Counsel, Professional Liability Division.
2. Duties. The Duties of the Professional Liability Committee shall be to evaluate health care services provided by 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.

Section K. Risk Management Committee

1. Composition. The committee shall consist of:
 - a. A chairperson appointed by the Dean or his designee;
 - b. A representative from each Clinical Department;
 - c. Representative of the Office of General Counsel, Professional Liability Division;
 - d. The Dean or his designee;
 - e. A representative from University Medical Center;
 - f. The TTUHSC Risk Manager;
 - g. The TTUHSC Performance Improvement Director (ex-officio).

Section L. Nurse Manager Committee

1. Composition. The Nurse Manager Committee shall consist of:
 - a. Nurse Manager representative from each Clinical Department;
 - b. Performance Improvement Director;
 - c. The TTUHSC Risk Manager;
 - d. Director of Nursing Services
 - e. Director, Volunteer Services
 - f. Director, Patient Advocacy
2. Duties. The duties of the Nurse Manager Committee shall be to:
 - a. Assist in the development and revision of patient care policies and procedures for the Ambulatory Clinics;
 - b. Provide liaison between the Ambulatory Clinic Nursing Staff, and the Professional Staff, Clinic Administration, and the MPIP Policy Committee;
 - c. Assist in Performance Improvement activities and make recommendations for curative action to the appropriate committees.

Section M. TTUHSC Safety Committee

1. Composition. Members of this committee shall be appointed by the President or designee and shall consist of:
 - a. Director, TTUHSC Safety Service Department;
 - b. Director, TTUHSC Police;

- c. Director, Facilities Management;
- d. Representative of TTUHSC Office of Human Resources;
- e. Representative of TTUHSC School of Allied Health;
- f. Representative of TTUHSC School of Medicine;
- g. Representative of TTUHSC School of Nursing;
- h. Representative of TTUHSC Performance Improvement Office.

2. Duties. This committee is established for the purpose of reviewing TTUHSC accident experience data, actual and potential occupational safety and health problems, the evaluation of such data, and the formulation and implementation of recommendations to improve the overall safety program.

ARTICLE X: MEDICAL STAFF MEETINGS

Section A. Regular Meetings

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

Section B. Special Meetings

The Dean 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 C. 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 D. Attendance Requirements

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

Section E. Agenda

The agenda at any Professional Staff meeting shall be:

- Call to Order
- Quorum Declaration
- Acceptance of the minutes of the last meeting
- Unfinished Business

- Communications
- Administrative Report
- Reports of Departments
- Reports of Committees
- New Business
- Adjournment

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

ARTICLE XI : CORRECTIVE ACTION

Section A. General

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 or TTUHSC policies or requirements, or disruptive to TTUHSC operations or programs.
2. Content of Recommendation. A recommendation regarding corrective action must specifically indicate the recommended action, including any conditions on the exercise of clinical privileges. All adverse recommendations shall include the reasons or basis for the recommendation, with reference to specific acts or charges to the extent possible.
3. Time Periods 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 or investigation. Time periods may also be shortened or extended for good cause upon written request of the Practitioner. The Practitioner shall be advised in writing of any such extensions.

Section B. Routine Corrective Action

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:
 - a. Any Department or its chairperson or clinical medical director;
 - b. Any Staff committee or its chairperson;
 - c. President or Dean or their designee on behalf of the Governing Body.
2. Notice. All requests for investigation and corrective action shall be in writing, submitted to the MPIP Policy Committee, and supported by reference to the specific activities or conduct which constitute the reason for the request. The committee shall promptly notify the Practitioner's Department Chairperson in writing of all requests received and shall continue to keep the Dean fully informed of all actions taken in connection with the request. The chairperson of the MPIP Policy Committee shall notify the Practitioner by special notice that a request for investigation and corrective action has been received and provide him with a summary of the general nature of the request.

3. Investigation. Within 21 days of a request for routine corrective action pursuant to the Bylaws, the MPIP Policy Committee shall conduct an investigation, either itself or through an ad hoc committee, or it may delegate the investigation to Department.
 - a. In determining whether adequate grounds for corrective action exist, the investigating committee may consider all credible evidence and facts relevant thereto, and shall not be limited to the examinations of any particular incident or event.
 - b. The Practitioner for whom investigation and possible corrective action has been requested shall have an opportunity to appear before the committee in the course of its investigation. Any appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rights of review shall apply. No attorneys shall be present. A summary of the appearance prepared by the committee and the Practitioner's written statement (if any) shall be included with the committee's report. The Practitioner shall not be entitled to be present during the investigation, interviews with other witnesses, committee deliberations or voting.
 - c. Within 21 days after receipt of the request and following the Practitioner's appearance, unless waived, the committee shall make a written report of its investigation, setting out the areas of deficiencies found, if any, regarding the Practitioner or his care, and any recommendation regarding corrective action.
 - d. If, at any time following receipt of the request for investigations and corrective action, the committee determines that a temporary suspension with pay of any of the Practitioner's clinical privileges pending completion of the investigation is in the best interest of patient care or safety or continued effective program operations, it may impose such a temporary suspensions effective immediately for a period not to exceed 14 days. A temporary suspension shall not be considered or reported as corrective action and the Practitioner shall not be entitled to any procedural rights of review as a result of a temporary suspension. The temporary suspension may be terminated by the committee, at any time, but shall automatically terminate on the 14th day.
 - e. It is the responsibility of Dean to report any corrective action resulting in suspension or termination due to quality of care concerns initiated against a provider to the CMO and Credentials Committee through the HSC/UMC Medical Staff Office. The Credentials Committee will then provide information and make appropriate recommendations to MPIP Policy Committee.

In the event that suspension is more than 30 days, it is the responsibility of Risk management to report such to the Texas State Board of Medical Examiners.

4. MPIP Policy Committee.

- a. Within 7 days from receipt of the investigating committee's report, the MPIP Policy Committee shall make a decision regarding corrective action, if any. The decision may include, without limitation:
 - i. Rejecting the request for corrective action;
 - ii. Issuing a warning, letter of admonition, or letter of reprimand;
 - iii. Imposing a term of probation, record review, or consultation requirement;
 - iv. Reduction, suspension, or revocation of clinical privileges; or

- v. Suspension or revocation of the Practitioner's appointment.

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

- b. When the recommendation of the MPIP Policy Committee is favorable to the Practitioner, the committee shall promptly forward it, together with all supporting documentation, to the Dean.
 - c. When the decision of the MPIP Policy Committee is adverse to the Practitioner, as defined in Article XII of the Bylaws, the chairperson of the Committee shall promptly notify the Practitioner by special notice and provide the Practitioner with a copy of the MPIP Policy Committee's recommendation. The Practitioner shall be entitled to the procedures provided for in Article XII and all further procedures shall be in accord therewith.
5. Dean. After a receipt of a decision from the MPIP Policy Committee, the Dean shall act on the matter.
- a. When the Dean's decision is favorable to the Practitioner, such result shall become final and the Dean shall promptly notify the Practitioner by special notice.
 - b. When the Dean's decision is adverse to the Practitioner, as defined in Article XII of the Bylaws, the Dean, or designee shall promptly notify the Practitioner. The Practitioner shall be entitled to the procedure provided for in Article XII and all further procedures shall be in accord therewith. Such adverse recommendation shall be held in abeyance until the Practitioner has exercised or waived his rights under Article XII, unless an emergency suspension is imposed.

Section C. Emergency Suspension

1. Grounds. Any of the following, as a member of and on behalf of the appropriate medical peer review committee, may impose an emergency suspension of all or any portion of a Practitioner's clinical privileges, effective immediately, 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:
- a. The chairman or clinical medical director of the Practitioner's Department;
 - b. The President or Dean (or his designee) on behalf of the Governing Body.

The UMC/HSC Medical Staff Office should notify the Dean, School of Medicine and TTUHSC Compliance Office whenever a provider is found to be excluded/debarred from participation in federal and/or state programs. The Dean, School of Medicine will initiate immediate suspension of privileges in the event that:

- a. A serious quality of care concern exists that may be adverse to immediate patient health and safety
 - b. The Provider is found to be excluded/debarred from participation in federal and/or state programs
2. 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 MPIP Policy Committee and the Practitioner's Department Chairperson.

3. Investigation. Within 7 days of imposition of emergency suspension, the MPIP Policy Committee shall investigate the grounds for the emergency suspension and issue a decision as to whether corrective action is warranted. The committee shall not be limited to the examination of any particular incident or event. If the emergency suspension was imposed within 7 days of a decision of the MPIP Policy Committee for routine corrective action following investigation based on the same or similar grounds as the emergency suspension, there shall be no requirement for further investigation by the MPIP Policy Committee.
 - a. If the MPIP Policy Committee does not decide corrective action is necessary, the emergency suspension shall terminate immediately.
 - b. If the emergency suspension is terminated by the MPIP Policy Committee, and no adverse recommendation is issued, the Practitioner shall not be entitled to any procedural rights of review.
 - c. If the MPIP Policy Committee makes a decision that is adverse to the Practitioner, as defined in Article XII, the Practitioner shall be entitled to the procedures provided for in Article XII, and all further procedures shall be in accord therewith. The adverse decision of the MPIP Policy Committee shall be effective immediately if so provided by the Committee in its decision.
4. Alternative Coverage. Immediately upon the imposition of an emergency suspension, the Practitioner's Department Chairperson shall be responsible to arrange for each of the patients of the suspended Practitioner to select another Practitioner to provide interim care.

Section D. Automatic Suspension

1. Grounds. Occurrence of any of the following events shall operate as an automatic suspension of the Practitioner's clinical privileges and Staff appointments as specified below. Failure of a Practitioner to report the occurrence of any of the events shall be grounds for corrective action, in addition to any automatic suspension.
 - a. License. If a Practitioner's license is revoked, his Staff appointment and all clinical privileges are immediately terminated. If the Practitioner's license is suspended, his Staff appointment and all clinical privileges are suspended for the term of the license suspension. If the Practitioner's license is limited or restricted, any clinical privileges within the scope of the limitation or restriction are suspended for the term of the license limitation or restriction. If a Practitioner is placed on probation by the Texas licensing board, all voting and committee appointments are automatically suspended for the term of the probation.
 - b. Controlled Substances Registration. Whenever a Practitioner's authority, whether state or federal, to prescribe controlled substances is revoked, suspended, or limited, his clinical privileges to prescribe controlled substances shall be similarly revoked, suspended, or limited.
 - c. Professional Liability Insurance. Whenever a Practitioner fails to maintain Professional liability insurance as required by these Bylaws, all clinical privileges are immediately suspended and Staff appointment is automatically terminated if insurance is not reinstated within 30 days.

- d. Separation. Upon separation from TTUHSC, Practitioner's Staff appointment and all clinical privileges are immediately terminated without procedural rights of review.
 - e. Medical Records Completion. After warning of delinquency in accord with the Rules and Regulations of the Medical Records Department and the Performance Improvement Committee, 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.
2. Notices. The Dean or 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 Chairperson shall also be notified.
 3. Procedural Rights. The Practitioner shall not be entitled to any procedural rights of review for any action under Section D(1)(a)-(d) or for a suspension under Section D(1)(e).
 4. Alternative Coverage. Immediately upon the imposition of an automatic suspension, the Practitioner's Department Chairperson shall be responsible to arrange for each of the patients of the suspended Practitioner to select another Practitioner to provide interim care.
 5. Reinstatement After Automatic Suspension.
 - a. License. A Practitioner whose license is reinstated after revocation or suspension must seek initial appointment in accord with the Bylaws. Where the license is restored after having been restricted, before full clinical privileges are restored, the 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.
 - b. Controlled Substances Registration. Where controlled substances registration is restored following revocation, suspension, limitation or probation before full clinical privileges to prescribe are restored, the MPIP Policy Committee shall review the matter pursuant to the corrective action procedures and any recommend corrective action. If so, clinical privileges shall not be restored until resolution of the request for corrective action.
 - c. Professional Liability Insurance. Upon presentation to the Practitioner's Department Chairperson and the MPIP Policy Committee of a certificate of insurance as required by the Bylaws, the automatic suspension shall terminate unless the suspension was for longer than 30 days, in which case the suspension shall automatically become a termination of Staff appointment and the Practitioner shall be required to seek initial appointment in accord with the Bylaws.
 6. Notice. The MPIP Policy Committee shall notify the Credentials Committee and the Practitioner's Department Chairperson of the expiration of an automatic suspension.

ARTICLE XII. HEARING AND APPELLATE REVIEW PROCEDURE

Section A. 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 B 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 B. Definitions

1. Adverse Recommendations or Actions. Except as qualified by Section B(2) below and if no prior right to a hearing existed, only the following recommendations or actions when taken by the MPIP Policy Committee or Governing Body are “adverse” and shall entitle a Practitioner to the procedures set forth in this Article:
 - a. Denial of appointment or reappointment;
 - b. Suspension or revocation of appointment;
 - c. Denial of requested Staff category;
 - d. Reduction in Staff category;
 - e. Failure to advance from provisional status;
 - f. Denial of requested clinical privileges;
 - g. Reduction, suspension, or revocation of clinical privileges; or
 - h. Imposition of a consultation or concurrent supervision requirement, except during the provisional period.

2. Actions Not Adverse. The following recommendations or actions, and any others set forth in these Bylaws, shall not entitle a Practitioner to any procedural rights of review pursuant to these Bylaw:
 - a. Refusal to furnish an application or to accept or consider an application for appointment as provided in Article V;
 - b. Termination of appointment or clinical privileges pursuant to a contractual agreement with TTUHSC unless otherwise provided in the agreement;
 - c. Denial or termination of any temporary privileges granted pursuant to Article VI;
 - d. Any action affecting House Staff;
 - e. Issuance of a warning, letter or admonition or letter or reprimand;
 - f. Imposition of any condition or requirement during the provisional period;
 - g. Automatic suspension or termination pursuant to Article XI;
 - h. Revocation of Medical Staff membership as provided in Article X; or
 - i. Removal from Staff office, administrative position, or committee appointment.

Section C. Notice and request for Hearing

1. Notice of Right To Hearing. A Practitioner against who an adverse recommendation, as defined in Section B(1) has been issued shall be given special notice in writing by the Chairperson of the MPIP Policy Committee or the Dean or designee on behalf of the Governing Body within 14 days of the recommendation. Such notice shall:

- a. Advise the Practitioner of the adverse recommendation and provide him with a copy of the written recommendation, which shall include a statement of the reasons for the proposed action and a listing of any patient records in issue;
 - b. Advise the Practitioner of his right to a hearing pursuant to this Article and specify that written request for a hearing must be received by the Chairperson of the MPIP Policy Committee or the Dean by special notice within 30 days of receipt of the notice;
 - c. State that failure to request a hearing within the specified time period shall constitute a waiver of any rights to a hearing appellate review, or any other review of the matter pursuant to these Bylaws, or otherwise;
 - d. State that upon receipt of the Practitioner's request for a hearing in the manner specified, Chairperson of the MPIP Policy Committee or the Dean will notify the Practitioner of the date, time, and place of the hearing;
 - e. Include a copy of this Article, referencing in the notice to the rights set forth in Section E(7); and
 - f. Advise the Practitioner that if she/he is going to be accompanied by an attorney at the hearing, such information must accompany the request for hearing pursuant to Section C(2).
2. Request for Hearing. A Practitioner shall have 30 days following receipt of notice pursuant to Section C(1) to file a written request for a hearing with the Chairperson of the MPIP Policy Committee or the Dean by special notice.
 3. Effect of Waiver. A Practitioner who fails to request a hearing within the time and in the manner specified in Section C(2) above waives all rights to such hearing and to any other review which might otherwise have been available on the matter pursuant to these Bylaws. Waiver shall cause the adverse recommendation which initiated this Article to automatically become the final decision of the MPIP Policy Committee without further review or reconsideration. In such case, the Dean shall send a copy of the MPIP Policy Committee's final decision to the Practitioner by special notice.

Section D. Hearing Prerequisites

1. Notice of Hearing. Within 21 days after receipt of a request for a hearing, the Executive Committee shall schedule and arrange for such hearing and shall, through the Dean or designee notify the Practitioner of the time, place, and date of the hearing by special notice. The hearing date shall be not less than 30 days and no more than 60 days from the date of this notice to the Practitioner; provided, however, that a hearing for a Practitioner who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be made, but no less than 30 days from the date of the notice.
2. Witness. The notice of hearing shall include a list of witnesses expected to testify in support of the adverse recommendation. The notice shall also advise the Practitioner that, at least 14 days before the hearing, the Practitioner expects to present to testify against the adverse recommendation. The Practitioner is responsible for arranging for the attendance of his witness.

3. Hearing Committee. The hearing shall be held before a Hearing Committee comprised of a panel of three individuals practicing in the same profession. The Dean or designee shall select the individuals to serve on the Hearing Committee.
 - a. The hearing panel members may not have participated in initiating or investigating or in committee consideration of the underlying matter at issue.
 - b. The panel members shall be selected from the Faculty Staff Practitioners. A member of the panel shall be elected by the panel members to serve as the Presiding Officer.
 - c. The Practitioner shall be furnished with the names of the panel members at the time of the hearing notice. The Practitioner shall be required to raise any objections to the qualifications of these individuals at least 14 days prior to the hearing, by special notice, in writing to the Dean or 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 in this manner shall constitute the Practitioner's agreement that the individuals are qualified to serve on The Hearing Committee.

Section E. Conduct of Hearing

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.
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.
3. Authority. The Presiding Officer shall provide participants in the hearing with a reasonable opportunity to present relevant oral and documentary evidence in an efficient and expeditious manner, and shall maintain proper decorum. The Presiding Officer shall determine the order and procedure for presenting evidence and argument during the hearing, and shall have the authority and discretion to make all rulings on questions which arise during the hearing. If the Presiding Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, he may take such discretionary action as seems warranted by the circumstances.
4. Evidence. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action.
5. Representation of Parties. The hearing afforded the Practitioner is for the purpose of intra-professional resolution of matters bearing on professional competency and conduct. If requested by the Practitioner or the body whose adverse recommendation initiated this Article, however, both parties may be accompanied by legal counsel in an advisory capacity.
 - a. If the Practitioner is to be accompanied by legal counsel, such fact must be included in the Practitioner's written request for a hearing under Section C(2). The body

making the adverse decision shall be accompanied by an attorney only if the Practitioner is to be accompanied by an attorney.

- b. If attorneys do not accompany the parties at the hearing, nothing herein is intended to deprive the Practitioner, Hearing Committee, the body whose adverse recommendation initiated this Article, 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.

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

- a. Present and examine witnesses;
- b. Present evidence determined to be relevant by the Presiding Officer as provided in Section E(4) above;
- c. Cross-examine and impeach any witnesses;
- d. Rebut any evidence;
- e. Request that a record be made of the hearing pursuant to Section E(2) above;
- f. Be accompanied by an attorney or other individual of the party's choice in accordance with Section E(5) above;
- g. Prior to or during the hearing, submit memoranda concerning any relevant issues and have such memoranda become part of the hearing record; and
- h. Submit a written or oral statement at the close of the hearing.

4. Procedure. In the hearing, the representative of the body whose adverse recommendation initiated the hearing shall first present any evidence in support of the recommendation. The Hearing Committee and Practitioner may question the representative and any witnesses. The Practitioner shall then present any evidence against 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.

5. 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 consultation. 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 be closed.

6. Deliberations and Adjournment. The Hearing Committee shall conduct deliberations outside the presence of the parties and/or any other individuals. The committee shall recommend rejection, affirmation, or modification of the adverse recommendation. The affirmative vote of a majority of the members is required for a recommendation which is adverse, as defined in Section B. Upon conclusion of deliberations, the hearing shall be declared adjourned.

Section F. Hearing Committee Recommendation

1. Recommendation. Within 14 days after adjournment of the hearing, the Hearing Committee shall issue its written recommendation, including a statement of its findings and the basis for the recommendation, and shall forward the recommendation together with the hearing record and all other documentation through the Dean to the body whose adverse recommendation initiated the hearing.

2. Notice and Further Action. The Dean shall notify the Practitioner by special notice of the Hearing Committee's recommendation and, if adverse, written recommendation.
 - a. If the recommendation of the Hearing Committee is adverse to the Practitioner, as defined in Section B, the Practitioner shall have the right to request appellate review of the matter pursuant to Section G below. Notice to the Practitioner of the adverse recommendation shall include notice of Practitioner's right to request appellate review in accord with Section G(2).
 - b. 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. Waiver shall cause the adverse recommendation which initiated the right to appellate review to become the final decision of the MPIP Policy Committee without further view or reconsideration. In such case, the Dean shall send a copy of the MPIP Policy Committee's final decision to the Practitioner by special notice.

If the MPIP Policy Committee or the Dean decides that an adverse recommendation is indicated despite the Hearing Committee's recommendation, the Dean shall notify the Practitioner of the recommendation by special notice, including a copy of the committee's recommendation and of the Practitioner's right to request appellate review in accord with Section G below.

Section G. Appellate Review

1. Appellate Review Committee. Appellate review shall be conducted by an Appellate Review Commission dully appointed by Governing Body of not less than three (3) members of the medical staff, one of whom shall be the President of Texas Tech University Health Sciences Center. The Medical Staff Members or the Appellate Review Committee shall not have participated in initiating or investigating or in committee consideration of the underlying matter at issue.
2. Requirements and Waivers. A 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 by special notice.
 - a. Upon receipt of a timely request for appellate review, the Dean shall deliver such request to the Governing Body. As soon as practical, the President of TTUHSC shall schedule a date for such a review, which shall be not less than 30 days from the date of receipt of the request for appellate review. At least 14 days before the date of the appellate review, the Dean shall sent the Practitioner special notice of the time, place, and date of the review.
 - b. 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. Waiver shall cause the adverse recommendation that initiated the right to appellate review to become the final decision of the MPIP Committee and the Dean without further view or reconsideration. In such case, the Dean shall send a copy of the final decision to the Practitioner by special notice.
3. Written Statement. The Practitioner shall have access to a copy of the hearing Committee's recommendation and record, and any other material subsequently considered by the MPIP Policy Committee. The Practitioner may submit a written statement in his own behalf, limited to those matters specifically pertaining to the scope of the appellate review as set forth in Section G(4) below, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Appellate Review Committee and the body whose adverse recommendation initiated the hearing through the Dean or designee by special notice at least 14 days prior to the date for the appellate review. A similar statement may be submitted, by the body at least 7 days prior to the appellate review, and if submitted, the Dean or designee shall promptly provide a copy to the Practitioner by special notice.
4. Scope of Review. Appellate review shall be limited to recommendation as to the following:
 - a. Whether the procedures set forth in the Professional Staff Bylaws and this Article regarding the hearing and any subsequent review were substantially complied with; and
 - b. Whether the adverse recommendation is unreasonable, arbitrary, capricious, discriminatory, or without basis.
5. Procedures. The proceeding shall be in the nature of an appellate review, based upon the record of the hearing, the Hearing Committee's recommendation, any subsequent review by the MPIP Policy Committee 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 shall only be introduced at the discretion of the Appellate Review Committee.

- a. The chairperson of the Appellate Review committee shall determine the order of procedure during the review and make all required rulings. The Appellate Review Committee shall have such additional powers as are necessary to discharge its responsibilities.
 - b. The members of the Appellate Review Committee must be present throughout the review and deliberations.
 - c. The Appellate Review Committee shall conduct its deliberations outside the presence of the parties and upon conclusion of deliberations, the appellate review shall be declared finally adjourned.
6. Recommendation. Within 14 days after adjournment, the Appellate Review Committee shall make its written recommendation, including a statement of the basis of the recommendation, to the governing Body with a copy to the MPIP Policy and Hearing Committees. The Appellate Review Committee may remand the matter for further hearing or procedures within a specified time period; recommend modification of the adverse recommendation so it is no longer unreasonable, arbitrary, capricious, or discriminatory; or affirm or deny the adverse recommendation. If the Appellate Review Committee finds that the procedures were substantially complied with and that the adverse recommendation initiating the right to appellate review was not unreasonable, arbitrary, capricious, discriminatory, or lacking in basis, it shall affirm the adverse recommendation. The affirmative vote of a majority of the members is required to affirm the adverse recommendation.

Section H. Final Decision by the Governing Body

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

Section I. Limitations

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

Section J. Time Periods for Processing

Any time periods herein within which action by a committee, the Dean or 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 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.

1. Request for Hearing. A Practitioner shall have 30 days following receipt of notice pursuant to Section C(1) to file a written request for a hearing with the chairperson of the MPIP Policy Committee or the Dean or designee by special notice.
2. Effect a Waiver. A Practitioner who fails to request a hearing within the time and in the manner specified in Section C(2) above waives all rights to such hearing and to any other review which might otherwise have been available on the matter pursuant to these Bylaws. Waiver shall cause the adverse recommendation which initiated this Article to automatically become the final decision of the MPIP Policy Committee without further review or reconsideration. In such case, the Dean shall send a copy of the MPIP Policy Committee's final decision to the Practitioner by special notice.

ARTICLE XIII: CONFIDENTIALITY AND IMMUNITY

Section A. 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 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 B. Definitions

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

1. **“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 or oral form.
2. **“Representative”** means the Governing Body, its members and appointed representatives; all employees, agents, and affiliates of 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.
3. **“Third Parties”** means all individuals or entities other than TTUHSC, including government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities, or otherwise.

Section C. Activities and Information Covered

1. Activities. The confidentiality and immunity provided by this Article applies to all information performed or provided in connection with this or any other entity's activities concerning, but not limited to:

- a. Applications for appointment or clinical privileges;
 - b. Periodic reappraisals for reappointment or clinical privileges;
 - c. Corrective action, including automatic and summary suspensions;
 - d. Hearings and appellate reviews;
 - e. Peer review and quality management activities;
 - f. Profiles and profile analysis;
 - g. Risk management activities and claims review; and
 - h. Other committee or Staff activities related to monitoring of health care services, Staff operations, and Practitioner conduct.
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 D. Confidentiality of Information

1. General. Information submitted, collected or prepared by any Representative or Third Parties for the purpose of care or related to any of the activities set forth in Section C(1) shall be privileged and confidential. Nothing herein shall prevent the disclosure of information to the Dean or 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.
2. Committees. Unless authorized or required by law, disclosure of any information generated by or at the direction of a Staff or Governing Body committee or a Department of any person other than a Representative shall require execution of a written waiver by the committee's chairperson and approval by the Dean or designee. All committee and Department documents shall be maintained in accord with TTUHSC policy. Access to committee or Department documents shall be in accord with TTUHSC policy and applicable legal requirements to maintain any available privileges of confidentiality.
3. Practitioner Information.
- a. 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.
 - b. 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.
4. Minutes. The originals of the minutes of all meetings of the Staff, Departments and Staff Committees shall be maintained in accord with TTUHSC policy. Access to minutes shall be in accord with TTUHSC policy and applicable legal requirements to maintain any available privileges of confidentiality.

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

Section E. Immunity from Liability

1. For Action Taken. No Representative shall be liable to a 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.
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 Parties acts in good faith and without malice.

Section F. Authorization and Releases

Each Practitioner shall, upon request of TTUHSC School of Medicine and in such form as requested by 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 G. Reporting Requirements

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

Section H. Cumulative Effect

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

ARTICLE XIV: ADOPTION AND AMENDMENT

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

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 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 be effective immediately if not disapproved by the Dean or designee within 60 days of adoption by the MPIP Policy Committee.

ARTICLE XV. REVIEW

These Bylaws are revised and continue effective September, 2001; 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 under and pursuant to the requirements of these bylaws.

Approved: Dale M. Dunn, M.D., Chief Medical Officer

Date of Signature (on file): May, 2004

(Rev. 5.04)