**DEFINITIONS**

The words and phrases herein have the following meanings whenever used in these Bylaws, Rules and Regulations, and policies (Bylaws documents), unless the context requires otherwise.

For editorial consistency, only masculine word forms and pronouns, such as he or his, are used in Bylaws documents when referring to both genders. This use is not intended to express an opinion about the gender of the individuals who may be affected by provisions in these Bylaws documents.

**Administration.** The President/CEO and designees who are responsible for managing the day-to-day operations of the Hospital.

**Administrative Officer.** An administrative officer of Hendrick Medical Center.

**Advanced Practice Providers** **(APPs).** Advanced practice registered nurses, physician assistants, surgical first assistants and clinical psychologists who are credentialed and privileged through the Medical Staff structure and orthotists/prosthetists with a job description who are assessed annually.

(i) Practitioner-directed APPs are advanced practice nurses, physician assistants and surgical first assistants. Practitioner-Directed APPs are required to have a sponsoring Medical Staff Member who is a member of the Active Medical Staff;

(ii) Independent APPs with clinical privileges are psychologists who are not required to have a sponsoring Medical Staff Member;

(iii) Independent APPs with a job description rather than clinical privileges are orthotists and prosthetists. They are assessed annually and are not required to have a sponsoring Medical Staff member.

**Affected Member.** A Practitioner who has been admitted to membership on the Medical Staff and who is the subject of review, investigation, and/or decision that could adversely affect such Practitioner’s appointment to, or status as, a Member of the Medical Staff, or such Practitioner’s exercise of clinical privileges. The term “Member” may also be used when referring to an “Affected Member.”

**Allied Health Professionals (AHPs).** Individuals other than a Medical Staff member or APP who is qualified by training, by prior and continuing experience, and current competence in a discipline that the Board of Trustees of Hendrick Medical Center has determined to allow to practice at Hendrick Medical Center and who functions as an employee of, or independent contractor of, and under the direction and supervision of an Active Medical Staff member. AHPs are practitioner-directed, work under job descriptions and are assessed annually but are not credentialed and privileged. Categories include:

(i) Dental assistants;

(ii) Enterostomal therapy nurses;

(iii) Ophthalmic assistants;

(iv) Pathologist’s assistants; and

(v) Surgical assistants.

**Application.** A copy of the application required by the State of Texas, the addendum to the application, as well as any and all other forms that constitute an application packet as determined by Hospital.

**Appointment and Reappointment. T**he process specified herein by which a Practitioner acquires and retains staff membership and delineated clinical privileges.

**Authentication.** A written signature, identifiable initials, or computer key notation. Acceptable computer key authentication shall be defined by the hospital and approved by the Medical Executive Committee.

**Automatic Suspension.** The immediate and automatic revocation, suspension, or limitation of the Affected Member's privileges, without necessarily affording such Affected Member the opportunity to participate prior to suspension, as described in the Medical Staff Hearing Plan.

**Board of Trustees**.The governing body of Hendrick Medical Center.

**Board Subcommittee**. Two voting members of the governing body that has been given delegated authority to render decisions on behalf of the governing body.

**Bylaws and Bylaws Documents.** The Medical Staff bylaws, manuals, and policies of the Medical Staff of Hendrick Medical Center applicable to Medical Staff members and APPs and AHPs as approved by the Medical Executive Committee and the Board of Trustees.

**Chief Executive Officer (CEO) or President.** The President/CEO of Hendrick Medical Center or in his absence, the Senior Vice President or Chief Financial Officer, or, in both of their absences, the administrative officer designated by the President, or where no administrative officer is so designated, the Administrator-on-Call.

**Chief of the Medical Staff.** The individual elected by the Medical Staff to lead the Medical Staff.

**Chief Medical Officer.** A Physician liaison between medical staff and Hospital administration.

**Chair and Use of Certain Nouns.** When used herein, the terms Department or Medical Staff Section Committee Chair, Committee Chair, CEO, Chief of Staff, Medical Staff Coordinator, and Board of Trustees of the Hospital are construed to include designee.

**Clinical privileges.** The rights granted to a practitioner to provide patient care services in accordance with the Medical Staff Bylaws, Rules and Regulations, and policies.

**Committee.** Use of the word Committee is deemed to include designees of the committee or others authorized to work for and on behalf of the committee.

**Conflict of Interest.** Any actual or potential conflict between a Member’s obligation and such Member’s self-interest as identified, not by the Affected Member, but by the Chief of Staff or an involved Member.

**Contact:** Practitioner-to-patient encounter, or a consultant-to-Practitioner encounter, from which a meaningful evaluation of the Practitioner’s clinical experience, competence, and care of the patient can be made. The contact must occur in the Hospital, or the Practitioner shall have the burden to present sufficient evidence of a contact that occurred in another clinical setting. This definition applies to any category of the Medical Staff that requires any number of contacts, unless otherwise defined in applicable privilege forms.

**Contract Member.** A Member with an Agreement to provide, regardless of the compensation arrangement, services to Hendrick Medical Center or affiliates. Such Member shall include, but not be limited to medical directors, or employees of Hendrick Medical Center, and independent contractors.

**Credentialed Provider.** Anyone credentialed or processed through the Medical Staff Office.

**Day or Days.** Calendar day(s) unless otherwise specified.

**Dentist.** Any Medical Staff member who is licensed by the State of Texas licensing authorityto practice dentistry.

**Department**. A division of the Medical Staff composed of members who practice in similar specialties.

**Department Chair.**The head of a clinical department.

**Emergency Service Call Coverage.** Emergency call coverage is for the Hospital as a whole. It is not limited to the Emergency Department, but also includes such obligations as imposed by law including the Emergent Medical Treatment and Active Labor Act (EMTALA) and any successor provisions.

**Ex Officio*.*** One who serves as a resource person by virtue of an office or position held, but without vote unless otherwise specified.

**FPPE.** Focused professional practice evaluation is a time-limited process whereby the Medical Staff evaluates the privilege-specific competence of a practitioner upon initial granting of privileges, granting of additional privileges, or when issues affecting the provision of safe, high quality patient care have been identified.

**General Competencies.** The ACGME and ABMS joint initiative developed for evaluating a practitioner’s professional care and include: (i) patient care; (ii) medical/clinical knowledge; (iii) practice-based learning and improvement; (iv) interpersonal and communication skills; (v) professionalism; and (vi) systems-based practice.

**He or His.** Pronouns as used in these Bylaws refer to both genders. The use of a masculine pronoun is not intended to express an opinion about the gender of the Practitioners governed by these Bylaws.

**Hierarchy of the Medical Staff.** The Chief of Staff, Vice Chief of Staff, Department Chair who is available (start with Medicine in even-numbered years, Surgery in odd-numbered years), Department Vice Chair who is available in the absence of both Department Chairs (start with Medicine in even-numbered years, Surgery in odd-numbered years), Member At Large who is available in the absence of both Department and Department Vice Chairs (start with Medicine in even-numbered years, Surgery in odd-numbered years), Credentials Chair, the Vice President Medical Staff, or the designee appointed by the Chief of Staff, or other designee in the order of applicability.

**HIPAA.** Health Insurance Portability and Accountability Act of 1996 designed to protect individually identifiable health information known as protected health information.

**Hospital**means Hendrick Medical Center located in Abilene, Texas, which consists of the Hendrick Medical Center North Campus and Hendrick Medical Center South Campus (each a “Campus”). The two campuses constitute one general hospital operated by Hendrick Medical Center d/b/a Hendrick Health, a nonprofit corporation.

**Impaired or Impairment.** The inability to practice medicine or perform the duties required of a Practitioner with reasonable skill and safety to patients or posing a threat to the safety of patients, or other physicians, Allied Health Professionals, or employees in the work environment due to a physical or mental condition, including but not limited to deterioration through the aging process, loss of motion skill, medical illness, stress, depression, or excessive use or abuse of drugs, alcohol or chemicals.

**Impaired Practitioner.** One who is unable to practice medicine or perform the duties required of a practitioner with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skills, or excessive use or abuse of drugs, alcohol, or chemicals.

**Independent APP or AHP.** Psychologists and orthotists/prosthetists are independent practitioners and do not require a sponsoring Medical Staff member.

**Inquiry.** A process whereby a department or Medical Staff committee gathers information to determine (i) whether an applicant for Medical Staff membership and/or privileges, a Member of the Medical Staff, or an Allied Health Professional meets the relevant qualifications to practice at the Hospital and (ii) whether the department or committee should refer an issue to the MEC. An inquiry is not an investigation as that term is used in the National Practitioner Data Bank Guidebook. The MEC has the sole authority to institute an investigation.

**Investigation.** A review process initiated by the MEC to determine whether to undertake corrective action against a staff member. Once initiated, the investigation will be considered to be ongoing until the disciplinary process runs its course or until the MEC or the Hospital formally closes the investigation. The term does not include activity conducted by the Physician Health and Rehabilitation Committee, nor does it include FPPEs or OPPEs. The term also does not include an inquiry regarding a Medical Staff Member by a department or a committee.

**LIP.** Licensed independent practitioner.

**Medical Staff Member or member.** Unless otherwise stated, a fully licensed physician, dentist or podiatrist who is appointed by the Board of Trustees as a member of the Medical Staff at one or both Campuses of the Hospital.

**MEC.** The Medical Executive Committee.

**Medical Staff Officer.** Officers of the Medical Staff are the Chief of Staff and the Vice Chief of Staff

**Non-Adverse Corrective Action.** Any action that (i) is not reportable to the National Practitioner Data Bank; (ii) does not entitle the Affected Member to a hearing under these Bylaws; and (iii) is designed to improve deficiencies in the Affected Member’s practice or behavior or to remove risk to patients, peers, or staff. Non-adverse corrective action may not restrict a practitioner’s privileges for more than fourteen (14) consecutive days and may include, but is not limited to: correspondence; training; mandatory continuing medical education; mandatory consultation requirements; ongoing review requirements, such as counseling, monitoring, proctoring, probation; and other special conditions, as long as such conditions do not affect the Affected Member’s exercise of clinical privileges.

**OPPE.** Ongoing professional practice evaluation is a process whereby the Medical Staff evaluates privilege-specific competence of practitioners twice each year.

**Outlier.** A circumstance beyond the control of the practitioner that leads to a variance from an established benchmark/threshold.

**Peer.** An individual from the same discipline (e.g., physician to physician, dentist to dentist).

**PHI.** Protected Health Information.

**Physician**: A doctor of medicine or osteopathy legally authorized to practice medicine and surgery in the State of Texas who is an admitting, attending, consulting, or covering physician (MD/DO, oral surgeon)

**PI** – Performance Improvement.

**Podiatrist.** A doctor of podiatric medicine whose privileges relate to functions which he is legally authorized to perform by the State of Texas or which are offered at Hendrick Medical Center.

**PR.** Performance Review.

**Practitioner.** A member of the Medical Staff or APP Staff, credentialed and privileged through the Medical Staff process.

**Practitioner-Directed APP or AHP**means all authorized APP and AHP categories other than psychologists, orthotists and prothetists approved by the Governing Body or Board of Trustees.

**President.** The individual designated by the Board of Trustees to manage the performance of Hendrick Medical Center.

**Proctor.** A practitioner assigned to assess and report on the competence of another practitioner.

**Professional review action**. An action or recommendation of a professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual Practitioner (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges, or membership in a professional society, of the practitioner. Such term includes a formal decision of a professional review body not to take an action or make a recommendation described in the previous sentence and also includes professional review activities relating to a professional review action. An action is not considered to be based on the competence or professional conduct of a practitioner if the action is primarily based on:

1. the association, or lack of association, with a professional society or association;
2. the fees or advertising or engaging in other competitive acts intended to solicit or retain business;
3. the participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
4. an association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care Practitioner or professional; or,
5. any other matter that does not relate to the competence or professional conduct.

**Professional review activity**. Activities undertaken in determining whether a Practitioner may be appointed and/or be granted clinical privileges in this Hospital, determining the scope or conditions of such clinical privileges or membership, or changing or modifying such clinical privileges or membership.

**Professional review body**. This Hospital and the Board of Trustees or any committee of the Hospital and or Medical Staff, which conducts professional review activities.

**Quorum**

(i) MEC, Credentials Committee, PI Committee, and PR Committee meetings – fifty percent (50%) of the voting members;

(ii) Other Committee meetings – three (3) voting members of the committee;

(iii) Department meetings – five (5) Active Staff members of the department;

(iv) General Medical Staff meetings – majority of those Active Staff members present and voting.

**Re-Entry Applicants**. Those applicants who have not practiced at a Joint Commission, DMV-GL, or CMS accredited facility for at least two (2) of the five years immediately prior to application and have a gap in practice of twelve (12) or more months in the five years prior to application for appointment.

**Registered Active Candidate.** Practitioner who is registered and in the current process for obtaining board certification.

**Resident.** A Medical Staff member who is in an approved ACGME or AOA residency program elsewhere and who moonlights in the Hospital.

**Rules and Regulations.** The Rules and Regulations of the Medical Staff Bylaws of Hendrick Medical Center.

**Sponsor.** Sponsoring Medical Staff Member is a member of the Active Medical Staff who employs, or contracts with, an APP or AHP, providing direction and supervision, and is fully responsible and liable for all actions or omissions of the APP or AHP. The sponsor may delegate the performance of medical acts, supervises and/or directs an APP or AHP by virtue of law, Hospital policy, and/or terms of the APP/AHP’s appointment to practice in the Hospital. A Sponsoring Medical Staff Member shall not supervise/delegate any procedure or patient care service that the Sponsoring Medical Staff Member is not duly authorized by the Hospital to perform. An APP/AHP may receive delegation from more than one Sponsoring Medical Staff Member.

**Summary List.** A listing of clinically significant health status events and factors, resolved and unresolved, in a patient’s life.

**Summary Suspension.** The action taken by the Chief of Staff and the President to summarily suspend all or any portion of the clinical privileges of a Member whenever such action must be taken immediately in the best interest of patient care in the Hospital, under urgent conditions.

**Suspended Member.** A Member whose clinical privileges have been suspended, in whole or in part.

**Telemedicine.** The practice of medical care, initiated by a distant site provider, who is physically located at a site other than the site where the patient is located, for the purposes of evaluation, diagnosis, consultation, or treatment which requires the use of advanced telecommunications technology.

**Texas Department of Insurance (TDI).** The agency that initially developed and currently maintains the Texas Standardized Credentialing Application for the State of Texas.

**Texas Standardized Credentialing Application (TSCA or Application).** The application required by the State of Texas for credentialing of physicians by hospitals, HMOs and PPOs and which may also be used for the credentialing of other health care professionals.

**Unreferred Emergency Department Call Coverage.** Emergency call coverage for the Hospital as a whole. It is not limited to the Emergency Department, but also includes such obligations as imposed by law including The Emergent Medical Treatment and Active Labor Act and any successor provisions.

**Variance.** Those criteria that may trigger additional review by a medical peer review committee if established benchmarks are not met.

**Vice President of the Medical Staff.** A Physician liaison between medical staff and Hospital administration.

**Volunteer Health Practitioners (VHPs).** Volunteers granted privileges or assigned responsibilities in response to a disaster when the Hospital is unable to meet immediate patient needs: (i) licensed independent practitioners; (ii) practitioners who are not licensed independent practitioners but who are required by law and regulation to have a license, certification or registration.

**Year.** Twelve (12) consecutive calendar months.