



CHILDREN'S MEDICAL CENTER DALLAS

MEDICAL/DENTAL STAFF BYLAWS

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ARTICLE I. PURPOSES AND ORGANIZED HEALTH CARE ARRANGEMENT

The purpose of the organized Medical/Dental Staff is to bring the physicians/dentists who practice at Children's Medical Center Dallas (hereby referred to as "Children's Dallas" – see further definition below), together into a cohesive body to promote quality patient care and patient safety and to uphold the mission of Children's Dallas. To this end, among other activities and subject to the authority of the Governing Board, the self-governing, organized Medical/Dental Staff shall be responsible for reviewing initial applications and reappointment information for Medical/Dental Staff membership and/or clinical privileges; evaluating and assisting in improving the quality and safety of patient care administered by the staff; providing education; offering medical counsel to the Governing Board President, the Hospital Administrator, the JPE Chief Medical Officer, and the Governing Board; and enforcing the Medical/Dental Staff Bylaws (hereby referred to as "Bylaws"), the Rules and Regulations, and all policies and procedures of the Medical/Dental Staff.

Children's Dallas along with each member of the Medical/Dental Staff, and other health care providers granted clinical privileges, shall be considered members of, and shall participate in, the hospital's Organized Health Care Arrangement ("OHCA") formed for the purpose of implementing and complying with the federal privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") for the protection of individually identifiable health information. An OHCA is a clinically integrated care setting in which individuals typically receive health care from more than one healthcare provider. An OHCA allows the hospital to share protected health information with the Medical/Dental Staff and other health care providers granted clinical privileges and their offices for purposes of treatment, payment and practice operations. The patient will receive one Notice of Privacy Practices during the hospital's registration or admissions process, which shall include information about the OHCA with the Medical/Dental Staff and other health care providers granted clinical privileges. Each Medical/Dental Staff member agrees to comply with the hospital's policies as adopted regarding the use and disclosure of individually identifiable health information and protected health information, as those terms are defined by HIPAA or as any similar terms are defined by more stringent state law.

DEFINITIONS

1. "Administrator of Children's Medical Center Dallas" (Hospital Administrator) is defined as the individual appointed by the Governing Board to act on its behalf in the overall day-to-day management of Children's Dallas.
2. "Advanced Practice Professional" (APP) is defined as an individual licensed, certified, registered, or otherwise authorized in the State of Texas, who is not a member of the Medical/Dental Staff, who has advanced training as an Advanced Practice Registered Nurse, Physician Assistant, Certified Registered Nurse Anesthetist, or a Certified Anesthesiologist Assistant. APPs are trained in some aspect of the evaluation or treatment of human illness to perform specified services to patients at Children's Dallas under the responsibility of a Medical/Dental Staff member as outlined in the Medical/Dental Staff policies and procedures.

3. “Allied Health Professional” (AHP) is defined as an individual licensed, certified, registered, or otherwise qualified in the State of Texas, who is not a member of the Medical/Dental Staff, and not an APP, who is granted permission to perform specified patient care related services at Children’s Dallas under the responsibility and supervision of a Medical/Dental Staff member as outlined in the Medical/Dental Staff policies and procedures.
4. “Anesthesiologist-in-Chief” is defined as the individual who is a full-time faculty member at UT Southwestern and appointed by the Governing Board upon recommendation by the JPE Chief Medical Officer, President of UT Southwestern, and by the Governing Board President. This individual shall be responsible for system oversight of the quality of clinical operations and the integration of clinical and academic activities within the Anesthesiology Division and shall report to the JPE Chief Medical Officer.
5. “Chair of the Dental Department” is defined as the chair of the Department of Pediatric Dentistry at Texas A&M University School of Dentistry.
6. “Chief Medical Officer at Children’s Medical Center Dallas” (Chief Medical Officer Dallas) is the individual who has been appointed by the JPE Chief Medical Officer to provide oversight of clinical operations at Children’s Medical Center Dallas.
7. “Children’s Health System of Texas” a Texas non-profit corporation, is the governing board for Children’s Medical Center Dallas, that has the oversight, responsibility for, and the authority for the operations, including, without limitation, the organization and management of Children’s Medical Center Dallas for purposes of the requirements, standards, laws and regulations promulgated by The Joint Commission, the Centers for Medicare and Medicaid Services, the Texas Health and Human Services Commission, and other applicable licensing, regulatory and accrediting bodies (and for purposes of these Bylaws, will be referred to as “Governing Board”).
8. “Children’s Medical Center Dallas” (Children’s Dallas) is defined as all inpatient and outpatient facilities, services, programs or other centers of care providing health care services pursuant to the State of Texas hospital license and Medicare provider number, or Medicaid provider number held by Children’s Dallas or licensed as Children’s End Stage Renal Disease Facility, or Children’s Health Specialty Center Dallas.
9. “Department Chair” is defined as the chair of an academic department at UT Southwestern, except for pediatric dentistry.
10. “Division” is defined as a major clinical service area of the Medical/Dental Staff, grouping members in accordance with their specialty or major practice interest.
11. “Ex-Officio” is defined as a member of a body by virtue of an office or position held and, unless otherwise provided, means without voting rights.
12. “Fellow” is defined as a physician who is receiving additional training and/or experience in a medical specialty following completion of a primary residency. A “Dental Fellow” is defined as a dentist who is receiving additional training and/or experience in a dental specialty.

13. “Governing Board President” is defined as the individual appointed by the Governing Board having general executive charge, management and control of the properties and operations of the Children’s Medical Center Dallas in the ordinary course of business, with all such powers with respect to such properties and operations as may be reasonably incident to such responsibilities. The Medical/Dental Staff may rely upon all actions of the Governing Board President as being the actions of the Governing Board taken pursuant to a proper delegation of authority from the Governing Board.
14. “Investigation” is defined as a professional review activity for purposes of mandatory reporting pursuant to the federal Health Care Quality Improvement Act and/or state law. An investigation is limited to:
- a. A professional review activity initiated by the Medical Executive Committee following receipt of a request for Corrective Action as set forth in Article XIII based on professional competence or conduct;
 - b. The period of time following issuance of an Adverse Action based on professional competence or conduct in the course of appointment, reappointment, clinical privileges, or corrective action pursuant to these Bylaws; or
 - c. The period of time following imposition of a summary suspension or restriction pursuant to these Bylaws.

An Investigation continues until issuance of a final decision by the Governing Board, acceptance of a resignation from the Practitioner by the Governing Board, or withdrawal of the application from processing. Any other use of the term “investigation” in these Bylaws, the Rules and Regulations, or policies of the Medical/Dental Staff does not constitute an Investigation for purposes of mandatory reporting.

15. “JPE Chief Medical Officer” is the individual who has been appointed by the joint pediatric enterprise, of which Children’s Dallas is a part, to provide overall system level oversight of medical operations and clinical care.
16. “Medical/Dental Staff” is defined as University of Texas Southwestern Medical School (UT Southwestern) faculty members, community physicians, and dentists from the community and from Texas A&M University School of Dentistry who support the mission of Children’s Dallas and who have been granted membership by the Governing Board.
17. “Medical/Dental Staff Division Director” (Division Director) is defined as the individual appointed by the Governing Board upon recommendation by the JPE Chief Medical Officer, President of UT Southwestern, the Governing Board President, and the appropriate Pediatrician-in-Chief, Surgeon-in-Chief, or Anesthesiologist-in-Chief, and in consultation with the appropriate UT Southwestern Department Chair. This individual shall have specific, identified roles and responsibilities developed by the Pediatrician-in-Chief, Surgeon-in-Chief, or Anesthesiologist-in-Chief under which the Division falls and shall report directly to the appropriate Pediatrician-in-Chief, Surgeon-in-Chief, or Anesthesiologist-in-Chief.

18. "Medical/Dental Staff Year" is defined as January 1 through December 31 of each year.
19. "Medical Director" or "Surgical Director" is defined as an individual who shall oversee specific programs or clinical areas within his or her Division.
20. "Medical Executive Committee" (MEC) is defined as the administrative and executive body of the Medical/Dental Staff.
21. "Member" is defined as a physician, dentist, or podiatrist appointed by the Governing Board to any category of the Medical/Dental Staff in accordance with these Bylaws.
22. "Pediatrician-in-Chief" is defined as the individual who is a full-time faculty member at UT Southwestern and appointed by the Governing Board upon recommendation by the JPE Chief Medical Officer, President of UT Southwestern, and by the Governing Board President. This individual shall be responsible for oversight of the quality of clinical operations and the integration of clinical and academic activities within the medical Divisions and shall report to the JPE Chief Medical Officer.
23. "Peer Review" is defined as a medical peer review and professional review activity as those terms are defined in the Texas Medical Practice Act and the federal Health Care Quality Improvement Act, a medical committee as defined in the Texas Health and Safety Code, and as further detailed in Article XIII.
24. "President of the Medical/Dental Staff" is defined as the elected member of the Medical/Dental Staff serving as Chair of the Medical Executive Committee and responsible for the conduct of the Medical/Dental Staff as further described in these Bylaws.
25. "Psychologist" is defined as an individual licensed by the Texas State Board of Examiners of Psychologists for the practice of psychology, and who is not a member of the Medical/Dental Staff.
26. "Resident" is defined as a medical or dental school graduate who is receiving additional training and/or experience in a medical or dental specialty or subspecialty training program accredited by the Accreditation Counsel for Graduate Medical Education, the Commission on Dental Accreditation, or such other applicable accreditation body.
27. "Surgeon-in-Chief" is defined as the individual who is a full-time faculty member at UT Southwestern and appointed by the Governing Board upon recommendation by the JPE Chief Medical Officer, President of UT Southwestern, and by the Governing Board President. This individual shall be responsible for system oversight of the quality of clinical operations and the integration of clinical and academic activities within the surgical Divisions and shall report to the JPE Chief Medical Officer.
28. "UT Southwestern" is defined as the University of Texas Southwestern Medical School.
29. "Vice President, Medical Staff Affairs" is defined as the administrative position that oversees

medical staff administrative functions, specifically including, but not limited to credentialing, privileging, and medical education.

ARTICLE II. MEDICAL/DENTAL STAFF MEMBERSHIP

Section A. Medical/Dental Staff Appointment

Appointment to the Medical/Dental Staff at Children's Dallas is a privilege which may be granted to competent physicians, dentists and podiatrists who continuously meet the qualifications, standards, and requirements set forth in the Bylaws, the Rules and Regulations, and associated policies and procedures of the Medical/Dental Staff of Children's Dallas, and who are necessary for Children's Dallas to attain its mission.

Section B. Qualifications for Membership and/or Clinical Privileges

1. Only physicians with Doctor of Medicine or Doctor of Osteopathy degrees or equivalent (e.g. M.B.B.S. degree), dentists with Doctor of Dental Medicine or Doctor of Dental Surgery degrees or equivalent (e.g. B.D.S degree), or podiatrists with a Doctor of Podiatric Medicine degree, and holding a license or permit to practice in the State of Texas, are qualified for membership on the Medical/Dental Staff of Children's Dallas.

These practitioners must be able to document:

- a. appropriate background, training, experience, and demonstrated current competence for requested privileges;
 - b. good character and judgment;
 - c. physical and mental capabilities;
 - d. adherence to the ethics of their profession; and
 - e. the ability to work with other Medical/Dental Staff members and the Governing Board to promote Children's Dallas mission.
2. No physician/dentist is entitled to membership on the Medical/Dental Staff, nor entitled to exercise clinical privileges at Children's Dallas, merely by virtue of licensure to practice in this or any other state, membership in any professional organization, or privileges at any other hospital.
 3. Documentation of experience and training including completion of an accredited residency and fellowship (if applicable) is required.

4. Board certification¹ in the physician's/dentist's applicable specialty or subspecialty area is required. Accepted Boards include American Board of Medical Specialties, American Osteopathic Association, Royal College of Physicians and Surgeons in Canada and the United Kingdom, and the Australian Medical Council. Any Medical/Dental Staff applicant boarded by another country's certifying body (other than those listed above) would need to submit documentation to deem the certification equivalent to the ABMS requirements and the request shall be reviewed on a case by case basis by the Credentials Committee.
- a. All **new applicants** to Children's Dallas Medical/Dental Staff who have **completed their post-graduate training within the past two (2) years** shall be required to obtain board certification within six (6) years of completing their most recent training (i.e., residency or fellowship). The respective director of the applicant's most recent training program will designate the completion date of training.
 - b. All **new applicants**² to Children's Dallas Medical/Dental Staff **who completed their post-graduate training more than two (2) years prior** to their application for medical/dental staff membership must be board eligible through the applicable certifying board and shall be required to obtain board certification within four (4) years of their initial appointment to the Medical/Dental Staff and granting of clinical privileges.
 - c. **Current members** of the Medical/Dental Staff who complete additional post-graduate training and/or **qualify for and request new privileges in a separate sub-specialty area** must be board eligible through the applicable certifying board and shall be required to obtain board certification within four (4) years of their initial approval of the new clinical privileges.
 - d. Current members of the Medical/Dental Staff who fail to maintain their applicable board certification or applicable sub-board certification shall be allotted two (2) years from date of expiration to renew their board certification. Failure to renew within the two (2) year period will result in non-renewal of Medical/Dental Staff membership and clinical privileges. Staff whose membership and/or clinical privileges are not renewed, or allowed to expire, due to failure to maintain board certification will not be eligible to reapply until such time that certification is obtained.
 - e. Exceptions to the above (Section B. 4, a – d) must be requested by the appropriate Division Director in consultation with the appropriate Pediatrician-in-Chief, Surgeon-in-Chief, or Anesthesiologist-in-Chief the Credentials Committee, and (for UT Southwestern practitioners only) the relevant UT Southwestern Department Chair. The request for an exception must then be approved by the Medical Executive Committee and the Governing Board.

¹ Required of all new applicants to the Medical/Dental Staff effective in October,2000. Exempted from this requirement are those non-board-certified physicians/dentists on the Medical/Dental Staff who had been on the Medical/Dental Staff for ten (10) or more years as of the date the requirement became effective (October,2000).

² Required of all new applicants to the Medical/Dental Staff effective October 7, 2008. Members who were appointed prior to this date are required to obtain certification within six (6) years of completing their post graduate training as reflected in the Bylaws at the time of their initial appointment.

- f. The board certification requirement may be waived for physicians who have been experts in their specialty field for a significant number of years and/or hold national or international prominence³ or serve a specific need of patients at Children's Dallas. These physicians must be considered distinguished practitioners in their specialty and will be admitted only upon the approval of the Credentials Committee, MEC, and the Governing Board.
 - g. The board certification requirement may be waived for Dental Specialists⁴ specifically determined by the Division Director of Dentistry to serve a specific need for patients at Children's Dallas, and with the approval of the Credentials Committee, MEC, and the Governing Board.
- 5. A clinical faculty appointment at UT Southwestern is desirable but not required for Medical Staff membership. A clinical faculty appointment at Texas A&M University School of Dentistry is desirable but not required for Dental Staff membership. A faculty appointment is necessary in order to admit patients to teaching services and participate in teaching or supervision of medical students, dental students, Residents and Fellows.
 - 6. Current documentation of professional liability insurance coverage, in the amounts as recommended by the MEC and approved by the Governing Board \$200,000 per occurrence/\$600,000 aggregate, is required for physicians/dentists granted clinical privileges. Involvement in any professional liability action including final judgments and claims settled must be reported at initial appointment, at each reappointment, or as specified on the application for medical/dental staff membership.

Section C. Nondiscrimination

Children's Dallas shall not discriminate in granting staff appointment and/or clinical privileges on the basis of age, gender, race, sexual orientation, creed, physical disability, color, nationality, religion or any other basis prohibited by law.

³ The Credentials Committee, in collaboration with the appropriate Division Director, shall make the determination regarding whether the information submitted is sufficient to deem the individual an expert in his/her field or if the individual serves a specific need of patients at Children's.

⁴ The American Dental Association recognizes the following 8 Dental Specialties: Oral/Maxillofacial Surgery, Pediatric Dentistry, Periodontics, Endodontics, Oral Pathology, Orthodontics, Prosthodontics and Public Health Dentistry.

Section D. Conditions and Duration of Appointment and Granting of Clinical Privileges

1. All appointments to the Medical/Dental Staff of Children's Dallas shall be made upon nomination by the appropriate Division Director, and with the recommendation of the Credentials Committee, MEC, and with final approval and appointment by the Governing Board after the credentialing process has been completed as outlined in the Medical/Dental Staff policies.
2. Appointments to the Medical/Dental Staff and clinical privileges shall not exceed three (3) years. The MEC may recommend membership and/or clinical privileges for a period of less than three (3) years as deemed appropriate by the MEC and as approved by the Governing Board.
 - a. Membership and Clinical Privileges are not exclusively interconnected and may be granted independent of one another as further outlined in the Medical/Dental Staff credentialing policies.
 - b. All members or providers granted clinical privileges must continuously meet the competency and activity requirements as established through the Medical/Dental Staff credentialing policies and procedures and otherwise exhibit a continuous interest and involvement in the welfare and clinical affairs of Children's Dallas as noted in Article III.
 - c. Providers shall request only those privileges that he or she intends to utilize at Children's Dallas during the appointment period. Providers who fail to exercise their clinical privileges at Children's Dallas during the reappointment cycle will no longer be deemed eligible for continuous granting of said privileges (with the exception of approved consult services as outlined in the Medical/Dental Staff credentialing policies). Should this occur, the provider shall have the following options as further defined in the Medical/Dental Staff credentialing policies:
 - Modify his or her request to more appropriately reflect the clinical privileges that he or she exercises at Children's Dallas (i.e., refer and follow);
 - Withdraw his or her request to maintain clinical privileges and request to maintain Medical/Dental Staff membership only (if membership criteria was met at the time of reappointment);
 - If the provider intends to increase his or her utilization over the next six (6) months, the Division Director and Credentials Committee have the option to recommend a focused practice professional evaluation as outlined in the Focused Practice Professional Evaluation Policy.
3. The processes for: credentialing, membership appointment, focused and ongoing practice evaluations, granting, termination or reduction of clinical privileges, for both Medical/Dental Staff Members and Advanced Practice Professionals, are outlined in the Medical/Dental Staff policies and procedures. All requests for Medical/Dental Staff membership and/or requests for clinical privileges shall be processed according to said policies and shall not be effective until

formal approval by the Governing Board is obtained. The basic steps include:

- a. Completion of all required applications, attestations, acknowledgements and other required paperwork by the applicant;
 - b. Verification of current clinical competency as applicable;
 - c. Verification of all reported relevant information as applicable and as outlined in the Medical/Dental Staff policies;
 - d. Review and evaluation of the data by the appropriate Medical/Dental Staff leaders and Medical/Dental Staff committees; and
 - e. Final action by the Governing Board.
4. Clinical privileges may be granted without Medical/Dental Staff membership upon verification of current clinical competency and verification of all credentialing requirements outlined in the Medical/Dental Staff policies and procedures. Membership may also be granted without clinical privileges as outlined in the Medical/Dental Staff policies and procedures.
 5. Temporary privileges may be granted under two (2) circumstances, each of which have different criteria for granting privileges: (a) to fulfill an important patient care, treatment, and service need; or (b) to initial or current staff members requesting new clinical privileges. Temporary privileges in either circumstance may be granted for a limited period of time, not to exceed 120 days. The criteria for requesting and granting of temporary privileges are outlined in the Medical/Dental Staff policies and procedures. Upon confirmation that the applicant meets the criteria for temporary privileges, the credentialing process and approval process is completed in accordance with the temporary privilege policy.
 - a. When temporary privileges are granted to meet an important patient care need, the required credentialing process includes, but is not limited to, verification of the following: current licensure, current competency for privileges requested, and current professional liability insurance that meets or exceeds the minimum criteria outlined in the Medical/Dental Staff privileging policy.
 - b. Temporary privileges may also be granted while awaiting review and approval from the MEC and/or Governing Board upon verification of the following: current licensure, current clinical competency for the privileges requested, relevant training or experience, current professional liability insurance that meets or exceeds the minimum criteria outlined in the Medical/Dental Staff privileging policy, a query of the National Practitioner Data Bank, and other criteria as outlined in the Medical/Dental Staff credentialing policies.

- c. Temporary privileges are recommended by the President of the Medical/Dental Staff or his/her designee which may include the appropriate Division Director, Chair of the Credentials Committee, or the President-Elect of the Medical/Dental Staff.
 - d. Temporary Privileges are granted by the Governing Board President or the Hospital Administrator.
 - e. The Governing Board President, after consultation with the Medical/Dental Staff President and appropriate Division Director, may terminate any or all of a Medical/Dental Staff member's temporary clinical privileges. Temporary clinical privileges shall automatically terminate on issuance of an adverse recommendation or action. They shall be automatically terminated on issuance of an unfavorable recommendation by the Credentials Committee or automatically modified to conform to a recommendation by the Credentials Committee that the Medical/Dental Staff member be granted clinical privileges which are different from the temporary clinical privileges. In the event of termination, the Medical/Dental Staff member's patients then in the hospital shall be assigned temporarily to another Medical/Dental Staff member by the Division Director until a permanent assignment can be made in conjunction with the patient, or if appropriate, with the patient's legal guardian(s).
 - f. The granting of temporary clinical privileges is a courtesy of the hospital. A Medical/Dental Staff member is not entitled to any procedural rights afforded by these Bylaws or otherwise as a result of granting temporary clinical privileges, a failure to grant temporary privileges or because of any termination or suspension of temporary clinical privileges.
6. If the Hospital's Emergency Medical Plan has been activated, any Member or other health care provider with Clinical Privileges, to the degree permitted by his/her license, shall be permitted to and be assisted by hospital personnel in doing everything possible to save the life of a patient or to save the patient from serious harm. Additionally, temporary disaster privileges may be granted to non-staff practitioners and other health care providers who are not members of the Medical/Dental Staff by the Governing Board President, Hospital Administrator, Chief Medical Officer Dallas, Vice President, Medical Staff Affairs, Medical/Dental Staff President, or their designees, as provided in Hospital policy.
- a. The process for granting temporary disaster privileges shall include the basic steps of photo identification and direct observation, mentoring, and clinical record review of volunteer staff in accordance with legal and accreditation requirements.

Once the immediate situation has passed and such determination has been made consistent with the Hospital's Emergency Medical Plan, all temporary disaster privileges shall automatically terminate immediately. Any person identified in the Emergency Medical Plan or Hospital policy with the authority to grant temporary disaster privileges shall also have the authority to terminate such privileges. Such authority may be exercised in the sole discretion of the Hospital and will not give

rise to any procedural rights of review under these Bylaws or otherwise.

7. In an emergency, any Medical/Dental Staff member with clinical privileges is permitted to provide any type of patient care, treatment, and services necessary as a life-saving measure or to prevent serious harm—regardless of his or her medical staff status or clinical privileges—provided that the care, treatment, and services provided are within the scope of the individual's license. The care of the patient shall be turned over to a physician with appropriate clinical privileges as soon as the emergency is under control.

Section E. Staff Dues or Application Fees

1. Annual Medical/Dental Staff dues or application fees shall be governed by the most recent action recommended by the MEC.
2. Honorary members of the Medical/Dental Staff shall not be required to pay dues.

Section F. Responsibilities of Membership

Each Medical/Dental Staff member shall:

1. Direct the care of his/her patient(s) in a manner consistent with generally accepted standards of care and with the Bylaws, the Rules and Regulations, and the policies and procedures of Children's Dallas.
2. Supervise the work of any Residents, Fellows, APPs or AHPs under his/her supervision, as applicable.
3. Assist Children's Dallas in fulfilling its responsibilities for providing emergency and charitable care, including, without limitation, physician on-call responsibilities under state law and the Emergency Medical Treatment and Labor Act (EMTALA).
4. Assist other physicians/dentists in caring for their patients when consulted.
5. Conduct himself/herself in an ethical and professional manner.
6. Treat employees, patients, visitors, and other physicians/dentists in a dignified and courteous manner.
7. Maintain compliance with the Bylaws, the Rules and Regulations, and the policies and procedures of the Medical/Dental Staff and Children's Dallas.
8. Cooperate with the committees of the Medical/Dental Staff and Children's Dallas, as appropriate.

Section G. Leave of Absence

Members of the Medical/Dental Staff may be granted a leave of absence as set forth in the policies and procedures of the Medical/Dental Staff.

Section H. History & Physical Examinations

1. A history and physical examination must be completed and documented by a physician member of the Medical/Dental Staff with clinical privileges, or by a licensed individual approved for such privilege based on demonstrated competence. A history and physical must be completed and documented in the medical record of all inpatients within twenty-four (24) hours of admission, and for all elective surgical procedures and ambulatory (same-day) surgery patients at the time of admission and prior to the patient leaving the pre-procedural area, unless an emergency situation exists. Elective inpatient or outpatient surgery shall be canceled or delayed until a history and physical examination is completed and documented in the medical record. A complete Pre-Anesthetic Summary and /or Sedation Assessment shall be considered the history and physical for outpatient non-invasive procedures.

When the history and physical examination is recorded by a resident, intern, or other approved practitioner, the supervising physician/dentist shall review such history and physical, make a separate entry, and countersign or authenticate it, according to Children's Dallas policy, to indicate his/her approval and agreement with the contents.

A new history and physical must be completed if the original history and physical was performed and completed greater than thirty (30) days prior to admission, registration or a procedure. If the original history and physical was performed and completed within the past thirty (30) days (prior to admission, registration or a procedure), there must be evidence of an updated examination of the patient, including any changes in the patient's condition. This is called an interval note.

The Medical/Dental Staff Rules and Regulations as well as the health information management policies and procedures outline specific requirements related to the content and other requirements for completion of histories and physicals.

Section I. Telemedicine Clinical Privileges

1. General. Practitioners who wish to provide telemedicine services in prescribing, rendering a diagnosis or otherwise providing clinical treatment to a Hospital patient shall be required to apply for and, except as provided below, be granted Clinical Privileges for these services as provided in these Bylaws and as required by Texas law.
2. Reliance on Distant Site Credentialing. The Governing Board, following consultation with the MEC, may authorize a written agreement with a distant site hospital or other entity, which

agreement allows reliance on the credentialing and privileging decisions of that distant site; provided that, the process meets the applicable requirements of The Joint Commission and the Medicare Conditions of Participation and the criteria in these Bylaws for the applicable Telemedicine Clinical Privileges.

3. Scope of Telemedicine Services. Only those clinical services that are appropriately delivered through a telemedicine medium, according to commonly accepted quality standards, shall be recommended to the Governing Board by the MEC as appropriate for Telemedicine Clinical Privileges. This limited scope shall be documented in writing in Hospital policy. Consideration of appropriate utilization of telemedicine equipment by the Telemedicine Practitioner shall be encompassed in the Clinical Privileges delineation which is reviewed by the appropriate Division Director and the recommendation is sent to the Credentials Committee, MEC and the Governing Board for final approval.

ARTICLE III. CATEGORIES OF THE MEDICAL/DENTAL STAFF

Each member of the Medical/Dental Staff shall be assigned by the Governing Board to one of the following categories of Medical/Dental Staff: Associate, Active, Honorary or Emeritus.

Section A. The Associate Staff Category of the Medical/Dental Staff

The Associate Staff category of the Medical/Dental Staff shall include all initially credentialed members of the Medical/Dental Staff and all current members of the Medical/Dental Staff who do not meet the eligibility requirements for the Active or Honorary Staff Category as outlined in the membership criteria policy.

1. **Qualifications:** Appointees to the Associate Staff **must:**
 - a. Have met the general qualifications for Medical/Dental Staff membership set forth under Article II., Section B.
 - b. Meet the activity requirements as applicable for Associate Staff membership, established through the Medical/Dental Staff membership policy, on an annual basis and otherwise exhibit a continuous interest and involvement in the welfare and clinical affairs of Children's Dallas.
2. **Prerogatives:** Appointees to the Associate Staff **may:**
 - a. Exercise clinical privileges granted without limitation, except as otherwise provided in the Medical/Dental Staff Rules and Regulations or by specific clinical privilege restriction.
 - b. Sit on any committee to which he or she is appointed or elected as a non-voting member.

- c. Request to advance to Active Staff category at any time after completion of their initial twelve (12) month appointment as an Associate Staff member, if they can demonstrate that they have met the activity requirements at Children's Dallas required for Active Staff within the past twelve (12) months.
3. **Responsibilities:** Appointees to the Associate Staff **shall:**
- a. Comply with all responsibilities of membership as noted under Article II., Section F, as well as all Rules and Regulations, Medical/Dental Staff and Children's Dallas policies and procedures, and the code of conduct at Children's Dallas.
 - b. Refer and/or treat patients at Children's Dallas and otherwise exhibit a continuous interest and involvement in the welfare and clinical affairs of Children's.
 - c. Actively participate in recognized functions of staff appointment.
 - d. Meet educational program requirements of the Medical/Dental Staff.
 - e. Participate in the coverage of clinical services, including that of the Emergency Division and other specialty programs, as scheduled and/or as required by the Division Director, as approved by the MEC.

Section B. The Active Staff Category of the Medical/Dental Staff

The Active Staff category of the Medical/Dental Staff shall include credentialed members of the Medical/Dental Staff who have served on the Associate Staff for a minimum of one year⁵ and have demonstrated the required level of involvement in the clinical affairs of Children's Dallas for Active Medical/Dental Staff membership as outlined in the Medical/Dental Staff membership policy.

1. **Qualifications:** Appointees to the Active Staff **must:**
- a. Have met the general qualifications for Medical/Dental Staff membership set forth under Article II., Section B., **OR**
 - b. Be appointed through the appropriate process as defined in the Bylaws or Medical/Dental Staff policies as the JPE Chief Medical Officer, Chief Medical Officer Dallas, Pediatrician-in-Chief, Surgeon-in-Chief, Anesthesiologist-in-Chief, Vice President, Medical Staff Affairs, Division Director, Committee Chair, Training Program Director or a Medical or Surgical Director, **OR**
 - c. Meet the activity requirements for Active membership established through the Medical/Dental Staff membership policy and otherwise have exhibited a continuous interest and required level of involvement in the welfare and clinical affairs of Children's

Dallas.

⁵ One year Associate Staff appointment is waived for members appointed to a Medical/Dental Staff leadership role.

Prerogatives: Appointees to the Active Staff **may**:

- a. Exercise the clinical privileges granted without limitation, except as otherwise provided in the Medical/Dental Staff Rules and Regulations, or by specific clinical privilege restriction.
- b. Hold office, sit on, or be chair of any committee to which he or she is appointed or elected, unless otherwise specified in these Bylaws.
- c. Vote at meetings of committees to which he or she is appointed and on amendments to the Bylaws, Rules and Regulations, and policies and procedures as applicable.
- d. Make nominations for Representatives-at-Large to the MEC and participate in the election of Officers.

2. **Responsibilities:** Appointees to the Active Staff **shall**:

- a. Comply with all responsibilities of membership as set forth under Article II., Section F as well as all Rules and Regulations, policies and procedures, and the code of conduct at Children's Dallas.
- b. Contribute to the organizational and administrative affairs of the Medical/Dental Staff.
- c. Actively participate in recognized functions of staff appointment including but not limited to quality and performance monitoring activities.
- d. Attend meetings of committee(s) to which he or she is appointed, according to his or her respective attendance requirements.
- e. Meet educational program requirements of the Medical/Dental Staff.
- f. Participate in the coverage of clinical services, including that of the Emergency Division and other specialty programs, as scheduled and/or as required by the Division Director, as approved by the MEC.

Section C. The Honorary Staff Category of the Medical/Dental Staff

The Honorary Staff category shall be restricted to those individuals whom the Medical/Dental Staff wishes to honor. Honorary Staff shall not be eligible to admit patients, vote or exercise clinical privileges at Children's Dallas. They may, however, attend Medical/Dental Staff meetings. They shall not be appointed or reappointed in the same manner as Active and Associate Staff members of

the Medical/Dental Staff, nor shall they be required to hold professional liability insurance coverage.

Section D. Emeritus Staff Category for the Medical/Dental Staff

The Emeritus Staff category shall be restricted to the Medical/Dental Staff Members who have made outstanding contributions to the field of medicine, the community or the Hospital whom the Medical/Dental Staff wish to honor. Emeritus Staff shall not be eligible to admit patients, vote or exercise clinical privileges at Children's Dallas. They may, however, attend Medical/Dental Staff meetings, teach, attend conferences and be privy to patient data for education purposes. They shall not be appointed or reappointed in the same manner as Active and Associate Staff members of the Medical/Dental Staff, nor shall they be required to hold professional liability insurance coverage or licensure.

Section E. Waiver from Call Coverage

Criteria: A member of the Medical/Dental Staff who meets at least one of the following criteria may request a waiver from any further emergency services call coverage obligation: (a) is at least 60 years of age; or (b) who has been a member of the Medical/Dental Staff for at least 25 consecutive years; or (c) another need/circumstance that is deemed an appropriate reason by the Division Director. The waiver request shall be submitted to the appropriate Division Director for review and approval. The MEC and Governing Board shall be notified when a waiver is approved by a Division Director. The waiver may only be considered if the Hospital's emergency services coverage needs are being adequately met by other members of the Medical/Dental Staff from that Division.

ARTICLE IV. OFFICERS AND REPRESENTATIVES-AT-LARGE OF THE MEDICAL/DENTAL STAFF

Section A. Officers of the Medical/Dental Staff and Representatives-at-Large to the MEC

1. The Officers of the Medical/Dental Staff shall be:
 - a. President
 - b. President-Elect
 - c. Immediate Past President
2. The Representatives-at-Large of the Medical/Dental Staff to the MEC shall be:
 - a. Three (3) Medical Representatives-at-Large;
 - i. Two (2) Medical Representative positions will be open for election to ALL medical Divisions;
 - ii. A third position will be open for election for medical Divisions that have not been

represented on the MEC in the past five (5) years.

- b. Three (3) Surgical Representatives-at-Large;
 - i. Two (2) Surgical Representative positions will be open for election to ALL surgical Divisions;
 - ii. A third position will be open for election for surgical Divisions that have not been represented on the MEC in the past five (5) years.

Section B. Qualifications of Officers and Representatives-at-Large

1. Officers of the Medical/Dental Staff and Representatives-at-Large to the MEC must be members in good standing of the Active Staff and remain in good standing on the Active Staff during their term in office; be actively involved in patient care at Children's Dallas; have no major or egregious adverse recommendations concerning medical staff appointment or clinical privileges at Children's Dallas pending or recorded within the past five (5) years; have demonstrated an ability to work well with others; and be in compliance with the professional conduct policies of Children's Dallas. The Nominating Committee will have discretion to determine if a staff member wishing to run for office meets the qualifying criteria.
2. Officers may not simultaneously hold Medical/Dental Staff office (i.e., President, President-Elect, or equivalent) on the medical or dental staff of a hospital other than Children's Dallas.
3. Officers may not simultaneously hold an administrative leadership position at Children's Dallas or any Children's Dallas affiliate.

Section C. Nomination of Officers and Representatives-at-Large

1. A Nominating Committee shall be chaired by the President of the Medical/Dental Staff. Other members of the Nominating Committee shall include the President-Elect, Immediate Past President, and two (2) other voting members of MEC whose specialty is not already represented on the Nominating Committee who shall be appointed annually by the Chair of the Nominating Committee and approved by the MEC.
2. Nominations for President-Elect and Representatives-at-Large will be submitted by members of the Active Medical/Dental Staff during a fourteen (14) day nomination period, via one of the two methods below:
 - a. Electronic nomination ballot; or
 - b. A petition signed by at least ten percent (10%) of the members of the Active Medical/Dental Staff and submitted to the Nominating Committee. The Active Medical/Dental Staff member nominated by petition will be added to the draft voting ballot after the Nominating Committee determines the nominee meets all qualifications as referenced above in Article IV, Section B.

3. The Nominating Committee will review the Divisions represented on the MEC during the past five (5) years to determine eligibility for the third Representative-at-Large positions as referenced above in Article IV, Section A.
4. The Nominating Committee will finalize the draft voting ballot to be presented for review and final approval by the MEC. Criteria used by the Nominating Committee include but are not limited to the following: number of nominations received, percentage of practice at Children's Dallas, professionalism and collegiality with team members, diversity of specialties, gender, ethnicity and race, and proven engagement and commitment to Children's Dallas.
5. Every effort will be made to secure at least two candidates for each position. All candidates who have accepted the nominations shall be placed on a voting ballot.

Section D. Election of Officers and Representatives-at-Large

1. Only Active members of the Medical/Dental Staff shall be eligible to vote.
2. The ballot will be distributed to all Active members of the Medical/Dental Staff and they shall have fourteen (14) calendar dates to vote.
3. The candidate for each office receiving the most votes cast shall be elected, subject to approval and confirmation by the Governing Board.
4. If the results of the election should end in a tie for any position, a runoff election will be initiated. The runoff ballot will be distributed to all Active Staff and they shall have fourteen (14) calendar days to vote. The candidate receiving the most votes cast shall be elected, subject to approval and confirmation by the Governing Board. If the runoff election should end in a tie, the voting members of the MEC will conduct a vote to decide the winner of the election.

Section E. Terms of Office

1. All Officers and Representatives-at-Large shall take office on the first day of the calendar year.
2. The term of the President of the Medical/Dental Staff shall be three (3) years: one (1) year as President-Elect, one (1) year as President, and one (1) year as Immediate Past President.
3. Presidency shall include membership on the MEC in all three (3) capacities, i.e., for three (3) years.
4. The Representatives-at-Large shall serve terms of two (2) years. The terms of the three (3) Representatives-at-Large from Medical and Surgical Divisions shall be staggered.
5. Each elected Medical/Dental Officer may, in each year of the Officer's term, receive an annual stipend established and approved by the Governing Board. Such stipend, if any, and associated documentation shall be made in accordance with Medical/Dental Staff policies and procedures

and applicable law.

Section F. Vacancies in Office

1. If there is a vacancy in the office of the President, the Immediate Past President shall serve the remainder of the term and the subsequent term to which he or she was elected.
2. If there is a vacancy in the office of the Immediate Past President, the President shall serve the remainder of the term and the subsequent term to which he/she was elected.
3. Vacancies in other offices (President-Elect, Medical Representative-at-Large or Surgical Representative-at-Large) shall be filled by a specially called election of the Medical/Dental Staff.

Section G. Duties of Officers

1. Duties of all Officers:

It is expected that all elected Officers serve as a role model for all staff and his/her behavior represents Children's Dallas and the care provided by Children's Dallas in a positive light at all times; this includes, but is not limited to:

- i. Behave in a professional and ethical manner
- ii. Maintain a positive relationship with staff, patients and families
- iii. Represent Children's Dallas in a positive manner
- iv. Adhere to Medical/Dental Staff Bylaws and Rules and Regulations
- v. Comply with all hospital policies and procedures and the Code of Conduct
- vi. Be a role model to all staff and lead by example

2. The duties of the President of the Medical/Dental Staff shall include but not be limited to:

- a. Act in coordination and cooperation with all Medical Staff leaders and administrative leaders at Children's Dallas on an as needed basis on issues that impact the practice of the Medical/Dental Staff at Children's Dallas;
- b. Participate in the quality and credentialing processes of the Medical/Dental Staff;
- c. Serve as a voting member on the Peer Review Committee, Medical Advisory Committee, Credentials Committee, Medical Executive Committee, Bylaws Committee and any other committees as deemed appropriate by the MEC;
- d. Chair the Medical Executive Committee;
- e. Chair the Medical Advisory Committee;

- f. Chair the annual Nominating Committee;
- g. Chair the Bylaws Committee;
- h. Lead and/or participate in ad hoc panels appointed to investigate physician practice concerns upon request;
- i. Lead all investigations related to allegations of potentially impaired practitioners;
- j. Represent the views, policies, needs, and grievances of the Medical/Dental Staff to the Governing Board, in cooperation with the Administrator, the JPE Chief Medical Officer, and Vice President, Medical Staff Affairs;
- k. Be a spokesperson for the Medical/Dental Staff in its external, professional, and public relations upon request.

3. The duties of the President-Elect of the Medical/Dental Staff shall include but not be limited to:

- a. Perform duties to assist the President of the Medical/Dental Staff upon request;
- b. Act in coordination and cooperation with all medical staff leaders and administrative leaders at Children's Dallas on an as needed basis on issues that impact the practice of the Medical/Dental Staff at Children's Dallas;
- c. Participate in the quality and credentialing processes of the Medical/Dental Staff;
- d. Serve as a voting member of the Peer Review Committee, Medical Advisory Committee, Credentials Committee, the Medical Executive Committee, Bylaws Committee, and other committees deemed appropriate by the MEC;
- e. Participate in ad hoc panels appointed to investigate physician practice concerns upon request;
- f. Assume the Presidency of the Medical/Dental Staff at the end of the Medical/Dental Staff year.

4. The duties of the Immediate Past President of the Medical/Dental Staff shall include but not be limited to:

- a. Assume all duties of the President of the Medical/Dental Staff in his/her absence upon request or should the position be vacated.
- b. Act in coordination and cooperation with all Medical Staff leaders and administrative

leaders at Children's Dallas on an as needed basis on issues that impact the practice of the Medical/Dental Staff at Children's Dallas;

- c. Participate in the quality and credentialing processes of the Medical/Dental Staff;
- d. Serve as the chair of the Medical/Dental Staff Credentials Committee and Peer Review Committee;
- e. Serve as a voting member of the Peer Review Committee, Medical Advisory Committee, Medical Executive Committee, Bylaws Committee, and other committees deemed appropriate by the MEC;
- f. Lead and/or participate in ad hoc panels appointed to investigate physician practice concerns upon request.

5. The duties of Representatives-at-Large of the MEC shall include but not be limited to:

- a. Serve as a voting member of the MEC.
- b. Participate in other Medical/Dental Staff committees and activities as recommended by the MEC.

Section H. Removal of an Officer or Representative-at-Large

- 1. The Governing Board may remove any Officer or Representative-at-Large, if he or she meets one or more of the criteria outlined below for removal, but only after a consultation with representatives of the MEC. The affected individual will not participate in this consultation.
- 2. The Medical/Dental Staff may remove any Officer or Representative-at-Large by petition of twenty-five percent (25%) of the Active Medical/Dental Staff and a subsequent two-thirds (2/3) vote by ballot of the Active Medical/Dental Staff, if he or she meets one or more of the criteria outlined below for removal.
- 3. Each of the following conditions, in itself, may constitute grounds for removal of an Officer or Representative-at-Large from office by the MEC or if requested through one of the above processes:
 - a. Revocation of professional license by the authorizing state agency;
 - b. Suspension or resignation from the Medical/Dental Staff;
 - c. Failure to maintain professional liability insurance;
 - d. Failure to adhere to professional ethics;
 - e. Failure to comply with or support enforcement of the policies and procedures of Children's Dallas and with the Bylaws, the Rules and Regulations, and the policies and procedures of the Medical/Dental Staff;

- f. Failure to perform the required duties of the office; or
- g. Failure to maintain Active Staff status.

This is not an all-inclusive list and other actions by an Officer or Representative-at-Large such as those involving moral turpitude may give rise to removal from office. Removal of an Officer or Representative-at-Large shall not be grounds for a hearing or appeal as set forth in Article XI.

ARTICLE V. ORGANIZATION OF MEDICAL/DENTAL STAFF GOVERNANCE

Section A. Medical Divisions and Surgical Divisions

The Medical/Dental Staff shall be organized into Medical Divisions and Surgical Divisions. The Medical Divisions will be directed by the Pediatrician-in-Chief while the Surgical Divisions will be directed by the Surgeon-in-Chief. The Pediatrician, Surgeon, and Anesthesiologist-in-Chiefs shall be appointed annually by the Governing Board upon recommendation by the JPE Chief Medical Officer, with the concurrence of the President of UT Southwestern, and the Governing Board President.

The Pediatrician-in-Chief shall be responsible for the oversight of the quality of clinical operations and the integration of clinical and academic activities within the medical disciplines. The Surgeon-in-Chief and Anesthesiologist-in-Chief shall be responsible for the system oversight of the quality of clinical operations and the integration of clinical and academic activities within the respective surgical or anesthesia disciplines. All three positions shall report to the JPE Chief Medical Officer.

Section B. Clinical Divisions

The Medical and Surgical Divisions of the Medical/Dental Staff shall be further organized into Clinical Divisions categorized by specialty or sub-specialty.

The Medical Divisions of the Medical/Dental Staff are: Allergy and Immunology, Cardiology, Critical Care, Dermatology, Developmental and Behavioral Pediatrics, Emergency Medicine, Endocrinology, Gastroenterology, General Pediatrics, Genetics and Metabolism, Hematology/Oncology, Hospital Medicine, Infectious Disease, Neonatal-Perinatal Medicine, Nephrology, Neurology, Pathology, Physical Medicine and Rehabilitation, Psychiatry, Pulmonology and Sleep Medicine, Radiology, and Rheumatology

The Surgical Divisions of the Medical/Dental Staff are: Anesthesiology, Cardiovascular Surgery, Dentistry, Gynecology, Maternal-Fetal Medicine, Neurosurgery, Ophthalmology, Oral and Maxillofacial Surgery, Orthopaedic Surgery, Otolaryngology, Pediatric General and Thoracic Surgery, Plastic and Craniofacial Surgery, and Urology.

Each Clinical Division shall have a Division Director who shall be appointed initially by the Governing Board upon recommendation by the JPE Chief Medical Officer, with the concurrence of

the President of UT Southwestern, the Governing Board President, the corresponding Pediatrician-in-Chief, Surgeon-in-Chief or Anesthesiologist-in-Chief, and the respective Department Chair. After the initial appointment, the Division Director will be appointed annually thereafter by the Governing Board. The Division Directors shall have overall responsibility for the supervision and satisfactory discharge of functions and identified roles and responsibilities which are summarized within these Bylaws and he/she shall report directly to the applicable Pediatrician-in-Chief, Surgeon-in-Chief, or Anesthesiologist-in-Chief.

Section C. Medical and Surgical Directors

The Division Directors may submit a request to appoint Medical or Surgical Directors to oversee specific programs or clinical areas within their division.

Section D. Changes to Clinical Divisions

1. Medical/Dental Staff Clinical Divisions may be established or re-organized by the MEC with approval by the Governing Board.
2. Further, in the interests of efficiency, department management, quality of patient care, education, and/or in the interest of financial stewardship, the Governing Board may in its sole discretion determine that certain physician/dentist services shall be provided on an exclusive basis in accordance with written agreements between Children's Dallas and qualified practitioners. An individual whose application, reapplication, or request for extension of privileges is declined or not granted due to such exclusive agreement is not entitled to the hearing and appeal procedures as outlined in Article XI.

Section E. Meetings and Activities

1. Division Directors may require attendance at Divisional Morbidity and Mortality conferences. Attendance requirements must be approved by the MEC. Specially called meetings must be preceded by prior written notification of at least fourteen (14) calendar days for all of those expected to attend.
2. Divisions, among other activities, shall perform the following:
 - a. Discussion and development of policies and procedures;
 - b. Development of recommendations for consideration by the Pediatrician -in-Chief, Surgeon-in-Chief, Anesthesiologist-in-Chief, or the MEC;
 - c. Participation in the development of criteria for clinical privileges;
 - d. Discussion of a specific issue at the special request of the Pediatrician -in-Chief,

- e. Surgeon-in-Chief, Anesthesiologist-in-Chief, or the MEC; and
- f. Monitoring and reporting of quality improvement activities.

Section F. Qualifications and Tenure of Division Directors

- 1. Each Director shall be a member of the Active Medical/Dental Staff, willing and able to discharge the functions of his/her office.
- 2. Each Director shall be appointed by the Governing Board for a one (1) year term.
- 3. Any Director may be removed by the Governing Board following the Governing Board's consultation with the JPE Chief Medical Officer and the MEC. The removal of a Division Director from office shall not be grounds for a hearing and appeal as outlined in Article XI.
- 4. If in the event the JPE Chief Medical Officer, Chief Medical Officer Dallas, Vice President, Medical Staff Affairs, Pediatrician-in-Chief, Surgeon-in-Chief, Anesthesiologist-in-Chief or a Division Director is out of town or otherwise unavailable, he/she may assign the administrative responsibilities (e.g., recommending privileges, establishing call schedules, reviewing incident or quality reports, etc.) to a qualified designee.

Section G. Division Director Roles and Responsibilities

- 1. Each Division Director shall be responsible for the following:
 - a. All clinically related activities of the Division;
 - b. All administratively related activities of the Division, unless otherwise provided for by Children's Dallas;
 - c. The continuing supervision of the professional performance of all individuals in the Division who have delineated clinical privileges;
 - d. The recommendation to the Medical/Dental Staff of the criteria for clinical privileges that are relevant to the care provided in the Division;
 - e. The recommendation of clinical privileges for each Medical/Dental Staff member of the Division;
 - f. The assessment and recommendation to Children's Dallas administration of off-site sources for necessary patient care, treatment, and services not provided by the Division or the organization;

- g. The integration of the Division into the primary functions of Children's Dallas;
 - h. The coordination and integration of interdepartmental and intradepartmental services;
 - i. The development and implementation of policies and procedures to guide and support the provision of care, treatment, and services;
 - j. The recommendation of a sufficient number of qualified and competent persons to provide care, treatment, and services;
 - k. The determination of the qualifications and competence of Division personnel who are licensed practitioners who are privileged to provide patient care, treatment, and services;
 - l. The continuous assessment and improvement of the quality and safety of care, treatment and services provided, including peer review and the analysis of aggregate data and performance improvement data, at all times including at each member's reappointment.
 - m. The maintenance of quality control programs, as appropriate;
 - n. The orientation and continuing education of all physicians/dentists in the Division; and
 - o. Recommendations for space and other resources needed by the Division.
- 2. Division Directors are responsible for quality and/or peer review matters in their Division and will see that such matters are conducted in accordance with and completed within the time frame outlined in the associated Medical/Dental Staff Policies. This includes, but is not limited to, divisional M&M case reviews, individual practice evaluations, ongoing professional practice evaluations, focused professional practice evaluations and any incident reports or educational needs brought to their attention.
 - 3. Division Directors are responsible for distributing communication to members within their Division regarding policy revisions that may impact divisional or individual practice. This includes, but is not limited to, regulatory readiness education and communication to provide that all staff are educated on regulatory requirements in which they must comply while providing services at Children's Dallas.
 - 4. Division Directors will represent members and/or concerns within their Division at Medical/Dental Staff leadership meetings and partner with the appropriate administrative leaders to resolve any conflicts which may arise.

Section H. Assignment to Clinical Divisions

Each credentialed Medical/Dental Staff member shall be assigned to a Clinical Division by the Governing Board upon the recommendation of the MEC.

ARTICLE VI. COMMITTEES OF THE MEDICAL/DENTAL STAFF

Section A. Medical Executive Committee (MEC)

Central to the operation of the Medical/Dental Staff shall be a MEC whose composition and duties, set forth below, shall be designed to facilitate communication between all levels of governance of Children's Dallas, including the Governing Board, UT Southwestern, the Clinical Divisions, and the members of the Medical/Dental Staff.

1. Composition:

- The President of the Medical/Dental Staff shall be the Chair of the MEC.
- The voting members of the MEC shall include:
 - JPE Chief Medical Officer
 - Chair, Department of Pediatrics at UT Southwestern
 - President of the Medical/Dental Staff, the President-Elect of the Medical/Dental Staff, and the Immediate Past President of the Medical/Dental Staff
 - Pediatrician-in-Chief, Surgeon-in-Chief and Anesthesiologist-in-Chief
 - Division Directors from Radiology, Dentistry, and Pathology and Laboratory Medicine
 - Three (3) Representatives-at-Large from the Medical Services and three (3) Representatives-at-Large from the Surgical Services

Should any individual hold more than one (1) of these positions simultaneously, that individual shall be entitled to one (1) vote.

- Ex-officio, non-voting members of the committee shall include:
 - Associate General Counsel
 - Chief Medical Information Officer
 - Chief Medical Officer Dallas
 - Chief Nursing Executive
 - Chief Quality Officer
 - Hospital Administrator
 - Vice President, Medical Staff Affairs
- Non-voting, administrative guests shall be invited to attend MEC meetings as needed to provide updates from their operational area and/or to assist the MEC in its discussion on a relevant agenda item. These individuals shall include, but not be limited to:
 - Medical Director, Graduate Medical Education
 - Medical Director, Infection Prevention and Control
 - Medical Director, Research

- In the event there is a need for an executive session of the MEC, the following ex-officio, non-voting members will be permitted to attend in addition to the voting members listed above:
 - Chief Medical Officer Dallas
 - Hospital Administrator
 - Vice President, Medical Staff Affairs
 - Associate General Counsel
 - System Chief Nursing Executive (attendance is limited to APP credentialing and privileging activities during the Credentials Committee report.)
- A voting member's removal from the MEC will occur if he or she is removed by virtue of his or her position as outlined in Article IV and V above. Non-voting members can be removed based on vacating their existing position within the organization or by two-thirds (2/3) vote of the MEC with the approval of the Governing Board.

2. **Duties:** The duties of the MEC shall include:

- To represent and act on behalf of the Medical/Dental Staff between meetings of the organized Medical Staff. This authority is delegated to the MEC by approval of these Bylaws by the Active Staff and can be removed via the processes for Bylaws revisions as outlined in Article IX.
- To be accountable on behalf of the Medical/Dental Staff to the Governing Board for the medical, surgical, and dental care of patients at Children's Dallas and to make suggestions to the Governing Board on matters of hospital management and planning;
- To act as a liaison between the Medical/Dental Staff and the Governing Board President and Hospital Administrator and to recommend action to the Governing Board President and Hospital Administrator on medical administrative matters;
- To recommend to the Governing Board a set of Bylaws, a set of Medical/Dental Staff Rules and Regulations, and a set of policies and procedures as outlined in Article IX of these Bylaws; to maintain compliance of the Medical/Dental Staff with these documents; and to periodically review and propose revision or amendment of the documents as it deems necessary or upon request by an individual member or committee of the Medical/Dental Staff;
- To recommend to the Governing Board a Corrective Action and Due Process Procedure as outlined in Article XI of these Bylaws and to participate in the processes;
- To implement and coordinate the activities and general policies of the Medical/Dental

Staff, as set forth in these Medical/Dental Staff Bylaws, Rules and Regulations, and associated policies and procedures.

- To designate committees to conduct the business of the Medical/Dental Staff and to receive and act upon committee reports;
- To recommend to the Governing Board a mechanism for reviewing the credentials of applicants for Medical/Dental Staff membership and for delineating individual clinical privileges and to periodically review and propose revisions to this process as necessary;
- To review the report of the Credentials Committee on all applicants and to make recommendations to the Governing Board for staff membership, including staff category, divisional assignment, and delineation of clinical privileges;
- To approve the required levels of division membership criteria set by the Division Directors to maintain Active or Associate Staff appointment (e. g., call requirements, M&M attendance requirements, etc.);
- To take all reasonable steps to maintain and enforce professionally ethical conduct and competent clinical performance by all members of the Medical/Dental Staff, participants in graduate or post graduate medical education training programs, advanced practice professionals, and allied health professionals;
- To recommend to the Governing Board a mechanism by which Medical/Dental Staff membership and/or clinical privileges may be terminated;
- To provide consultation to the Governing Board concerning removal of Officers or Representatives-at-Large of the Medical/Dental Staff, Pediatrician-in-Chief, Surgeon-in-Chief, Anesthesiologist-in-Chief or Division Directors;
- To review and approve Division policies and procedures as necessary and to provide a liaison between the Division Directors and the members of the Medical/Dental Staff;
- To review and approve the requirements set by Division Directors for coverage of clinical services;
- To provide a designee who will meet upon request with any practitioner on the Medical/Dental Staff regarding an impending issue of importance not included in Article XI. Corrective Action and Due Process, and to resolve conflicts related to this issue;
- To provide recommendations to the Medical/Dental Staff concerning membership dues or application fees;

- To schedule special meetings of the Medical/Dental Staff when presented with a valid petition from members of the Active Medical/Dental Staff that requires a discussion and/or a vote by the Medical/Dental Staff;
- To establish a mechanism to organize, conduct, evaluate and revise the performance-improvement activities of the Medical/Dental Staff; and to ensure the participation of the Medical/Dental Staff in the performance-improvement activities of the greater hospital organization;
- To coordinate activities related to the accreditation program of Children's Dallas and to keep the Medical/Dental Staff informed of the requirements of the program and the accreditation status of Children's Dallas;
- To conduct such other functions as are necessary for the effective operation of the Medical/Dental Staff; and
- To report on the activities of the MEC and its subsidiary bodies and representatives at each meeting of the Medical/Dental Staff.

3. **Meetings:**

- **Frequency** – The MEC shall meet as often as necessary to fulfill its responsibility, but not less than quarterly. It shall maintain a permanent record of its proceedings and actions. Special meetings of the MEC may be called at any time by the President of the Medical/Dental Staff.
- **Quorum** – The quorum requirement for the MEC shall be fifty percent (50%) of the voting members of the Committee. The quorum requirement also applies to business conducted electronically in between regularly scheduled meetings as outlined further in the Medical/Dental Staff Committee Policy.
- **Attendance Requirements** – Members of the MEC shall be required to attend at least seventy-five percent (75%) of the meetings in each calendar year.

Section B. Medical/Dental Staff Committee Functions

Committees of the Medical/Dental Staff (as defined in Medical/Dental Staff Policy # 3.13) shall exist as needed to perform these functions:

1. Monitor, evaluate, and develop clinical policies to improve patient care and safety in: special care areas, such as intensive care or cardiac care units; patient care support services, such as respiratory therapy, physical medicine, and anesthesia; and emergency, outpatient, and other

ambulatory care services;

2. Conduct or coordinate activities related to the quality, safety, appropriateness, and improvement of patient care, including invasive procedures, blood usage, drug utilization, medical records, and other reviews;
3. Conduct or coordinate utilization review activities;
4. Conduct or coordinate credentialing investigations for staff membership and the granting of privileges;
5. Provide continuing education responsive to quality assessment/improvement activities, current medical and scientific developments, and other perceived needs;
6. Direct Medical/Dental Staff organization activities, including reviewing and proposing revisions to the Bylaws, the Rules and Regulations, the associated policies and procedures of the Medical/Dental Staff;
7. Nominate candidates for Officers and Representatives-at-Large;
8. Coordinate the care provided by members of the Medical/Dental Staff with the care provided by the nursing services and with the activities of other patient care and administrative services;
9. Conduct and/or coordinate all peer review activities;
10. Review and regulate the adequacy and appropriateness of Medical/Dental Staff documentation; and
11. Engage in other functions reasonably requested by the MEC and the Governing Board.

Section C. Medical Peer Review

1. Authorization: Each committee (whether Medical/Dental Staff, Division, standing, special, subcommittee, or joint) and each Division, as well as the Medical/Dental Staff when meeting as a whole, shall be established and operate as a “medical peer review committee,” “medical committee,” and “professional review body,” as such terms are defined by state and federal law, and is authorized by the Governing Board through these Bylaws to engage in medical peer review. Specific policies and procedures for the accomplishment of its charge may be developed and established by a committee or Division, subject to the approval of the Medical Executive Committee and the Governing Board.
2. Privilege and Confidentiality: All records and proceedings of the Medical/Dental Staff, the Divisions, and all Medical/Dental Staff and Children's Dallas committees, including, without limitation, any minutes of meetings, disclosures, discussion, statements, actions or

recommendations in the course of Medical Peer Review, shall be privileged and confidential, subject to disclosure only in accordance with these Bylaws and the policies of Children's Dallas unless otherwise required by state or federal law, and shall be privileged to the fullest extent permitted by state and federal law.

ARTICLE VII. MEDICAL/DENTAL STAFF MEETINGS

Section A. Special Meetings

1. The President of the Medical/Dental Staff may call a special meeting of the Medical/Dental Staff at any time.
2. The President of the Medical/Dental Staff shall call a special meeting within twenty (20) calendar days after receipt of a written request for such a meeting signed by not less than twenty-five percent (25%) of the Active Medical/Dental Staff or upon resolution by the MEC. Such request or resolution shall state the purpose of the meeting. The President of the Medical/Dental Staff shall designate the time and place of any special meeting.
3. Written or printed notice stating the time, place, and purposes of any special meeting of the Medical/Dental Staff shall be conspicuously posted and shall be sent to each member of the Medical/Dental Staff at least seven (7) calendar days before the date of such meeting. The attendance of a member of the Medical/Dental Staff at a meeting shall constitute a waiver of notice of such meeting for that member. No business shall be transacted at any special meeting except that stated in the notice of such meeting.
4. The Chair of any Medical/Dental Staff committee or the Division Director of any Clinical Division may call a special meeting or may arrange for a special meeting to be called at the request of the Pediatrician in Chief, Surgeon-in-Chief, Anesthesiologist-in-Chief, or the President of the Medical/Dental Staff.
5. A special executive meeting of the voting members of the Medical Executive Committee may be called by or at the request of the Chair of the Medical Executive Committee. Such request shall be sent two (2) days in advance and shall state the purpose of the meeting and state the time and place of the meeting.

Section B. Notice of Meetings

Committees or Divisions may, by resolution, hold regular meetings without further notice. Written notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee or Division not less than three (3) calendar days before the time of such meeting by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting for that member.

Section C. Quorum and Attendance Requirements

1. The quorum requirement for Medical/Dental Staff committee meetings shall be those present and voting (minimum of three (3) voting members), except as otherwise specified in these Bylaws. Members appointed to a Medical/Dental Staff committee shall be required to attend at least 75% of the committee meetings. Any member who is unable to meet this requirement must obtain advanced approval from the chair for any further absences. If the regularly scheduled meeting is canceled, and business items are reviewed and voted upon electronically, a voting member's review, response and vote on these items shall count as present and voting for that month's meeting.
2. This quorum requirement for committee business conducted electronically shall be 50% of the voting members. Requirements for conducting committee business electronically are further outlined in the Medical/Dental Staff Committee Policy.
3. Members of the Medical/Dental Staff are encouraged to attend general Medical/Dental Staff meetings; however, attendance is not a requirement. If they are not in attendance, members of the Medical/Dental Staff may be required to acknowledge receipt of the information that shall be distributed to members after the meeting.

Section D. Rules of Order

The rules of the latest edition of "ROBERT'S RULES OF ORDER" shall prevail at all meetings of the Medical/Dental Staff and all Medical/Dental Staff committees, unless waived. Notwithstanding the foregoing, the chair of any meeting may vote.

Section E. Rights of Ex-Officio Members

Persons serving as ex-officio members of a committee shall have all rights and privileges of regular members, except that they shall not vote or be counted in determining the existence of a quorum, except as otherwise specified in these Bylaws, the Rules and Regulations and/or associated policies and procedures of the Medical/Dental Staff.

Section F. Minutes

Minutes of each regular or special meeting of a committee or Clinical Division shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. All Division and committee minutes are privileged and confidential.

ARTICLE VIII. MEDICAL/DENTAL STAFF MEMBER RIGHTS

Section A. Right to Meet with the MEC

Each physician/dentist on the Medical/Dental Staff shall have the right to meet with the MEC or its designee regarding an impending issue of importance that cannot be resolved at the appropriate Division level. In this circumstance, the physician/dentist may, upon presentation of a written request, meet with the MEC or its designee (as appointed at the discretion of the Chair) to review the issue and to refer the issue to the MEC for resolution. This section does not pertain to issues involving disciplinary action, denial of a request for appointment or clinical privileges, or any other matter relating to individual “credentialing or privileging” actions. Article XI, Corrective Action and Due Process provides recourse in such matters.

Section B. Right to Initiate a Recall Election of a Medical/Dental Staff Officer or Representative-at-Large

Any physician/dentist on the Active Medical/Dental Staff shall have the right to initiate, by petition, a recall election of a Medical/Dental Staff Officer or Representative-at-Large. Upon presentation to the Chair of the Medical Executive Committee of a valid petition signed by at least twenty-five percent (25%) of the members of the Active Medical/Dental Staff, the MEC shall schedule a special Medical/Dental Staff meeting for purposes of discussing the issue and holding a recall election.

Section C. Right to Initiate the Scheduling of a Meeting of the Medical/Dental Staff

Any physician/dentist on the Active Medical/Dental Staff shall have the right to initiate, by petition, the scheduling of a meeting of the Medical/Dental Staff. Upon presentation to the MEC of a valid petition signed by at least twenty-five percent (25%) of the members of the Active Medical/Dental Staff, the MEC shall schedule a meeting of the Medical/Dental Staff for the specific purpose addressed by the petition. No business other than that in the petition may be transacted.

Section D. Right to Due Process

Any physician/dentist on or applying for membership on the Active or Associate Staff categories of the Medical/Dental Staff shall have the right to a hearing, appeal, and mediation as outlined in Article XI of these Bylaws.

ARTICLE IX. REVIEW, REVISION, ADOPTION, AND AMENDMENT OF THE MEDICAL/DENTAL STAFF BYLAWS, RULES AND REGULATIONS AND ASSOCIATED POLICIES

Section A. Medical/Dental Staff Responsibility

1. The Medical/Dental Staff shall have the responsibility to formulate, review at least biennially,

and recommend to the Governing Board, the Bylaws and any amendments thereto. The Bylaws and any amendments thereto shall become effective when approved by the Governing Board. The Medical/Dental Staff must exercise this responsibility regarding Bylaws by direct vote of its Active Staff members. Neither the Medical/Dental Staff nor the Governing Board may unilaterally amend these Bylaws.

2. The Medical/Dental Staff may exercise its responsibility to formulate, review at least biennially, and recommend to the Governing Board the Rules and Regulations any associated policies and procedures, and any amendments thereto, through the MEC. The MEC will exercise this responsibility in good faith and in a reasonable, responsible, and timely manner.

Section B. Methods of Adoption and Amendment

1. Technical Amendments:

Amendments that are strictly limited to correcting typographical or inadvertent errors or updating references in the Medical/Dental Staff Bylaws, such as titles of positions or names of policies, that do not involve a substantive change may be made by Medical Affairs, with the approval of the Medical/Dental Staff President, without the necessity of compliance with the procedures in this Article.

2. Substantive Amendments:

- a. **Medical/Dental Staff Bylaws:** Proposed amendments to the Medical/Dental Staff Bylaws may be originated by the MEC or by a petition signed by twenty-five percent (25%) of the voting members of the Medical/Dental Staff.
 - When amendments to the Bylaws are proposed by the MEC, the proposed amendments will be distributed to the voting members of the organized Medical/Dental Staff for review and vote (via the process outlined below) before final vote by the MEC and subsequent submission to the Governing Board for final approval.
 - When amendments to the Bylaws are proposed via a petition signed by twenty-five percent (25%) of the voting members of the Medical/Dental Staff, there will be communication of the proposed amendment to the MEC before the proposed amendments are distributed and voted upon by the voting members of the Medical/Dental Staff.
- b. **Rules and Regulations:** Proposed amendments to the Medical/Dental Staff Rules and Regulations may be originated by the MEC or by a petition signed by twenty-five percent (25%) of the voting members of the Medical/Dental Staff.
 - When amendments to the Rules and Regulations are proposed by the MEC, the proposed amendments will be communicated to the Medical/Dental Staff before they are voted upon by the MEC. If there are no concerns or conflicts expressed by the voting members of the Medical/Dental Staff within fourteen (14) calendar days

following the communication, the proposed amendments will be presented to the Governing Board for final approval. If there are conflicts or concerns expressed regarding the proposed amendments by the voting members of the Medical/Dental Staff during this period, the conflict resolution process outlined in Article IX. – Section C of these Bylaws will be carried out.

- In cases of a documented need for an urgent amendment to the Rules and Regulations necessary to comply with law or regulation, the amendment process outlined in Section 3 below shall be applied.
- When amendments to these Rules and Regulations are proposed by twenty-five percent (25%) of the voting members of the Medical/Dental Staff, they will be communicated to the MEC before they are presented to the Governing Board for final approval. The MEC shall review the proposed amendments at their next regularly scheduled meeting and consider the proposal. If there are conflicts or concerns expressed by the MEC regarding the amendments proposed by the Medical/Dental Staff, the conflict resolution process outlined in Article IX. – Section C of these Bylaws will be carried out.

c. **Medical/Dental Staff Policies and Procedures:** As referenced above in Article IX, Section A, the voting members of the organized Medical/Dental Staff have delegated to the MEC the authority to establish, amend and enforce the policies and procedures of the Medical/Dental Staff that may contain the associated details governed by the Bylaws.

- Policies and procedures, with the exception of those dealing with Medical Peer Review, shall be effective on approval by the Medical/Dental Staff or the MEC in accordance with the procedures described above. Medical Peer Review policies shall require approval by the Governing Board and not be effective until approved.

d. Any proposed amendments to these Bylaws, Rules and Regulations that are submitted to the voting members of the Medical/Dental Staff shall be distributed in writing, and voting members shall have fourteen (14) calendar days to respond. Greater than 50% affirmative vote received from at least 20% of the voting members of the Medical/Dental Staff is required before a proposal can be presented to the Governing Board for final approval.

e. Acceptance of the amendment by the voting members of the Medical/Dental Staff shall constitute a recommendation of the amendment to the Governing Board. The amendment shall become effective when approved by the Governing Board and all proposed amendments to the Bylaws, Rules and Regulations and associated policies and procedures shall be communicated to all members of the Medical/Dental Staff.

3. Urgent Amendments

a. In the event that the hospital becomes aware of the need to amend the Rules and Regulations in order to comply with law or regulation, as delegated by the voting

members to do so, the MEC shall have the authority to provisionally adopt, and the Governing Board may provisionally approve the urgent amendment without prior communication to the Medical/Dental Staff.

- b. In such case, the MEC shall immediately notify the Medical/Dental Staff of such amendment.
- c. The voting members of the Medical/Dental Staff shall have a minimum of fourteen (14) days to retrospectively review and comment on the provisional amendment.
- d. If there is no conflict between the voting members of the Medical/Dental Staff and the MEC, the provisional amendment will remain in effect. If there is conflict regarding the provisional amendment, the process for resolving conflict as outlined in Article IX. – Section C will be applied.

Section C. Conflict Management

A conflict management process will be initiated to address any disagreement or conflict between the Medical/Dental Staff and the MEC relating to the Medical/Dental Staff governing documents or functions, including, but not limited to, a proposal to adopt or amend the Medical/Dental Staff Bylaws, Rules and Regulations, and/or policies, or a proposal to remove some authority delegated to the Medical Executive Committee by the Medical/Dental Staff under these Bylaws (by amending the Bylaws) using the mechanisms noted below:

- 1. A member of the Medical/Dental Staff that is eligible to vote may express concerns regarding a bylaw, rule or policy established by the MEC or the authority delegated to the MEC through the following process:
 - a. The Medical/Dental Staff member will submit in writing the concerns including any recommended changes to the bylaws, rule, policy or delegated authority to the MEC to the President of the Medical/Dental Staff.
 - b. The MEC shall review and discuss the concerns at the next regularly scheduled MEC meeting to determine if any changes will be made to the bylaw, rule, policy or delegated authority. The MEC has the option to appoint an ad hoc committee if needed to review the inquiry and recommend options to address the concerns to the MEC.
 - c. The MEC, or an appointed ad-hoc committee may request an interview with the Medical/Dental Staff member submitting the concerns to gain additional information, clarity and/or understanding. The MEC, or the appointed ad-hoc committee, may request the Medical/Dental Staff member to submit additional information for consideration in the review of the concerns.

- d. The President of the Medical/Dental Staff will send written notice to the Medical/Dental Staff member of any proposed revisions to address the expressed concerns, and to define a timeframe for the Medical/Dental Staff member to review and to respond to the proposed revisions to the MEC. At its next regularly scheduled MEC meeting, the MEC will review the response received from the Medical/Dental Staff member regarding the proposed revisions.
- e. If the MEC takes final action on proposed revisions in response to the concerns regarding a bylaw, rule or policy established by the MEC or the authority delegated to the MEC, the communication and adoption process as outlined above in Article IX. Section B will be followed.

This process will not apply to Individual Medical Peer Review decisions regarding individual Practitioners, including but not limited to those pertaining to appointment, reappointment, Clinical Privileges, or Corrective Action.

- 2. If twenty-five percent (25%) of the voting members of the Medical/Dental Staff recommend directly to the Governing Board an amendment to the Bylaws, Rules and Regulations, or associated policies and procedures or a change to the authority delegated to the MEC that is different from what has been recommended by the MEC, the following conflict resolution process shall be followed:
 - a. The MEC shall have the option of appointing an ad hoc committee to review the differing recommendations of the MEC and the voting members of the Medical/Dental Staff and recommend language or change to the authority delegated to the MEC that is agreeable to both the voting members of the Medical/Dental Staff and the MEC.
 - b. Whether or not the MEC adopts modified language, the voting members of the Medical/Dental Staff shall still have the opportunity to recommend alternative language directly to the Governing Board.
 - c. If the Governing Board receives differing recommended proposals from the MEC and the voting members of the Medical/Dental Staff, the Governing Board will have the option of appointing a task force of the Governing Board and/or using external resources to study the basis of the differing recommendations and to recommend appropriate Governing Board action.
 - d. The Governing Board has the final authority to resolve the differences between the Medical/Dental Staff and the MEC.

ARTICLE X. JOINT CONFERENCE

If the Governing Board does not accept a recommendation submitted to it by the MEC, the MEC is entitled to a joint conference between the Officers of the Governing Board and the Officers of the Medical/Dental Staff to mediate and resolve the issue. Upon a request submitted by JPE Chief Medical Officer and the President of the Medical/Dental Staff, the Governing Board President or the Hospital Administrator as his or her designee shall schedule this joint conference within two (2) weeks. If after a joint conference the issue cannot be resolved, the Governing Board shall make the final determination.

ARTICLE XI. CONFIDENTIALITY AND MEDICAL PEER REVIEW, IMMUNITY AND CONFLICT OF INTEREST

1. Confidentiality and Medical Peer Review.

- a. Authorization. Each committee (whether Medical/Dental Staff, Division, standing, special, subcommittee, or joint) and each Division, as well as the Medical/Dental Staff when meeting as a whole, shall be established and operate as a “medical peer review committee,” “medical committee,” and “professional review body,” as such terms are defined by state and federal law, and is authorized by the Governing Board through these bylaws to engage in medical peer review. Specific policies and procedures for the accomplishment of its charge may be developed and established by a committee or Division, subject to the approval of the MEC and the Governing Board.
- b. Privilege and Confidentiality. All records and proceedings of the Medical/Dental Staff, the MEC, the Division, and any committees (whether standing, special, ad hoc, subcommittees, joint committees, or task forces, including a Hearing Committee or Appellate Review Panel under XII) thereof, and the Governing Board, including but not limited to any minutes of meetings, disclosures, discussion, statements, actions, or recommendations in the course of medical peer review, shall be privileged and confidential. They shall be subject to disclosure only in accordance with written Hospital policies, unless otherwise required by Texas and/or federal law and shall be privileged to the fullest extent permitted by Texas and federal law.
- c. Obligation to Maintain Confidentiality. All Medical/Dental Staff Members and other providers holding Clinical Privileges, as well as those applying for such status, and all other individuals participating in, providing information to, or attending meetings of a medical peer review committee are required to maintain the records and proceedings related to any medical peer review activities as confidential, subject to disclosure only in accordance with Hospital policies, unless otherwise required by Texas and/or federal law.
- d. Waiver. Waiver of the privilege of confidentiality as to the records and proceedings of those listed in this Article shall require the written consent of the chair of the committee, Division, or Medical/Dental Staff President and the Governing Board President or

authorized designee.

- e. Minutes. Minutes of all meetings of those listed in this Article, except for the Governing Board, shall include a record of attendance and the vote taken on each matter. Copies of such minutes shall be approved by the presiding chair of the meeting and forwarded to the MEC.
- f. Maintenance and Access. All minutes subject to this Article will be maintained by the Hospital as records and proceedings of a “medical peer review committee,” “medical committee,” and “professional review body,” as such terms are defined under Texas and/or federal law, in a confidential manner to provide maximum protection under the law. They are the property of the Hospital and, except for Governing Board minutes, are maintained by Medical Affairs.
 - i. They will be available for inspection by the MEC, the Governing Board President, the Governing Board, and any employees and agents of the Hospital whose authorized functions necessitate access.
 - ii. A Division Director, and committee members, may also inspect the records and proceedings of their committee, which were generated during their division as members, as long as the member is currently a Member of the Medical/Dental Staff.
 - iii. Access is also permitted pursuant to Hospital policy and as required by Texas and/or federal law, accreditation requirements, or third-party contract of the Hospital.
 - iv. Access of a Practitioner to records and proceedings shall be only as required by law, written Policy, or as approved by the Governing Board President or authorized designee.

2. Immunity from Liability.

- a. Immunity. The Medical/Dental Staff and its Members, the Governing Board, the Hospital, and any committees, representatives, agents, employees, or members thereof, and third parties as defined below, will have immunity to the fullest extent permitted by Texas and/or federal law and shall include any immunity for any permissive and mandatory reporting provided for by Texas and/or federal law.
- b. Third Parties. The reference above to third parties shall mean all individuals and entities, including without limitation their representatives, Medical/Dental Staff, directors, Officers, and employees, who provide information, whether orally or in writing, to the Hospital and/or the Medical/Dental Staff, concerning any matter that might directly or indirectly affect a Member, Practitioner or provider's exercise of Clinical Privileges or Medical/Dental Staff membership, or relating to the Member, Practitioner or provider's qualifications for appointment or reappointment to the Medical/Dental Staff or practice at the Hospital.

- c. Authorization and Release of Liability. All applicants for appointment to the Medical/Dental Staff, reappointment, and/or Clinical Privileges shall execute a release of liability consistent with the immunity and release of liability provisions in these Bylaws and an authorization for the Hospital, the Medical/Dental Staff, and third parties to disclose confidential information as necessary for Medical Peer Review in the course of application and at all times thereafter. The effectiveness of the immunity provisions of these Bylaws, however, is not contingent on execution of these authorizations and releases. The immunity provisions in these Bylaws and any releases of liability shall be in addition to and not in limitation of any immunity afforded by Texas and/or federal law.

3. Mandatory Reporting and Investigation.

Duty. The Governing Board President or authorized designee, in consultation with the Medical/Dental Staff President, shall be responsible to comply with any mandatory reporting requirements of the Hospital under Texas and/or federal law pertaining to Medical/Dental Staff membership and/or Clinical Privileges, and under Articles II and XIII of the Bylaws. Nothing in this section or the other provisions of the Bylaws shall prevent an individual Member or member of the Governing Board from making any other report to Texas and/or federal agencies as permitted or required by law.

4. Conflict of Interest.

- a. Disclosure. Whenever a Practitioner is participating in Medical Peer Review and/or performing a function for the Medical/Dental Staff, the MEC or a Division, or a committee thereof, or the Hospital, and the Practitioner's personal or professional interests could be reasonably interpreted as being in conflict with the interests of the Medical/Dental Staff, MEC, Division, or other committee, Hospital, or individual under review, the Practitioner shall disclose those interests and the potential for conflict to the appropriate decision makers prior to such participation. The Division Director or applicable committee chair may require the Practitioner to refrain from any participation in decisions that may be affected by or affect the Practitioner's interests.
- b. Individual Peer Review. A Practitioner shall not be eligible to participate in, or be present during, any meeting, discussion, or deliberation of the MEC, a Division, or committee or task force of which he is a member regarding his Clinical Privileges or Medical/Dental Staff membership or any other Medical Peer Review activity involving the Practitioner, except to the extent specifically provided for in these Bylaws, Rules and Regulations, or Policy, or when invited by the Division Director or applicable committee chair.
- c. Involvement of Family or Business Partners. Any family members or business partners of a Practitioner shall not be eligible to participate in, or be present during,

any meeting, discussion, or deliberation of the MEC, a Division, or committee or task force regarding the Practitioner's Clinical Privileges or Medical/Dental Staff membership or any other medical peer review activity involving the Practitioner. "Family member" shall mean a Practitioner's: (i) parents or stepparents, including spouses of the same, (ii) ancestors, (iii) spouse, (iv) child or stepchild, grandchild, or great grandchildren, (v) siblings, whether related by whole or half blood, or (vi) the spouse of an individual described in clause (iv) or clause (v), and shall include adoptive relationships of the above.

- d. Hospital. These provisions shall be in addition to any requirements of the Hospital's conflict of interest policies.

ARTICLE XII. PROFESSIONAL PRACTICE EVALUATION AND CORRECTIVE ACTION

For the purpose of this article, 'Practitioner' refers to a physician, dentist, podiatrist, or other provider who is either applying for or who has been granted clinical privileges and/or staff membership, as applicable.

Section A. Professional Practice Evaluation

1. Professional practice evaluation, as a part of Peer Review, specifically to include but not be limited to medical peer review and professional review activity, is conducted on an ongoing basis in accordance with written Medical/Dental Staff policy, with primary responsibility for implementation of Children's Medical Center Dallas quality and patient safety program and plan pertinent to the Medical/Dental Staff and others with clinical privileges placed on the MEC, Division Directors, and appropriate Medical/Dental Staff Committees. In addition to ongoing professional practice evaluation (OPPE), verification of competence for initially granted clinical privileges and reported concerns regarding the professional competence or conduct of a Practitioner are evaluated through focused professional practice evaluation (FPPE) in accordance with written Medical/Dental Staff policy.
2. Focused professional practice evaluation and performance monitoring programs for an individual Practitioner with existing clinical privileges are intended to be implemented on a voluntary and collegial basis to the fullest extent possible. If necessary, changes cannot be implemented on a voluntary and collegial basis, matters may be referred for corrective action as set forth below.
3. Information generated pursuant to the ongoing and focused professional practice evaluation processes is also used in the reappointment process.

Section B. Corrective Action

1. Grounds – Initiation: Whenever a Practitioner's alleged action or failure to act: (i) is in violation of accepted standards of professional practice, (ii) is disruptive or unprofessional, (iii) is in violation of these Bylaws, the Rules and Regulations, or policies of the Medical/Dental Staff

or the Hospital, or (iv) is in any manner disruptive to the Hospital or to the care of patients, any Member of the Medical/Dental Staff, the Governing Board President or authorized designee, or the chairman of the Governing Board may request corrective action. All requests for corrective action shall be in writing, submitted to the MEC and shall specify the conduct constituting the basis for the request.

2. Investigation:

- a. Within thirty (30) calendar days of receipt of a request for corrective action, the MEC shall determine whether to: (i) initiate a corrective action investigation, (ii) refer the request for handling in another manner, or (iii) dismiss the request. If the MEC decides to conduct a corrective action investigation, it shall be so noted in the MEC minutes. The MEC may conduct the investigation itself or through an ad hoc committee or subcommittee of the MEC, or delegate this responsibility to an appropriate standing committee, as it deems necessary ("Investigating Committee").
- b. The investigation may include interviews with the requester, the affected Practitioner, or other persons. Such review may include, at the Investigating Committee's discretion, a review of pertinent medical records, policies and procedures, Peer Review records, clinical literature and practice guidelines, or any other documents. If it deems necessary, the Investigating Committee may, subject to the approval of the Hospital Administrator or authorized designee, utilize individuals not employed by or on the Medical/Dental Staff to assist in the investigation including, but not limited to, an external consultant. The Investigating Committee may also require the Practitioner under review to undergo a physical and/or mental examination, to the extent permitted by law, and may require access to the results of such exams to assist in its deliberation.
- c. During an investigation, the Practitioner under review shall be granted the opportunity to meet with the Investigating Committee. The Investigating Committee shall determine the date(s), frequency, and duration of any such meeting(s).
- d. If the request for corrective action is the result of a review of essentially the same acts or omissions by a standing committee, which review afforded the Practitioner an opportunity to meet with the committee and address the issues, the MEC may decide that the results of the review may be used as the investigation under this section and that no further investigation is required.
- e. Neither the investigation nor any other activities of the Investigating Committee, including any meeting(s) with the affected Practitioner or any other person, in acting upon a request for corrective action, shall constitute a hearing and none of the procedural rights of review in this Article shall apply.
- f. If the investigation is delegated to a committee other than the MEC, such committee shall proceed with the investigation in a prompt manner and shall forward a written report of its findings, conclusions, and recommendations to the MEC as soon as possible.

- g. The Practitioner under review shall be notified, in writing by hand delivery or certified mail, return receipt requested by the MEC, that an investigation for purposes of possible corrective action has been initiated within five (5) business days of such action, and shall be given an opportunity to provide information in a manner and upon such terms as the Investigating Committee deems appropriate. The Practitioner shall not have the right to be represented by legal counsel before the Investigating Committee nor to compel the Medical/Dental Staff to engage external consultation.
 - h. Despite the status of any investigation, at all times the MEC shall retain authority and discretion to take whatever action may be warranted by the circumstances, and permitted under these Bylaws, including suspension, termination of the investigative process, or other action.
3. Time for Taking Action – Notice: Within thirty (30) calendar days of completion of the investigation, or within such reasonable additional time as the MEC deems necessary, the MEC shall take action upon the request for Corrective Action. Within five (5) business days after taking such action, the MEC shall give written notice to the affected Practitioner stating the actions the MEC has taken or recommended.
4. Possible Actions: The action of the MEC on a request for corrective action may be to reject the request, recommend a voluntary performance monitoring plan or other collegial intervention, or recommend any of the following corrective actions:
- a. A letter of warning or reprimand;
 - b. Additional education or training;
 - c. Probation;
 - d. Proctoring, including observation, use of a physician first assistant, co-admitting requirements, or consultation;
 - e. Reduction, suspension, or revocation of clinical privileges;
 - f. Termination, modification or affirmation of an already imposed summary suspension or restriction of clinical privileges;
 - g. Suspension or revocation of the Practitioner's Medical/Dental Staff membership; or
 - h. Other corrective actions deemed appropriate by the MEC.
5. If the action of the MEC is an Adverse Action, all further procedures shall be as set forth in Article XIII, Procedural Rights of Review. In no event shall a Practitioner be entitled to the

procedural rights of review in Article XIII unless the action taken by the MEC is an action defined as a ground for mediation or hearing under Article XIII. Any MEC recommendation or action that does not give the Practitioner procedural rights of review under Article XIII may be implemented by the MEC and shall be effective as of the date and time determined by the MEC. The MEC's recommendation or action will be forwarded to the Governing Board for review at its next regularly scheduled meeting.

- a. If the Governing Board affirms the action or recommendation of the MEC, it shall be the final decision and the Chair of the MEC shall provide the Practitioner with notice of the final decision, including a statement of the basis for the decision, within twenty (20) business days of the decision. The notice shall be in writing and sent by hand delivery or certified mail, return receipt requested.
 - b. If the Governing Board modifies or reverses the MEC's recommendation or action which results in an Adverse Action, the Practitioner shall be entitled to the procedural rights of review under Article XIII, and any further procedures shall be as set forth in Article XIII.
6. The affected Practitioner may submit a written response to any action taken by the MEC in addition to any procedural rights to which the Practitioner may be entitled under Article XIII, which response shall be maintained in the Practitioner's file.
 7. Notice to the Governing Board President: The chairperson of the MEC shall immediately notify the Governing Board President in writing of each request for corrective action and shall keep him fully informed of all actions in connection with each request.

Section C. Summary Suspension or Restriction

1. Grounds – Authority. All or any portion of a Practitioner's clinical privileges may be summarily suspended or restricted if failure to take such an action may result in an imminent danger to the health and/or safety of any individual. Each of the following persons have the authority to summarily suspend or restrict a Practitioner's clinical privileges:
 - a. Chief Medical Officer Dallas
 - b. Medical/Dental Staff President
 - c. Hospital Administrator
2. Summary action pursuant to this Section shall be reported immediately to the MEC and shall be temporary and effective only until further action is taken by the MEC. The individual imposing the summary action shall promptly give oral notice of action taken, including the reason for the action, to the affected Practitioner, and each of the other individuals listed under Article XII. The Chair of the MEC shall promptly give the Practitioner written notice of the summary action, with a statement of the reason for the action.

3. The MEC, before taking further action, shall conduct such investigation as it deems necessary or delegate this responsibility to an appropriate standing or ad hoc committee, which may include an interview with the suspending party. The affected Practitioner shall be afforded an opportunity to meet with the MEC or committee conducting the investigation. Such investigation may include chart reviews, if applicable, and interviews with other reports from other persons or relevant Divisions or committees. Neither the investigation nor any other activities of the MEC in taking its further action shall constitute a hearing, nor shall the procedural rights of review provided in Article XIII and process with respect to hearings, appeals and mediation apply.
4. The MEC must review the summary action and the results of any investigation within ten (10) business days of imposition of the summary action and recommend modification, continuance, or termination of the terms of the summary action. If, as a result of such investigation, the MEC does not recommend the termination of the summary action and the action is an Adverse Action under Article XII, the Practitioner shall be entitled to the procedural rights of review in accordance with Article XIII and all further procedures shall be as set forth in Article XIII. Additionally, the terms of the summary action as sustained or as modified by the MEC shall remain in effect pending a final decision thereon by the Governing Board. For purposes of mandatory reporting under the federal Health Care Quality Improvement Act, a summary action, although taken in the course of Peer Review, is considered a “professional review action” when affirmed by the MEC.
5. Immediately upon the imposition of a summary action, the Chair of the MEC or the appropriate Division Director shall have authority to assist the Practitioner’s patients in the hospital at the time of the summary action to secure alternative medical coverage.

Section D. Temporary Suspension or Restriction

1. The same individuals who are authorized to impose a summary action under Section C above may impose a temporary suspension or restriction of a Practitioner’s clinical privileges for a period not to exceed fourteen (14) calendar days, during which an investigation is being conducted to determine the need for corrective action.
2. Temporary action pursuant to this Section shall be reported immediately to the MEC and shall be temporary and effective only until further action is taken by the MEC or expiration of the fourteen (14) calendar days, whichever occurs first. The individual imposing the temporary action shall promptly give oral notice of the action taken to the affected Practitioner, and each of the other individuals authorized to take the action. The Chair of the MEC shall give the Practitioner written notice of the temporary action, with a statement of the reason for the action, within twenty-four (24) hours of imposition by hand delivery or certified mail, return receipt requested.
3. Temporary action under this Section is taken in the course of Peer Review but is not considered corrective action and does not entitle the Practitioner to any procedural rights of review under

Article XIII, the Bylaws or otherwise.

Section E. Voluntary Agreement

A Practitioner may voluntarily agree not to exercise any or all of his clinical privileges at Children's Medical Center Dallas, or to a condition on those privileges, for a specified or unlimited period of time pending a review, an investigation, or the exercise of procedural rights of review under Article XIII. While taken in the course of Peer Review, a voluntary agreement shall not constitute a surrender of clinical privileges or corrective action. The agreement shall be in writing and shall allow the Practitioner to terminate the agreement on written prior notice to the Governing Board President under the terms set out in the agreement.

Section F. Automatic Action

1. No Hearing. Automatic Action imposed under this Section, while taken in the course of medical peer review and professional review activity, is not considered corrective action and does not entitle the Practitioner to the procedural rights of review under Article XIII.
2. Grounds. Appointment to the Medical/Dental Staff and/or all clinical privileges shall be automatically suspended, terminated or relinquished, as outlined specifically within each section below, upon the occurrence of any of the following events:
 - a. Licensure. Upon receipt by Children's Medical Center Dallas of notice that a Practitioner's license to practice in Texas is revoked, not renewed, restricted, suspended, or voluntarily relinquished to the licensing agency, the Practitioner's Staff membership and clinical privileges at Children's Medical Center Dallas shall automatically terminate. If a Practitioner's license to practice in Texas is made subject to probationary terms by the licensing agency, the Practitioner's Staff membership and clinical privileges shall automatically become subject to the terms of probation.
 - b. Drugs/Medication. An automatic suspension of a Practitioner's privileges to prescribe, administer, or obtain controlled substances and/or other medications at or through Children's Medical Center Dallas shall be immediately imposed upon receipt by Children's Medical Center Dallas of notice that such Practitioner's right or license to prescribe or obtain controlled substances or medications has been suspended, revoked, or otherwise restricted by the applicable governmental agency. Such automatic suspension shall include only those controlled substances or medications suspended or revoked by the governmental agency and shall be effective until the governmental agency reinstates the Practitioner's right or license in question. If a Practitioner's right or license to prescribe or obtain controlled substances or medications is subject to an order of probation, the Practitioner's privileges to prescribe or obtain controlled substances or other medications at or through Children's Medical Center Dallas shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation. A Practitioner shall not be permitted to prescribe medications under

Children's Medical Center Dallas DEA number.

- c. **Loss of Professional Liability Insurance.** If a Practitioner fails to maintain professional liability insurance coverage in an amount not less than \$200,000 per occurrence and \$600,000 in aggregate as required by the Governing Board or fails to provide evidence of such coverage, the Practitioner's Staff membership and clinical privileges, shall be automatically suspended and shall remain so until the Practitioner provides evidence to the Medical Staff Office that he/she has secured the required professional liability coverage, to include coverage for any period of lapse in coverage. Failure to provide such evidence within ninety (90) calendar days after the date the automatic suspension became effective shall be deemed a voluntary relinquishment of Medical/Dental Staff membership and clinical privileges.
- d. **Immunizations.** A Practitioner who fails to submit the required immunization documentation within the timeframe set forth in the Medical/Dental Staff credentialing policies shall have his/her clinical privileges automatically suspended. With the exception of seasonal influenza vaccinations, failure to submit the required immunization documentation within ninety (90) calendar days after the date the automatic suspension became effective shall be deemed a voluntary relinquishment of Medical/Dental Staff membership and clinical privileges.
- e. **Medical Records.** A Practitioner who is delinquent in completing medical records shall have his/her clinical privileges automatically suspended, until the deficiency is cured. Such suspension shall be in accordance with the Rules and Regulations of the Medical/Dental Staff. Failure to complete delinquent records within ninety (90) calendar days after the date the automatic suspension became effective shall be deemed a voluntary relinquishment of Medical/Dental Staff membership and clinical privileges.
- f. **Required Education Documentation.** When an educational training requirement is implemented as a requirement for all Medical/Dental Staff members or all members in a certain specialty or subspecialty, Practitioners who fail to comply after the expiration of the time specified in the written notice shall have their clinical privileges automatically suspended on expiration of the time-period. Failure to provide documentation of compliance with the requirement within ninety (90) calendar days after the date the automatic suspension became effective shall be deemed a voluntary relinquishment of Medical/Dental Staff membership and clinical privileges.
- g. **Omission, Misstatement or Misrepresentation on Application.** Failure to provide accurate and complete information on an application or documentation supporting an application for Medical/Dental Staff membership and/or clinical privileges, resulting in a material omission, misstatement or misrepresentation the Practitioner, including but not limited to credentialing documentation, or other hospital related communications, will result in the Practitioner's Medical/Dental Staff membership and clinical privileges being automatically terminated or, if the application is pending, automatic withdrawal from

further processing.

3. The imposition of automatic action does not preclude the imposition of corrective action on the same or similar grounds.

ARTICLE XIII. PROCEDURAL RIGHTS OF REVIEW

For the purpose of this article, 'Practitioner' refers to a physician, dentist, podiatrist, or other provider who is either applying for or who has been granted clinical privileges and/or staff membership, as applicable.

Section A. General

A Practitioner is entitled to the procedural rights of review as set out in this Article whenever the MEC takes Corrective Action or the Governing Board takes Corrective Action following a recommendation by the MEC that was not Corrective Action.

Section B. Adverse Action Defined and Notice to Practitioner

1. Adverse Action. Only the following actions or recommendations, when taken by the MEC, or by the Governing Board following a recommendation by the MEC that was not an Adverse Action, constitute an Adverse Action and entitle a Practitioner to the procedural rights of review in this Article:

- a. Denial of Medical/Dental Staff appointment or reappointment;
- b. Revocation or termination of Medical/Dental Staff appointment;
- c. Denial of requested Clinical Privileges;
- d. Revocation or termination of Clinical Privileges;
- e. Requirement and assignment of a proctor or supervisor based on an assessment of the Practitioner's professional competence or conduct in which the proctor's or supervisor's approval is required for the Practitioner to exercise clinical privileges;
- f. Suspension of Medical/Dental Staff appointment or clinical privileges, other than a temporary action pursuant to Article XII;
- g. Requirement to have a concurring consultation prior to exercising clinical privileges;
or
- h. Requirement to obtain education, training, or counseling prior to exercising clinical privileges.
- i. Any other restriction or limitation of Clinical Privileges based on competence or

professional conduct if such action, when final, would be reportable to the National Practitioner Data Bank.

2. Not Grounds for Procedural Rights of Review. The following are not considered an Adverse Action, nor any other actions or recommendations so specified in these Bylaws, and do not entitle the Practitioner to the procedural rights of review set forth in these Bylaws:
 - a. Issuance of a letter of guidance, warning, or reprimand, placement under a FPPE, or probation;
 - b. Resignation of Staff membership or clinical Privileges;
 - c. Determination that an application will not be processed due to a misrepresentation, misstatement or omission; or
 - d. A determination by the Governing Board that certain professional services shall be provided on an exclusive basis in accordance with written agreements between Children's Medical Center Dallas and qualified practitioners, limiting the availability of clinical privileges in those areas.
 - e. A voluntary performance monitoring plan or placement on probation that is not accompanied by any limitation or restriction on the Practitioner's Clinical Privileges;
 - f. Imposition of proctoring, monitoring or any other performance monitoring requirements in the course of FPPE on an initial grant of Clinical Privileges;
 - g. Any limitation or restriction of Clinical Privileges imposed equally on all Practitioners with the same or similar Clinical Privileges;
 - h. Imposition of conditions, monitoring or a consultation requirement that the Practitioner must comply with, but that does not require any approval or concurrence prior to the Practitioner's exercise of Clinical Privileges;
 - i. Imposition of a requirement to verify required health status through requested assessment or testing, or for treatment or counseling that may be satisfied while the Practitioner continues to exercise Clinical Privileges;
 - j. Retrospective chart review, conducting a review or Investigation into any matter, or a requirement to appear for a special meeting under the provisions of these Bylaws;
 - k. Any automatic action under Article XII, automatic relinquishment of Clinical Privileges, or automatic resignation from the Medical/Dental Staff provided for in these Bylaws;

- l. Imposition of a temporary action under Article XII;
 - m. Imposition of a summary Corrective Action except as provided in Article XII;
 - n. Denial of a request for leave of absence or for an extension of a leave of absence;
 - o. A voluntary surrender or relinquishment of Clinical Privileges by the Practitioner, including voluntary acceptance of a limitation on Clinical Privileges, while under an Investigation or to avoid such an Investigation or a professional review action;
 - p. Failure to process an application for Medical/Dental Staff appointment and/or Clinical Privileges due to a determination (i) that the application is not a Complete Application, or (ii) that the Practitioner is not eligible due to a failure to meet minimum or threshold criteria or requirements, a lack of need or resources, closure of a specialty, or because of an exclusive professional service arrangement;
 - q. Denial of a requested change in Staff category or reassignment of Staff category at the time of reappointment due to failure to meet threshold eligibility requirements as provided in Article II;
 - r. Failure to grant, termination or limitation of temporary Clinical Privileges;
 - s. Removal or limitation of emergency services call coverage obligations; and
 - t. Denial of appointment or reappointment to the Affiliate or Honorary Staff.
3. Notice of Recommendation. When an Adverse Action is taken or recommended by the MEC, or by the Governing Board following a recommendation or action by the MEC which was not an Adverse Action, the Practitioner shall be entitled to request a hearing and the other procedural rights of review in this Article prior to a final decision of the Governing Board. The affected Practitioner shall be given Special Notice by the Hospital Administrator within five (5) business days of issuance of the Adverse Action. This notice shall contain:
- a. A statement of the nature of and reasons for the Adverse Action, including a statement of the alleged acts or omissions and subject matter forming the basis of the action with a list, if applicable, of specific patient records;
 - b. A notice that the Practitioner has the right to request a hearing on the Adverse Action within thirty (30) calendar days of receipt of such notice;
 - c. Notice that failure to request a hearing within the time frame and in the manner required shall result in a waiver of the right to a hearing and any other procedural rights of review under these Bylaws or otherwise; and

- d. A copy of this Article and a summary of the Practitioner's rights during the hearing.

Section C. Request for Hearing and Waiver

1. The request for a hearing shall be made in writing, by hand delivery or certified mail, return receipt requested, to the Hospital Administrator within thirty (30) calendar days of the Practitioner's receipt of notice of the Adverse Action.
2. In the event the Practitioner does not request a hearing within the timeframe and in the manner required by this Article, the Practitioner shall be deemed to have waived the right to such hearing and any other procedural rights of review under these Bylaws and otherwise, and to have accepted the Adverse Action. Such Adverse Action, if taken by the MEC, shall become effective immediately pending a final decision by the Governing Board. The Hospital Administrator shall provide the Practitioner with Special Notice of the Governing Board's final decision within twenty (20) calendar days of the final decision.
3. Notice of Hearing and Statement of Reasons. If a hearing is properly requested, the Hospital Administrator shall schedule the hearing and shall give Special Notice to the Practitioner who requested the hearing. The notice shall include:
 - a. The time, place, and date of the hearing;
 - b. A proposed list of witnesses who will give testimony or evidence in support of the Adverse Action at the hearing, to include the witnesses' titles/positions and a brief summary of the nature of the expected testimony);
 - c. The names of the Hearing Panel members and chair;
 - d. A list of patient records and/or information supporting the Adverse Action (this list of supporting patient record numbers and other supporting information may be amended or added to at any time, even during the hearing so long as the additional material is relevant to the Adverse Action, and the Practitioner has sufficient time to study this additional information and rebut it); and
 - e. Notice to the Practitioner of the obligation to provide a list of witnesses and exchange hearing documents as provided below.
 - f. The hearing shall begin as soon as practicable, but no sooner than thirty (30) calendar days after the notice of hearing to the Practitioner unless an earlier hearing date has been specifically agreed to in writing by the parties. Once commenced, the hearing must be completed within sixty (60) calendar days, unless rescheduled upon written agreement of the parties or upon a showing of good cause, as determined by the Presiding

Officer/Hearing Panel chair of the hearing.

4. Witness List. At least fifteen (15) calendar days before the hearing, the Practitioner requesting the hearing shall provide a written list of the witnesses that the Practitioner intends to present, as well as the titles/positions of the witnesses and a brief summary of the nature of the anticipated testimony.
5. Supplementation of Witness List. The witness list of either party may, in the discretion of the Presiding Officer/Hearing Panel chair, be supplemented or amended at any time prior to or during the course of the hearing, provided that written notice of the change is given to the other party and the other party is afforded time to prepare for the additional witness. The Presiding Officer/Hearing Panel chair shall have the authority to limit the number of witnesses.
6. The MEC or Governing Board, whichever issued the Adverse Action, shall appoint one or more individuals to represent it at the hearing. The Hospital Administrator may appoint legal counsel to accompany that individual or individuals in the hearing, which may be legal counsel for the Hospital.

Section D. Hearing Panel and Presiding Officer

1. Hearing Panel

- a. When a hearing is requested, the Hospital Administrator, after considering the recommendations of the Medical/Dental Staff President (and that of the chair of the Governing Board, if the hearing is occasioned by a Governing Board determination), shall appoint a Hearing Panel that shall be composed of not less than three (3) members, one of whom shall be designated as the chair. No individual appointed to the Hearing Panel shall have actively participated in the consideration of the matter involved at any previous level. Individuals who are not on the Medical/Dental Staff may be members of the Hearing Panel. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel. The Hospital Administrator shall provide the affected Practitioner with written notice of the identity and specialty of the Hearing Panel members at least thirty (30) calendar days prior to the date of the hearing.
- b. The Hearing Panel shall not include any individual who is in direct economic competition with the affected Practitioner or any individual who is professionally associated with or related to the affected Practitioner.
- c. Any objection to any member of the Hearing Panel shall be made in writing within ten (10) calendar days of issuance of notice of same. Such written objection shall be delivered to the Hospital Administrator who shall resolve the objection in his/her sole discretion, unless delegated to the Presiding Officer appointed under Section 2 below.

2. Presiding Officer

- a. The Hospital Administrator may appoint an attorney as Presiding Officer. Such Presiding Officer will not act as a prosecuting Officer or as an advocate for either side at the hearing. The Presiding Officer may participate in the private deliberations of the Hearing Panel and is a legal advisor to it but shall not be entitled to vote on its recommendations. The Hospital Administrator shall provide the Practitioner with Special Notice of the identity of the Presiding Officer at least twenty (20) calendar days prior to the date of the hearing. Any objection to the Presiding Officer shall be made in writing within ten (10) calendar days of issuance of notice of same. Such written objection shall be delivered to the Hospital Administrator who shall resolve the objection in his/her sole discretion.
- b. If no Presiding Officer has been appointed, the chair of the Hearing Panel shall serve as the Presiding Officer but shall be allowed to vote.
- c. The Presiding Officer shall:
 - i. Require that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;
 - ii. Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, or abusive or that causes undue delay;
 - iii. Maintain decorum throughout the hearing;
 - iv. Determine the order of procedure throughout the hearing;
 - v. Have the authority and discretion, in accordance with this policy, to make rulings on all questions that pertain to matters of procedure and to the admissibility of evidence prior to the hearing and during the hearing, unless otherwise provided in this Article;
 - vi. Act in such a way that all information reasonably relevant to the continued appointment or clinical privileges of the Practitioner requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and
 - vii. Conduct prehearing conferences and argument by counsel on procedural points outside the presence of the Hearing Panel to the extent practical unless the Panel wishes to be present.

Section E. Pre-Hearing and Hearing Procedure

- 1. Provision of Relevant Information: There is no right to formal “discovery” in connection with the hearing except as specifically provided herein. The Practitioner requesting the hearing shall

be entitled, upon specific, written request, to the following at least thirty (30) calendar days prior to the hearing, subject to a stipulation signed by the Practitioner and counsel if applicable that such documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing:

- a. Copies of, or reasonable access to, all patient medical records or other documents referred to in the notice of statement of reasons under Sections A and B above, at his or her expense; and
 - b. Reports of experts relied upon by the MEC or Governing Board in issuing the Adverse Action.
 - c. No information regarding other Practitioners shall be requested, provided or considered, nor is the Practitioner entitled to access minutes of Medical/Dental Staff committees, Services or other medical peer review committees unless those minutes will be presented in the hearing.
2. Evidence unrelated to the reasons for the recommendations or to the Practitioner's qualifications for appointment or the relevant clinical privileges shall be excluded.
 3. If either party will be represented by an attorney or other individual in the hearing, the party must notify the other party in writing of the name of such attorney or other individual at least ten (10) calendar days prior to the date of the hearing.
 4. At least fourteen (14) calendar days prior to the hearing, each party shall provide the other party with a list of and copies of all proposed exhibits unless previously provided. All objections to documents or witnesses to the extent then reasonably known shall be submitted in writing at least seven (7) calendar days prior to the hearing and shall be ruled on by the Presiding Officer. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause for not raising the objection within the required time frame.
 5. If any expert is to be presented as a witness by either party, when the expert is identified as a witness as provided above in Section D above, the other party must be provided with the following:
 - a. a copy of the expert's curriculum vitae;
 - b. a written report from the expert setting forth the substance of the expert's testimony, opinions, and grounds for the opinions;
 - c. a copy of any literature or references relied upon by the expert in reaching the opinions; and
 - d. a copy of all documents or other information provided by the party to the expert for review or a list of those documents and information if previously provided to the other party.

No expert witness may be called by a party, nor testimony, opinions, or documents submitted for consideration in the hearing, unless disclosed in accordance with this section or the

Presiding Officer determines that the failure to disclose was unavoidable.

6. There shall be no contact by the Practitioner with Hospital employees concerning the subject matter of the hearing, unless arranged with Hospital counsel.
7. Failure to Appear. Failure, without good cause, of the Practitioner to appear and proceed at such a hearing shall be deemed a waiver by the Practitioner of his/her right to a hearing and to any other procedural right of review under these Bylaws or otherwise, and voluntary acceptance of the Adverse Action, which shall then be forwarded to the Governing Board for final decision as provided in Section C above.
8. Record of Hearing. The Hospital Administrator shall arrange for a court reporter to create a record of the hearing. The cost of such reporter shall be borne by Children's Medical Center Dallas, but copies of the transcript shall be provided by the court reporter to the Practitioner requesting the hearing at the Practitioner's expense. The Presiding Officer may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of Texas.

Section F. Rights of Both Parties

1. At a hearing, both parties shall have the following rights, subject to reasonable limits determined by the Presiding Officer and any limitations in this Article:
 - a. To call, examine and cross-examine witnesses;
 - b. To present evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law;
 - c. To have a record made of the proceedings, copies of which may be obtained on payment of any reasonable preparation costs;
 - d. To representation by an attorney or other person, who may call, examine, and cross-examine witnesses and present the case;
 - e. To submit a written statement at the close of the hearing; and
 - f. To receive the written recommendation of the Hearing Panel, including a statement of the basis for the recommendation, as well as to receive the written final decision of the Governing Board, including a statement of the basis for the decision.
2. Testimony of Practitioner. The Practitioner requesting the hearing who does not testify on his or her own behalf may be called and cross-examined by the MEC or Governing Board. The Hearing Panel and the Presiding Officer may question any parties and witnesses, request that additional witnesses be called, or request the presentation of additional documentary evidence.

3. **Admissibility of Evidence.** The hearing shall not be conducted according to rules of evidence. Hearsay evidence shall not be excluded merely because it may constitute hearsay. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.
4. **Official Notice.** The Presiding Officer shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested by either party, to present written rebuttal of any evidence admitted on official notice. The Hearing Panel may also require submission of written statements on any relevant matter, including objections.
5. **Postponements and Extensions.** Postponements and extensions of time beyond any time limit set forth in this Article may be requested by either party but shall be permitted only by the Presiding Officer or the Hospital Administrator on a showing of good cause.
6. **Persons to be Present.** Attendance at the hearing shall be restricted to the Hearing Panel, Presiding Officer, court reporter, parties, attorneys, and witnesses when testifying. Administrative personnel may be present as requested by the Hospital Administrator or the Medical/Dental Staff President. All attendees must agree to maintain the confidentiality of the proceedings consistent with the requirements applicable to records and proceedings of medical peer review committees.
7. **Order of Presentation.** The MEC or Governing Board, whichever issued the Adverse Action prompting the hearing, shall first present evidence in support of the Adverse Action. Thereafter, the Practitioner who requested the hearing may present evidence. Opening statements and closing arguments are permitted.
8. **Burden of Proof.** Consistent with the requirement for the Practitioner to demonstrate that he or she satisfies, on a continuing basis, all criteria for initial appointment, re-appointment, and clinical privileges, the Practitioner who requested the hearing has the burden of proving by clear and convincing evidence that: (i) he/she meets the standards for appointment/re- appointment or for the granting of clinical privileges requested or the Medical/Dental Staff category requested, and (ii) the Adverse Action that prompted the hearing was arbitrary or capricious or there is not substantial evidence to support the Adverse Action.
9. **Adjournment and Conclusion.** The Presiding Officer may adjourn the hearing and reconvene the same at the convenience of the Hearing Panel. Upon conclusion of the presentation of evidence by the parties, including submission of any written statements, and questions by the Hearing Panel, the hearing shall be closed.

10. Deliberations and Recommendation of the Hearing Panel. Within twenty (20) calendar days after closing the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person (except the Presiding Officer) and shall render a recommendation set out in a written report, which shall contain a concise statement of the reasons for the recommendation. On completion of its report, the hearing is considered adjourned. The Hearing Panel may deliberate prior to issuance of the court reporter's transcript of the hearing.
11. Disposition of the Hearing Panel Report. The Presiding Officer shall deliver its report to the Hospital Administrator who shall forward it to the MEC or Governing Board, whichever issued the Adverse Action, and by Special Notice to the Practitioner. The MEC or Governing Board, as applicable, shall review the Hearing Panel's report within twenty (20) days and determine whether to affirm, modify or reverse the original Adverse Action. The MEC or Governing Board shall issue a written report of its decision with a statement of the basis for its decision.
 - a. If the reconsidered decision is still an Adverse Action, the Practitioner shall be notified of his or her right to an appeal by the Hospital Administrator. The notice of right to appeal shall be sent by Special Notice within ten (10) calendar days, and all further procedures shall be as set forth in Section G. below.
 - b. If the reconsidered decision is not an Adverse Action, it shall be forwarded to the Governing Board for a final decision; provided that, if the Governing Board's decision is an Adverse Action, the Practitioner shall be notified of his or her right to an appeal by the Hospital Administrator before the decision is final. The notice of the right to appeal shall be sent by Special Notice within ten (10) calendar days, and all further procedures shall be as set forth in Section G below.

Section G. Appeal to the Governing Board

1. Time for Appeal. Within twenty (20) calendar days after the Practitioner's receipt of the notice of the right to appeal under Section F above, the Practitioner may request appellate review of the recommendation. The request for appellate review, including a brief statement of the reasons for appeal and the specific facts or circumstances which justify further review, shall be in writing, and shall be delivered to the Hospital Administrator either by hand delivery or by certified mail, return receipt requested. If such appellate review is not requested within the required time frame and in the manner required, the Practitioner shall be deemed to have accepted the Adverse Action, which shall be forwarded to the Governing Board for final action.
2. Grounds for Appeal. The grounds for appeal shall be limited to whether:
 - a. There was substantial failure to comply with the procedures set forth in these Bylaws;
 - b. The recommendation of the Hearing Panel was made arbitrarily or capriciously; or
 - c. The recommendation of the Hearing Panel was not supported by credible evidence, based

upon the hearing record.

3. Time, Place and Notice. When an appeal is requested as set forth in the preceding sections, the Chair of the Governing Board shall schedule and arrange for an appellate review as soon as arrangements can reasonably be made. The Chair of the Governing Board may take into account the schedules of all individuals involved but in no event shall the appellate review be scheduled later than forty-five (45) calendar days from the receipt of the Practitioner's request unless the Chair of the Governing Board extends the time for good cause. The Practitioner shall be given at least thirty (30) calendar days prior notice of the time, place and date of the appellate review.
4. Nature of Appellate Review
 - a. The Chair of the Governing Board shall appoint a Review Panel composed of not less than three (3) members of the Governing Board to conduct the appellate review.
 - b. In its sole discretion, the Review Panel may accept additional oral or written evidence subject to the same right of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it was not available at the time of the hearing.
 - c. The Practitioner shall be required to present a written statement in support of his or her position on appeal at least fifteen (15) calendar days prior to the appeal which statement must set out the specific grounds and support for the appeal with reference to the three (3) grounds in Section F above. The Review Panel shall provide a copy of the statement to the MEC or Governing Board, which may submit a written response at least five (5) calendar days prior to the appeal. A copy of the response, if any, shall be provided to the Practitioner as well as the Review Panel.
 - d. In its sole discretion, the Review Panel may allow each party or its attorney or other representative to appear personally and make a time-limited thirty (30) minute argument. If oral arguments are permitted, the parties shall answer any questions presented by the Review Panel. The Review Panel shall issue written findings on the grounds for appeal in Section F above to the Governing Board within twenty (20) calendar days of completion of the appeal.
5. Final Decision of the Board. Within thirty (30) calendar days after receipt of the Review Panel's written findings or upon expiration of the timeframe allowed for the affected Practitioner to appeal and the Practitioner's failure to exercise the right to appeal, the Governing Board shall render a final decision in writing, including the results of the appeal, if any, and the specific reasons for its final decision. The final decision shall be delivered to the chairpersons of the Credentials Committee and the MEC, and by Special Notice to the affected Practitioner within twenty (20) calendar days of the decision. The Governing Board may affirm, modify, or reverse the Adverse Action, or in its discretion, refer the matter for further review and recommendation based upon the Governing Board's ultimate legal

responsibility for granting appointment and clinical privileges.

6. Further Review. Except where the matter is referred for further action and recommendation, the final decision of the Governing Board following the appeal (or waiver of the right to appeal) shall be effective immediately and shall not be subject to further review. However, if the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Governing Board in accordance with the instructions given by the Governing Board. Such further review process and the report back to the Governing Board shall in no event exceed thirty (30) calendar days in duration, except as the Governing Board may otherwise stipulate.
7. Right to One Hearing and Appeal Only. No Practitioner shall be entitled as a matter of right to more than one (1) hearing or appellate review on any single matter which may be the subject of procedural rights of review under this Article.
8. Re-application to the Medical/Dental Staff. In the event that the Governing Board issues a final Adverse Action to deny Medical/Dental Staff appointment or re-appointment or clinical privileges, or to revoke or terminate Medical/Dental Staff appointment or clinical privileges, the affected Practitioner is not eligible to reapply within five (5) years for Medical/Dental Staff appointment or those clinical privileges, unless the Governing Board provides otherwise

Section H. Initiation and Notice of Mediation

1. Right to Mediation. A Practitioner may require Children's Medical Center Dallas to participate in mediation under Chapter 154 of the Texas Civil Practice and Remedies Code, if:
 - a. The Credentialing Committee has failed to take action on a completed application or re-application for Medical/Dental Staff membership or clinical privileges within the time frame required by law; or
 - b. The Practitioner is subject to an Adverse Action as defined in Section B; provided that, the request for mediation must be made prior to, at the same time as or in lieu of the request for hearing.
2. Request for Mediation. When a Practitioner is entitled to request mediation as provided above, the Practitioner shall have fifteen (15) calendar days following the date the application became complete or the date of the issuance of notice of an Adverse Action within which to request mediation. The request shall be made in writing to the Hospital Administrator by hand delivery or certified mail, return receipt requested. If the Practitioner does not request mediation within the time frame or in the manner required by this section, the Practitioner shall be deemed to have waived his/her right to require mediation. Waiver of the right to mediation does not constitute a waiver of the Practitioner's right to the procedural rights of review under this Article in the case of an Adverse Action.

3. Scheduling Mediation. Within fifteen (15) calendar days of filing a timely written request for mediation, the Practitioner must propose in writing to the Hospital Administrator the names of three (3) acceptable mediators, who meet the qualifications set forth in Section 154.052 of the Texas Civil Practice and Remedies Code and who have experience in hospital- medical/dental staff privileges disputes. Within five (5) calendar days thereafter, the Hospital Administrator shall select one of the mediators proposed by the Practitioner or object in writing. If the Hospital Administrator objects in writing to all three (3) mediators proposed by the Practitioner within five (5) calendar days, the Hospital Administrator and the Practitioner each will propose a mediator who meets the above requirements. The two (2) mediators shall then select a third mediator who meets the above requirements and who will conduct the mediation. The mediation shall take place within thirty (30) calendar days of the selection of a mediator, unless the Hospital Administrator and the Practitioner agree in writing to waive that deadline.
4. The standards and duties of the mediator are those set forth in Section 154.053 of the Texas Civil Practice and Remedies Code.
5. The cost of mediation shall be borne equally by Children's Medical Center Dallas and the Practitioner.
6. The Practitioner is entitled to only one (1) mediation on any single matter which may be the subject of mediation and the mediation shall be limited to one full day of mediation.

A request for mediation suspends the time periods for a requested hearing. If mediation does not resolve the Adverse Action to the satisfaction of all parties, the timelines for the requested hearing shall resume.

ADOPTED BY THE GOVERNING BOARD ON MAY 12, 2025, AFTER RECEIPT OF A RECOMMENDATION FROM THE MEDICAL EXECUTIVE COMMITTEE.