

No. 23-0473

**In the  
Supreme Court of Texas**

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IN RE DAVID EDWARD SAUCEDO, II AND MARIANA TERRAZAS SAUCEDO,  
INDIVIDUALLY AND ON BEHALF OF I.S., A MINOR CHILD,  
Relators.

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On Petition for Writ of Mandamus from the  
243d Judicial District Court, El Paso County, Texas  
The Honorable Selena Solis, presiding  
Trial Court Cause No. 2020-DCV-2549

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## TABLE OF CONTENTS

Identity of Parties & Counsel.....	i
Index of Authorities .....	viii
Statement of the Case.....	xvi
Statement of Jurisdiction .....	xvi
Issue Presented .....	xvii
Introduction.....	1
Statement of Facts.....	2
Summary of the Argument .....	10
Standard of Review .....	11
Argument.....	13
I.    The Trial Court Clearly Abused Its Discretion.....	13
A.    Privileges Are Disfavored and Narrowly Construed.....	13
1.    The history and context of the Texas peer review privilege .....	14
2.    The medical peer review committee privilege has been strictly construed .....	17
3.    The statute further narrows the privilege for hospitals owned or operated by a governmental entity or a county or municipal hospital district.....	18
B.    Real Parties in Interest Failed to Meet Their Burden to Establish Privilege.....	23

C.	Affidavits Prepared for Litigation Are Neither Records, Proceedings, Nor Communications to a Peer Review Committee.....	27
D.	The Statements in the Affidavit Are Not Protected by Privilege.....	30
1.	The statements were not made “to” the committee .....	31
2.	The statements did not relate to a peer review action .....	37
3.	Dr. Canales’s qualifications or lack thereof are publicly available .....	39
4.	EPCH’s economic pressures are public knowledge .....	41
5.	Meetings between Mayes and others are not privileged.....	42
6.	Attempts to get Mayes to sign a waiver form are not privileged.....	43
7.	Mayes’s and others’ decisions regarding Dr. Canales’s credentialing are not privileged .....	44
8.	Accommodations given to Dr. Canales after he was credentialed are not privileged.....	45
9.	Mayes’s and Peterson’s opinions are not privileged.....	46
II.	There Is No Adequate Remedy on Appeal .....	48
	Prayer .....	51
	Certification.....	52
	Certificate of Compliance.....	53

Certificate of Service .....53

Appendix



## INDEX OF AUTHORITIES

### Cases

<i>Arlington Mem'l Hosp. Found., Inc. v. Barton</i> , 952 S.W.2d 927 (Tex. App. – Fort Worth 1997, orig. proceeding) .....	23, 24
<i>Barnes v. Whittington</i> , 751 S.W.2d 493 (Tex. 1988) (orig. proceeding) .....	26, 28, 29
<i>Brownwood Reg'l Hosp. v. Eleventh Ct. of App.</i> , 927 S.W.2d 24 (Tex. 1996) (orig. proceeding) (per curiam) .....	12, 18, 40
<i>Gilbert v. El Paso Cnty. Hosp. Dist.</i> , 38 S.W.3d 85 (Tex. 2001) .....	21
<i>Harris Cnty. Hosp. Dist. v. Tomball Reg'l Hosp.</i> , 283 S.W.3d 838 (Tex. 2009) .....	21
<i>In re Christus Santa Rosa Health Sys.</i> , 492 S.W.3d 276 (Tex. 2016) (orig. proceeding) .....	<i>passim</i>
<i>In re Colonial Pipeline Co.</i> , 968 S.W.2d 938 (Tex. 1998) (orig. proceeding) .....	12, 48
<i>In re E.I. DuPont de Nemours &amp; Co.</i> , 136 S.W.3d 218 (Tex. 2004) (orig. proceeding) .....	26-27
<i>In re Living Ctrs. of Tex.</i> , 175 S.W.3d 253 (Tex. 2005) (orig. proceeding) .....	17, 28, 30
<i>In re Masonite Corp.</i> , 997 S.W.2d 194 (Tex. 1999) (orig. proceeding) .....	51
<i>In re Mem'l Hermann Hosp. Sys.</i> , 464 S.W.3d 686 (Tex. 2015) (orig. proceeding) .....	<i>passim</i>

<i>In re Prudential Ins. Co. of Am.</i> , 148 S.W.3d 124 (Tex. 2004) (orig. proceeding) .....	48, 51
<i>In re Saucedo</i> , No. 08-22-00089-CV, 2023 WL 3059168, ___ S.W.3d ___ (Tex. App. – El Paso Apr. 24, 2023, orig. proceeding).....	xvi
<i>In re Univ. of Tex. Health Ctr. at Tyler</i> , 33 S.W.3d 822 (Tex. 2000) (orig. proceeding) (per curiam) .....	18, 30
<i>Irving Healthcare Sys. v. Brooks</i> , 927 S.W.2d 12 (Tex. 1996) (orig. proceeding) .....	16
<i>Jaffee v. Redmond</i> , 518 U.S. 1 (1996).....	14
<i>Jampole v. Touchy</i> , 673 S.W.2d 569 (Tex. 1984) (orig. proceeding) .....	50
<i>Jordan v. Ct. App. for the Fourth Sup. Jud. Dist.</i> , 701 S.W.2d 644 (Tex. 1985) (orig. proceeding) .....	13, 23, 28, 30
<i>Martinez v. Abbott Lab’ys &amp; Abbott Lab’ys, Inc.</i> , 146 S.W.3d 260 (Tex. App. – Fort Worth 2004, pet. denied).....	23
<i>Mem’l Hosp.-The Woodlands v. McCown</i> , 927 S.W.2d 1 (Tex. 1996) .....	<i>passim</i>
<i>Romero v. KPH Consol., Inc.</i> , 166 S.W.3d 212 (Tex. 2005) .....	17
<i>Trammel v. United States</i> , 445 U.S. 40 (1980).....	13
<i>United States v. Nixon</i> , 418 U.S. 683 (1974).....	14

*Walker v. Packer*,  
 827 S.W.2d 833 (Tex. 1992) (orig. proceeding) .....*passim*

**Texas & Federal Statutes, Rules, & Constitutional Provisions**

42 U.S.C. § 11101 ..... 14

42 U.S.C. § 11101(2) ..... 15

42 U.S.C. § 11101(5) ..... 15

42 U.S.C. § 11133(a)(1)..... 15

Acts 1987, 70th Leg., R.S., ch. 596, § 18, 1987 Tex. Gen. Laws 2333..... 14

Acts 1999, 76th Leg., ch. 388, § 6(a) ..... 15

TEX. CIV. PRAC. & REM. CODE § 74.351 .....3

TEX. CIV. PRAC. & REM. CODE § 101.001(3)(D) ..... 21

TEX. CONST. art. V, § 3(a)..... xvi

TEX. CONST. art. IX ..... 19, 20, 21

TEX. CONST. art. IX, § 4 ..... 19, 21

TEX. CONST. art. IX, § 5 ..... 19

TEX. CONST. art. IX, § 8 ..... 19

TEX. CONST. art. IX, § 9 ..... 19

TEX. CONST. art. IX, § 9B..... 19

TEX. CONST. art. IX, § 11 ..... 19

TEX. GOV'T CODE § 22.002(a)..... xvi

TEX. GOV'T CODE § 311.011(a).....	30
TEX. HEALTH & SAFETY CODE § 85.204 .....	18
TEX. HEALTH & SAFETY CODE § 161.032 .....	17, 28
TEX. HEALTH & SAFETY CODE ch. 262 .....	19, 20
TEX. HEALTH & SAFETY CODE ch. 264 .....	19, 20, 21
TEX. HEALTH & SAFETY CODE § 281.002 .....	21
TEX. HEALTH & SAFETY CODE § 285.071 .....	21
TEX. HEALTH & SAFETY CODE § 285.072 .....	21
TEX. HEALTH & SAFETY CODE § 311.031 .....	41
TEX. HEALTH & SAFETY CODE § 311.032 .....	41
TEX. HEALTH & SAFETY CODE § 311.033 .....	41
TEX. HEALTH & SAFETY CODE § 311.035 .....	41
TEX. HEALTH & SAFETY CODE § 311.036 .....	41
TEX. OCC. CODE § 151.002(a)(8) .....	18-19, 35
TEX. OCC. CODE § 151.002(a)(8)(B) .....	<i>passim</i>
TEX. OCC. CODE ch. 160.....	17
TEX. OCC. CODE § 160.007 .....	15
TEX. OCC. CODE § 160.007(a) .....	<i>passim</i>
TEX. R. APP. P. 9.4(i)(1).....	53

TEX. R. CIV. P. 76a(8) .....	9
TEX. R. CIV. P. 166b(4) .....	26
TEX. REV. CIV. STAT. ANN. art. 4495b, § 5.06 (Vernon Supp. 1996) .....	14-15

**Other State Statutes**

ALA. CODE § 6-5-333(d) (West 2023) .....	15
ALASKA STAT. ANN. § 18.23.030(a) (West 2023) .....	15
ARIZ. REV. STAT. ANN. § 36-445.01(A) (West 2023) .....	15
ARK. CODE ANN. § 20-9-503 (West 2023) .....	15
CAL. EVID. CODE § 1157 (West 2023) .....	15
COLO. REV. STAT. ANN. § 25-3-109 (West 2023) .....	15
CONN. GEN. STAT. ANN. § 19a-17b(d) (West 2023) .....	15
DEL. CODE ANN. § 1768 (West 2023) .....	15
D.C. CODE ANN. § 44-805 (West 2023) .....	15
FLA. STAT. ANN. § 395.0193(8) (West 2023) .....	15
GA. CODE ANN. § 31-7-133 (West 2023) .....	15
HAW. REV. STAT. ANN. § 624-25.5 (West 2023) .....	15
IDAHO CODE ANN. § 39-1392b (West 2023) .....	15
ILL. COMP. STAT. ANN. § 5/8-2101 (West 2023) .....	15
IND. CODE ANN. § 34-30-15-1 (West 2023) .....	15

IOWA CODE ANN. § 147.135 (West 2023) .....	15
KAN. STAT. ANN. § 65-4915(b) (West 2023) .....	16
KY. REV. STAT. ANN. § 311.377(2) (West 2023).....	16
LA. STAT. ANN. § 13:3715.3 (2023) .....	16
ME. REV. STAT. ANN. tit. 32, § 2599 (2023).....	16
MD. CODE ANN., HEALTH OCC. § 1-401(d) (West 2023).....	16
MASS. GEN. LAWS ANN. ch. 111, § 204 (West 2023).....	16
MICH. COMP. LAWS ANN. § 331.531 (West 2023) .....	16
MICH. COMP. LAWS ANN. § 331.32 (West 2023) .....	16
MICH. COMP. LAWS ANN. § 331. 533 (West 2023) .....	16
MICH. COMP. LAWS ANN. § 333.20175(13) (West 2023) .....	16
MINN. STAT. ANN. § 145.64 (West 2023) .....	16
MISS. CODE ANN. § 41-63-9 (West 2023) .....	16
MO. ANN. STAT. § 537.035 (West 2023).....	16
MONT. CODE ANN. § 37-2-201 (West 2023) .....	16
NEB. REV. STAT. ANN. § 38-1,127 (West 2023).....	16
NEV. REV. STAT. ANN. § 49.265 (West 2023).....	16
N.H. REV. STAT. ANN. § 151:13-a (West 2023) .....	16
N.J. STAT. ANN. 26:2H-12.25 (West 2023).....	16

N.M. STAT. ANN. § 41-9-5 (West 2023) .....	16
N.Y. PUB. HEALTH LAW § 2805-m (McKinney 2023).....	16
N.C. GEN. STAT. ANN. § 131E-95 (West 2023).....	16
N.D. CENT. CODE ANN. § 23-34-03 (West 2023).....	16
OHIO REV. CODE ANN. § 2305.252 (West 2023).....	16
OKLA. STAT. ANN. tit. 63, § 1-1709 (West 2023) .....	16
OR. REV. STAT. ANN. § 41.675 (West 2023) .....	16
63 PA. STAT. AND CONS. STAT. ANN. § 425.4 (West 2023) .....	16
5 R.I. GEN. LAWS ANN. § 5-37.3-7 (West 2023).....	16
23 R.I. GEN. LAWS ANN. § 23-17-25 (West 2023).....	16
S.C. CODE ANN. § 40-71-20 (2023) .....	16
S.D. CODIFIED LAWS § 36-4-26.1 (2023) .....	16
TENN. CODE ANN. § 63-10-405 (West 2023).....	16
UTAH CODE ANN. § 78B-3-454 (West 2023).....	16
UTAH R. CIV. P. 26(B)(2)(A).....	16
VT. STAT. ANN. tit. 26, § 1443 (West 2023) .....	16
VA. CODE ANN. § 8.01-581.17 (West 2023) .....	16
WASH. REV. CODE ANN. § 4.24.250 (West 2023) .....	16
WASH. REV. CODE ANN. § 70.41.200(3) (West 2023).....	16

W. VA. CODE ANN. § 30-3C-3 (West 2023) .....16

WIS. STAT. ANN. § 146.38 (West 2023) .....16

WYO. STAT. ANN. § 33-26-408 (West 2023).....16

WYO. STAT. ANN. § 35-17-105 (West 2023).....16

**Other**

BLACK’S LAW DICTIONARY (11th ed. 2019).....35



## STATEMENT OF THE CASE

- Nature of the Case:* This is a medical negligence case.
- Respondent:* The Honorable Selena Solis, 243d Judicial District Court, El Paso County, Texas
- Disposition:* The court granted in part and denied in part Real Party in Interest/Defendants' motion to strike affidavits, expert opinions, and testimony based on the medical peer review committee privilege under TEX. OCC. CODE § 160.007(a). App. A, D.
- Parties in the Court of Appeals:* The parties in the court of appeals are the same as those listed in the Identity of Parties & Counsel above.
- Court of Appeals:* Eighth Court of Appeals, El Paso  
Rodriguez, C.J., Palafox, and Soto, JJ.
- Author:* Palafox, J.
- Opinion:* *In re Saucedo*, No. 08-22-00089-CV, 2023 WL 3059168, \_\_\_ S.W.3d \_\_\_ (Tex. App. – El Paso Apr. 24, 2023, orig. proceeding).
- Disposition:* The court of appeals conditionally granted mandamus relief in part to the extent the order includes overly broad language, but otherwise denied relief.

## STATEMENT OF JURISDICTION

This Court has jurisdiction under article 5, section 3(a) of the Texas Constitution and Texas Government Code § 22.002(a) to issue a writ of mandamus against a district judge.

## ISSUE PRESENTED

Did the trial court clearly abuse its discretion and leave Relators without an adequate remedy on appeal by holding that affidavits and declarations prepared for litigation and statements contained therein are protected by the medical peer review committee privilege in TEX. OCC.

CODE § 160.007(a)?

## INTRODUCTION

As Real Parties in Interest admit, this is a “case of first impression.” Resp. 23. Does the medical peer review committee privilege in Texas narrowly apply to “proceedings” and “records” of, or “communications made to,” a medical peer review committee, as this Court has previously held, or is it expansive enough to apply to statements contained in affidavits filed with a court that were not generated by the peer review committee? If it applies to statements made in affidavits, does it shield a hospital from public scrutiny regarding a doctor’s lack of required board certification, economic pressures cited by the hospital to justify lowering its standards, attempts to circumvent the normal peer review committee process, and expert opinions that the hospital violated its bylaws and industry standards of care? Does the statute narrow the privilege for governmentally owned or operated hospitals and county hospital districts such as El Paso Children’s Hospital by protecting records, proceedings, and communications only to the extent they relate to the governing body’s evaluation of a physician or the quality of health care services provided by the hospital and involve discussions or records that identify the patient or physician?

Whether the peer review privilege is truly narrow, or broad enough to shield a hospital from negative public scrutiny is a question important to the jurisprudence of the State. The trial court clearly abused its discretion by holding the privilege applies to statements in affidavits that plainly do not constitute “records” and “proceedings” of, or “communications made to,” a medical peer review committee. Its expansive interpretation of the privilege is contrary to the purpose and intent of the statute: to protect the public from preventable tragedies like the death of the Saucedos’ young child at the hands of unqualified and incompetent doctors. The Court should grant the petition and hold that the privilege, properly construed, does not apply to the affidavits and statements at issue in this case.

#### **STATEMENT OF FACTS**

The lawsuit is about the Saucedo family’s tragic loss of their 3-year-old daughter I.S. due to the negligence of El Paso Children’s Hospital (“EPCH”), EPCH’s hospital staff, Dr. Roberto Canales, and Dr. Rodolfo Fierro-Stevens. R12-16. Given EPCH’s unlawful practice that only Canales could treat his own patients, the Saucedos waited in I.S.’s hospital room with her for over 12 hours and watched her die, while their pleas for any doctor or EPCH hospital staff to treat their child remained ignored. R13-14.

Only after I.S. turned blue and began to foam from the mouth did EPCH's emergency trauma team intervene and sedate her in a comatose state. R14. Once Canales finally arrived on the scene the next day, he and Fierro-Stevens misdiagnosed I.S., resulting in her death. R14.

The Saucedos filed suit against EPCH, Canales, and Fierro-Stevens seeking damages for negligence, gross negligence, willful and wanton conduct, and pleading theories of agency and respondeat superior. R12, 34-37. Attached to their petition were sworn declarations and expert reports by Dr. Bradley Peterson regarding each physician defendant, as required by TEX. CIV. PRAC. & REM. CODE § 74.351. R40-99; App. G, H. Also attached was the affidavit of a whistleblower, Dr. Thomas C. Mayes, a board-certified pediatric intensive care specialist who worked at EPCH from 2017-2018 and served as chair of the Department of Pediatrics. R100-11; App. E. In his role as chair of the Department of Pediatrics, Mayes also served as a member of EPCH's Credentials Committee. R280-81. One of his tasks as chair was to ensure physicians were appropriately trained, certified, qualified, and experienced in professionally accepted standards of care. R102. EPCH's bylaws required that doctors working as pediatric intensive care specialists must be board certified. R102, 361, 379; App. I, Ex.

1 § 8.1, Ex. 2 § 2.1.2(c). This has been the national standard for children's hospitals for over twenty years. R102.

Mayes knew of Canales and had reviewed his medical records before he applied for privileges at EPCH. R102. Mayes had been "startled to see the poor quality of his medical records." R102. Mayes also knew that Canales was not trained nor certified in pediatric critical care medicine, which was "highly irregular" in the El Paso community. R103. Mayes viewed Canales's lack of formal training and board certification in pediatric critical care medicine to pose a significant risk of injury to EPCH patients. R103. He viewed Canales as "significantly underqualified" to practice as a pediatric intensive care specialist. R105.

Hospital administration officials "ambushed" Mayes and repeatedly requested that he allow an exception for Canales. R104. Hospital administrator Melissa Padilla, who reported to EPCH CEO Cindy Stout, requested an after-hours, informal meeting with Mayes and Dr. David Yates, the chair of EPCH's Credentials Committee, and requested Mayes to sign a waiver form to allow an exception for Canales. R104, 284-85. Mayes stated that this was not a formal committee meeting, no Medical Staff Office personnel were present, and no minutes were taken. R285. Mayes

stated that the waiver form was not provided to Mayes “as a part of the Committee’s proceedings, communications, and documentation.” R285. Mayes viewed this as an attempt to “bypass the formal Committee process and coerce and influence [him] informally to sign off on a waiver outside of the formal Committee process.” R285.

Stout attempted to “brow beat” Mayes into signing the waiver, explaining EPCH needed Canales to work as an intensive care specialist because of his ability to bring in patient business and revenue to the hospital, which was struggling financially. R105; *see* App. E ¶ 17 (for full text).

Another impromptu meeting was held at 7:00 a.m. in a staff breakroom, including some members and non-members of the Credentials and/or Medical Executive Committees, again without the presence of Medical Staff Office personnel to take minutes and within earshot of hospital and medical staff. R286; App. F. Mayes was asked again to sign the waiver because Canales “was a great guy,” and “the hospital needed his business.” R286. Mayes refused. R286.

Nevertheless, the EPCH board of directors made an exception to the bylaws’ board certification requirement and granted Canales privileges to

practice as a pediatric intensive care specialist. R106. Every other doctor at EPCH was board certified. R108.

After Canales was granted privileges, Mayes described how EPCH accommodated Canales in other ways, including by allowing him to claim “ownership” of patients admitted to other practitioners and prohibiting other physicians from helping those patients, which was contrary to industry-accepted practice and unlawful. R14, 108-09. EPCH also allowed Canales to be present to participate in his own peer review, contrary to industry-standard practice, allowing him to “grade the quality of his own work without any accountability from his peers.” R107. Canales was also the only doctor at EPCH who was allowed to give telephone orders and was not required to sign his own medical charts. R109-10.

Mayes explained that these accommodations were made “for the sole purpose of appeasing Dr. Canales’ demands so Dr. Canales would continue to generate significant patient volume and revenue to ECPH.” R110. EPCH ignored and threatened doctors who raised concerns about Canales’s practice and work product. R110.

The strategy worked. EPCH lost money annually until Canales began practicing at EPCH. R110. “Stout stated this was an important reason for



accommodating Dr. Canales.” R110. Mayes stated his opinion that ECPH repeatedly violated its bylaws and industry-accepted standards of care when it allowed, accommodated, and promoted Canales, an untrained, uncertified physician, to provide direct pediatric intensive care to patients without any oversight, peer review, or quality control. R110. Mayes also stated his opinion that the accommodations given Canales threatened the lives of patients admitted to ECPH. R110.

Canales moved to strike the affidavits, opinions, and testimony of Mayes and Peterson, R118, the latter of which referenced and incorporated Mayes’s affidavit, R51-52, 65-66; App. G, H. Fierro-Stevens and EPCH moved to join and adopt the motion. R158, 193. Neither Canales’s motion nor the joinders attached affidavits to establish the existence of a privilege under TEX. OCC. CODE § 160.007(a).

The Saucedos filed a response to the motions, R199, which included an unsworn declaration by Mayes stating that his prior affidavit did not include any of the committee’s privileged communications, or any privileged information or communication the committee considered in reaching its decision, but “was prepared in anticipation of litigation and was not prepared for consideration by the Committee nor did it contain

any confidential information obtained by the Committee,” R280, 282-83; App. F ¶ 7. Mayes also stated that Canales’s certification and licenses are matters of public record. R284; App. F ¶ 12.

Defendants filed a reply, belatedly providing an affidavit of Melissa Rodriguez (née Padilla), attaching EPCH’s bylaws and EPCH’s Medical Staff bylaws. R299, 339, 346-368, 370-448; App. I, Ex. 1, 2. Rodriguez’s affidavit described the hospital’s bylaws and processes, but did not discuss any of the statements in the Mayes and Peterson affidavits or explain how they were privileged. *See* App. I.

After multiple hearings on the motion at which no evidence or testimony was taken, *see generally* 2R, and based solely on attorney argument and the affidavits submitted previously, the court granted in part and denied in part the motion to strike, R644; App. A. The court ordered and declared that numerous paragraphs of Dr. Mayes’s affidavit and unsworn declaration contained privileged and confidential information. R645; App. E, F.<sup>1</sup> The court also ordered and declared that portions of Peterson’s declarations referencing the Mayes affidavit, and in some cases

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<sup>1</sup> For ease of reference, the portions of the Mayes and Peterson filings held to be privileged are highlighted in the unredacted appendix filed with the petition.

incorporating it, were also privileged and confidential. R645; App. G, H. The court ordered that “Plaintiffs will not be permitted to mention or use any of this information from Dr. Mayes or Dr. Peterson in the above-listed paragraphs in any future petitions or any other future pleadings, motions, or other filings.” R646.

The court signed a separate order on Defendant’s special exceptions, requiring the parties to amend their filings to redact information from Mayes and Peterson. R658-64.

The Saucedos filed a notice of appeal under TEX. R. CIV. P. 76a(8) and a petition for writ of mandamus in the court of appeals. R667; R1013. The court of appeals consolidated the cases and issued two opinions. App. B; R1013, 1046.

The court of appeals dismissed the appeal in part based on lack of jurisdiction over the court’s interlocutory ruling on special exceptions, and affirmed on the merits regarding the trial court’s decision that the challenged exhibits are not court records subject to the requirements of Rule 76a. R1055-57.<sup>2</sup>

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<sup>2</sup> Given these jurisdictional issues, the Saucedos reserve their right to further appeal the trial court’s ruling on special exceptions.

The court of appeals conditionally granted mandamus relief in part to the extent the order includes overly broad language preventing discovery regarding the information and holding it inadmissible, but otherwise denied relief. App. B at 3, 30-31.

#### **SUMMARY OF THE ARGUMENT**

Privileges are strictly construed for a reason: they contravene the fundamental right for every litigant to present his or her evidence. The Texas medical peer review committee privilege likewise has been strictly construed since its inception in 1987 to apply to proceedings and records of a medical peer review committee and communications made to the committee.

The trial court clearly abused its discretion by holding that the privilege applies to affidavits prepared for litigation that are neither proceedings or records of, nor communications to, the committee. The court did so despite Real Parties in Interest's failure to establish a prima facie case of privilege. The court should have gone no further.

Instead, the court struck as privileged multiple statements in the affidavits, going far beyond the plain language of the statute. None of the statements were committee proceedings or records, or communications to

the committee. Moreover, the statute narrows the privilege *even further* for county, municipal, and other governmentally owned or operated hospital districts such as EPCH by specifying that the privilege applies to the records of, proceedings of, and communications to a medical peer review committee only if they relate to the governing body's evaluation of a physician or the quality of health care services provided by the hospital and involve discussions or records that identify the patient or physician. None of the statements struck as privileged qualify. Statements regarding publicly available information regarding the training and qualifications of a physician, the economic pressures on the hospital, attempts to circumvent the formal committee processes, professional opinions, and accommodations given to a physician, to name a few, are not privileged.

There is no adequate remedy on appeal because the Saucedos cannot adequately develop their case and conduct discovery while hamstrung by the trial court's overly broad interpretation of the privilege.

#### **STANDARD OF REVIEW**

A trial court abuses its discretion when it makes a decision so arbitrary and unreasonable as to amount to a clear and prejudicial error of law. *Walker v. Packer*, 827 S.W.2d 833, 839 (Tex. 1992) (orig. proceeding). A

trial court's failure to analyze or apply the law correctly constitutes an abuse of discretion. *Id.* at 839-40. Because the nature and extent of the medical peer review privilege is a question of law, a clear failure by the trial court to apply the privilege correctly will constitute an abuse of discretion. *Brownwood Reg'l Hosp. v. Eleventh Ct. of App.*, 927 S.W.2d 24, 27 (Tex. 1996) (orig. proceeding) (per curiam); *Walker*, 827 S.W.2d at 840.

An appeal will not be an adequate remedy when "the party's ability to present a viable claim or defense is compromised or vitiated by the erroneous discovery ruling to the extent that it is effectively denied the ability to develop the merits of its case[,] . . . thereby denying the reviewing court the ability to evaluate the effect of the trial court's error." *In re Colonial Pipeline Co.*, 968 S.W.2d 938, 941 (Tex. 1998) (orig. proceeding) (citing *Walker*, 827 S.W.2d at 843-44).

## ARGUMENT

### I. THE TRIAL COURT CLEARLY ABUSED ITS DISCRETION.

Until this case, the medical peer review privilege has been narrowly construed in accordance with the plain language of § 160.007(a) of the Texas Occupations Code to apply solely to “proceedings” or “records” of, or “communications made to,” a medical peer review committee. The trial court clearly abused its discretion by striking as privileged multiple statements contained in affidavits that do not meet this statutory criteria. The Court should grant the petition to clarify that the medical peer review privilege should be narrowly construed in accordance with the terms of the statute, and that it should not be used to shield hospitals from public scrutiny.

#### A. Privileges Are Disfavored and Narrowly Construed.

It has long been recognized that “[p]rivileges are not favored in the law and are strictly construed.” *Jordan v. Ct. App. for the Fourth Sup. Jud. Dist.*, 701 S.W.2d 644, 647 (Tex. 1985) (orig. proceeding) (addressing medical committee privilege). “Privileges contravene ‘the fundamental principle that ‘the public . . . has a right to every man’s evidence.’” *Id.* at 647 (quoting *Trammel v. United States*, 445 U.S. 40, 50 (1980)); *In re Christus*

*Santa Rosa Health Sys.*, 492 S.W.3d 276, 280 (Tex. 2016) (orig. proceeding) (same).

Indeed, the courts have employed a “traditional judicial preference for the truth.” *Jaffee v. Redmond*, 518 U.S. 1, 19 (1996) (Scalia, J., dissenting). Courts have “well understood that the particular value the courts are distinctively charged with preserving—justice—is severely harmed by contravention of the fundamental principle that the public has a right to every man’s evidence.” *Id.* (internal quotations and alterations omitted). As a result, privileges “are not lightly created nor expansively construed, for they are in derogation of the search for truth.” *Id.* (quoting *United States v. Nixon*, 418 U.S. 683, 710 (1974)). “Adherence to that principle has caused [courts] . . . to construe narrowly the scope of existing privileges.” *Id.* (internal citations omitted).

**1. *The history and context of the Texas peer review privilege.***

The Texas Legislature first enacted the medical peer review committee privilege in 1987, in the context of adopting Congress’s 1986 Health Care Quality Improvement Act, 42 U.S.C. §§ 11101, *et seq.* See *Mem’l Hosp.-The Woodlands v. McCown*, 927 S.W.2d 1, 5–7 (Tex. 1996); Acts 1987, 70th Leg., R.S., ch. 596, § 18, 1987 Tex. Gen. Laws 2333, *codified as* TEX. REV.



CIV. STAT. ANN. art. 4495b, § 5.06 (Vernon Supp. 1996), *repealed by Acts 1999, 76th Leg., ch. 388, § 6(a)* (current version at TEX. OCC. CODE § 160.007). “The federal Act imposes obligations upon medical peer review committees to report adverse actions taken against a physician if those actions are based on the competence or professional conduct of the physician.” *McCown*, 927 S.W.2d at 5-6 (citing 42 U.S.C. § 11133(a)(1)). “The impetus behind these requirements is set out in the federal Act: Congress concluded there was a ‘national need to restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician's previous damaging or incompetent performance,’ and that there was an ‘overriding national need to provide incentive and protection for physicians engaging in effective professional peer review.’” *Id.* at 6 (quoting 42 U.S.C. § 11101(2), (5)). All fifty states and the District of Columbia have enacted statutes providing for some degree of protection of the disclosure of peer review information.<sup>3</sup>

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<sup>3</sup> See ALA. CODE § 6-5-333(d) (West 2023); ALASKA STAT. ANN. § 18.23.030(a) (West 2023); ARIZ. REV. STAT. ANN. § 36-445.01(A) (West 2023); ARK. CODE ANN. § 20-9-503 (West 2023); CAL. EVID. CODE § 1157 (West 2023); COLO. REV. STAT. ANN. § 25-3-109 (West 2023); CONN. GEN. STAT. ANN. § 19a-17b(d) (West 2023); DEL. CODE ANN. § 1768 (West 2023); D.C. CODE ANN. § 44-805 (West 2023); FLA. STAT. ANN. § 395.0193(8) (West 2023); GA. CODE ANN. § 31-7-133 (West 2023); HAW. REV. STAT. ANN. § 624-25.5 (West 2023); IDAHO CODE ANN. § 39-1392b (West 2023); ILL. COMP. STAT. ANN. § 5/8-2101 (West 2023); IND. CODE ANN. § 34-30-15-1 (West 2023); IOWA CODE ANN. § 147.135 (West 2023);

The Court has recognized that “[t]he overarching purpose of the [medical peer review committee privilege] is to foster a free, frank exchange among medical professionals about the professional competence of their peers.” *Irving Healthcare Sys. v. Brooks*, 927 S.W.2d 12, 17 (Tex. 1996) (orig. proceeding); *Christus Santa Rosa*, 492 S.W.3d at 280–81 (quoting same). “This results in higher standards of medical care because an atmosphere of confidentiality allows for candid and uninhibited communication about the performance of physicians.” *Christus Santa Rosa*, 492 S.W.3d at 281; *McCown*, 927 S.W.2d at 3. The privilege should not, however, be used “as a shield to protect [hospitals and physicians] from

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KAN. STAT. ANN. § 65-4915(b) (West 2023); KY. REV. STAT. ANN. § 311.377(2) (West 2023); LA. STAT. ANN. § 13:3715.3 (2023); ME. REV. STAT. ANN. tit. 32, § 2599 (2023); MD. CODE ANN., HEALTH OCC. § 1-401(d) (West 2023); MASS. GEN. LAWS ANN. ch. 111, § 204 (West 2023); MICH. COMP. LAWS ANN. §§ 331.531–.533, 333.20175(13) (West 2023); MINN. STAT. ANN. § 145.64 (West 2023); MISS. CODE ANN. § 41-63-9 (West 2023); MO. ANN. STAT. § 537.035 (West 2023); MONT. CODE ANN. § 37-2-201 (West 2023); NEB. REV. STAT. ANN. § 38-1,127 (West 2023); NEV. REV. STAT. ANN. § 49.265 (West 2023); N.H. REV. STAT. ANN. § 151:13-a (West 2023); N.J. STAT. ANN. 26:2H-12.25 (West 2023); N.M. STAT. ANN. § 41-9-5 (West 2023); N.Y. PUB. HEALTH LAW § 2805-m (McKinney 2023); N.C. GEN. STAT. ANN. § 131E-95 (West 2023); N.D. CENT. CODE ANN. § 23-34-03 (West 2023); OHIO REV. CODE ANN. § 2305.252 (West 2023); OKLA. STAT. ANN. tit. 63, § 1-1709 (West 2023); OR. REV. STAT. ANN. § 41.675 (West 2023); 63 PA. STAT. AND CONS. STAT. ANN. § 425.4 (West 2023); 5 R.I. GEN. LAWS ANN. § 5-37.3-7 (West 2023); 23 R.I. GEN. LAWS ANN. § 23-17-25 (West 2023); S.C. CODE ANN. § 40-71-20 (2023); S.D. CODIFIED LAWS § 36-4-26.1 (2023); TENN. CODE ANN. § 63-10-405 (West 2023); TEX. OCC. CODE § 160.007(a) (West 2023); UTAH CODE ANN. § 78B-3-454 (West 2023); UTAH R. CIV. P. 26(B)(2)(A); VT. STAT. ANN. tit. 26, § 1443 (West 2023); VA. CODE ANN. § 8.01-581.17 (West 2023); WASH. REV. CODE ANN. §§ 4.24.250, 70.41.200(3) (West 2023); W. VA. CODE ANN. § 30-3C-3 (West 2023); WIS. STAT. ANN. § 146.38 (West 2023); WYO. STAT. ANN. §§ 33-26-408, 35-17-105 (West 2023).

injured patients rather than a vehicle for improving patient care.” *Romero v. KPH Consol., Inc.*, 166 S.W.3d 212, 232 (Tex. 2005) (O’Neill, J., concurring).

**2. *The medical peer review committee privilege has been strictly construed.***

Consistent with the general disfavoring of privileges and its legislative context and purpose, the Texas medical peer review privilege has been strictly construed in accordance with its statutory terms to apply to “proceeding[s]” and “record[s]” of a medical peer review committee and “communication[s]” to the committee:

Except as otherwise provided by this subtitle, each proceeding or record of a medical peer review committee is confidential, and any communication made to a medical peer review committee is privileged.

TEX. OCC. CODE § 160.007(a); App. D;<sup>4</sup> see *Christus Santa Rosa*, 492 S.W.3d at 280; *In re Mem’l Hermann Hosp. Sys.*, 464 S.W.3d 686, 698-99, 701 (Tex. 2015) (orig. proceeding); *In re Living Ctrs. of Tex., Inc.*, 175 S.W.3d 253, 258 (Tex. 2005) (orig. proceeding) (“Like other privileges, the medical peer review

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<sup>4</sup> Real Parties in Interest initially cited to the medical committee privilege contained in the Health and Safety Code, along with the medical peer review committee privilege in the Texas Occupations Code, but subsequently refined their focus solely on the latter. Compare R121 (citing TEX. HEALTH & SAFETY CODE § 161.032 (“The records and proceedings of a medical committee are confidential and are not subject to court subpoena.”)) with R617 (citing TEX. OCC. CODE ch. 160). The trial court’s order relied solely on TEX. OCC. CODE § 160.007(a). R644-45; App. A.

privilege will be strictly interpreted.”); *In re Univ. of Tex. Health Ctr. at Tyler*, 33 S.W.3d 822, 825 (Tex. 2000) (per curiam); *Brownwood Reg’l Hosp.*, 927 S.W.2d at 27.

3. *The statute further narrows the privilege for hospitals owned or operated by a governmental entity or a county or municipal hospital district.*

The Occupations Code defines “medical peer review committee” as follows, distinguishing between public hospitals owned or operated by governmental entities or county or municipal hospital districts and other types of hospitals:

“Medical peer review committee” or “professional review body” means a committee of a health care entity, the governing board of a health care entity, or the medical staff of a health care entity, that operates under written bylaws approved by the policy-making body or the governing board of the health care entity and is authorized to evaluate the quality of medical and health care services or the competence of physicians, including evaluation of the performance of those functions specified by Section 85.204, Health and Safety Code.<sup>5</sup> The term includes:

- (A) an employee or agent of the committee, including an assistant, investigator, intervenor, attorney, and any other person or organization that serves the committee; and
- (B) the governing body of a public hospital owned or operated by a governmental entity, the governing body of

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<sup>5</sup> Section 85.204 applies to healthcare workers infected with HIV or hepatitis B. TEX. HEALTH & SAFETY CODE § 85.204.

a hospital authority created under Chapter 262 or 264,<sup>6</sup> Health and Safety Code, and the governing body of a hospital district created under Article IX, Texas Constitution,<sup>7</sup> but only:

(i) in relation to the governing body's evaluation of the competence of a physician or the quality of medical and health care services provided by the public hospital, hospital authority, or hospital district; and

(ii) to the extent that the evaluation under Subparagraph (i) involves discussions or records that specifically or necessarily identify an individual patient or physician.

TEX. OCC. CODE § 151.002(a)(8); App. K.

The Court in *Memorial Hermann* explained that TEX. OCC. CODE § 151.002(a)(8)(B) provides an exception to the rule: "With one exception, the medical peer review committee privilege affords confidential status to the records of, proceedings of, and communications to a medical peer review committee regardless of whether the individual record, proceeding, or communication relates to a peer review action." 464 S.W.3d at 700 & n.33 (citing TEX. OCC. CODE § 151.002(a)(8)(B)). The exception to the rule,

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<sup>6</sup> Chapters 262 and 264 apply to municipal and county hospital authorities, respectively. TEX. HEALTH & SAFETY CODE ch. 262, 264.

<sup>7</sup> Article IX of the Texas Constitution authorizes the Legislature to create certain county hospital districts. TEX. CONST. art. IX, §§ 4, 5, 8, 9, 9B, 11.

contained in § 151.002(a)(8)(B), provides that with respect to a governing body of a hospital owned or operated by a governmental entity or created under Chapter 262 or 264 of the Health and Safety Code or Article IX of the Texas Constitution, the application of the privilege depends on whether the record, proceeding, or communication (i) relates to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital and (ii) only to the extent that evaluation under subparagraph (i) involves discussions or records that identify the patient or physician. TEX. OCC. CODE § 151.002(a)(8)(B); *Mem’l Hermann*, 464 S.W.3d at 700. For all other hospital entities, the privilege is effectively content-neutral. *See Mem’l Hermann*, 464 S.W.3d at 700. In other words, for non-governmental entities, any record of, proceeding of, or communication to the peer review committee is privileged regardless of its content, whereas for governmental hospital entities, those records, proceedings, and communications are privileged only if they relate to the governing body’s evaluation of a physician or the quality of health care services provided by the hospital and involve discussions or records that identify the patient or physician. TEX. OCC. CODE § 151.002(a)(8)(B). This narrowing of the privilege for hospital districts owned or operated by

governmental entities makes sense given that they are public entities subject to greater public disclosure and accountability than private hospitals.

EPCH is a branch of the El Paso County Hospital District d/b/a University Medical Center, which is EPCH's sole corporate member. R348; App. I, Ex. 1 § 3.1; R290 (EPCH contending it qualifies as a governmental unit under TEX. HEALTH & SAFETY CODE §§ 285.071-.072 and TEX. CIV. PRAC. & REM. CODE § 101.001(3)(D)). Thus, EPCH is "owned or operated by a governmental entity." TEX. OCC. CODE § 151.002(a)(8)(B). Moreover, as part of a county hospital district, EPCH is an entity created under Chapter 264 of the Health and Safety Code and Article IX of the Texas Constitution. TEX. OCC. CODE § 151.002(a)(8)(B); TEX. HEALTH & SAFETY CODE ch. 264; TEX. CONST. art. IX; *Gilbert v. El Paso Cnty. Hosp. Dist.*, 38 S.W.3d 85, 87 (Tex. 2001) (recognizing El Paso Hospital District as a hospital district created under TEX. CONST. art. IX, § 4); *Harris Cnty. Hosp. Dist. v. Tomball Reg'l Hosp.*, 283 S.W.3d 838, 844 (Tex. 2009) ("Pursuant to the authority granted by Texas Constitution Article IX, Section 4, section 281.002 of the Health and Safety Code statutorily authorizes creation of hospital districts in counties with populations over 190,000.").

As a result, in this case, application of the medical peer review committee privilege depends not only on whether the document in question is a record of, proceeding of, or communication “to” the committee, but also on whether it (i) relates to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital and (ii) only to the extent that evaluation under subparagraph (i) involves discussions or records that identify the patient or physician. TEX. OCC. CODE § 151.002(a)(8)(B); *Mem’l Hermann*, 464 S.W.3d at 700.

There is no dispute here that EPCH had a medical peer review committee, the Credentials Committee. The question is whether Mayes’s and Peterson’s affidavits, or the statements therein, constitute “proceeding[s]” or “record[s]” of a medical peer review committee or “communication[s]” to the committee. TEX. OCC. CODE § 160.007(a); App. D. If so, the Court must determine whether any proceeding, record, or communication to the committee relates to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital and involve discussions or records that identify the patient or physician.



**B. Real Parties in Interest Failed to Meet Their Burden to Establish Privilege.**

Before the Court delves further into this inquiry, the threshold question is whether Real Parties in Interest met their initial burden to establish privilege. If not, the trial court abused its discretion in proceeding any further. “The burden of proof to establish the existence of a privilege rests on the one asserting it.” *Jordan*, 701 S.W.2d at 648-49. “The party asserting the privilege must establish by testimony or affidavit a prima facie case for the privilege.” *Mem’l Hermann*, 464 S.W.3d at 698. “The party asserting the privilege has the obligation to prove, *by competent evidence*, that the privilege applies to the information sought.” *Arlington Mem’l Hosp. Found., Inc. v. Barton*, 952 S.W.2d 927, 929 (Tex. App. – Fort Worth 1997, orig. proceeding) (emphasis added). An affidavit supporting a claim of medical peer review privilege “must necessarily be descriptive enough to be persuasive.” *Id.* “[V]ague statements do not satisfy the statutory requirements for establishing the peer review privilege.” *Martinez v. Abbott Lab’ys & Abbott Lab’ys, Inc.*, 146 S.W.3d 260, 265 (Tex. App. – Fort Worth 2004, pet. denied).

Real Parties in Interest failed to include an affidavit or other competent evidence to establish the privilege with their initial motions to

strike Mayes's affidavits. R118, 158, 193; *Arlington Mem'l*, 952 S.W.2d at 929. After Relators pointed out this deficiency, R201, Real Parties in Interest belatedly attached to their reply an affidavit of Melissa Rodriguez, an Administrative Director of the hospital. R339; App. I. The Rodriguez affidavit gave a general description of EPCH and Medical Staff Bylaws and stated that Dr. Mayes was Chief of Pediatrics at EPCH and a member of the MEC. App. I ¶ 8. The Rodriguez affidavit did not discuss Mayes's affidavits, or any of the statements contained therein, other than to say that she had reviewed them. App. I ¶ 3. Her affidavit failed to address the Peterson affidavits at all. Real Parties in Interest introduced no evidence or testimony at the hearings on the motion, relying solely on the Rodriguez affidavit. *See generally* 2R.

Even considering this belated filing, the Rodriguez affidavit failed to satisfy Real Parties in Interest's burden to establish by competent evidence a prima facie case for the privilege. *See Mem'l Hermann*, 464 S.W.3d at 698; *Arlington Mem'l*, 952 S.W.2d at 929. The Rodriguez affidavit failed to discuss, much less show, how the privilege applies to any statement made in the challenged affidavits. *See* App. I.

By contrast, in *McCown*, 927 S.W.2d at 12, the court held that detailed affidavits, together with documents tendered in camera, satisfied the hospitals' burden to show privilege where they "summarize[d] and categorize[d] the documents" at issue and stated that "the documents were prepared or requested by the committees of the Hospitals authorized to evaluate the qualifications of health-care practitioners" and "that the documents were used by the committees to investigate the qualifications and competence of the applicant."

Real Parties in Interest contend that Rodriguez's affidavit was "more than sufficient" because it established that the bylaws authorize department heads and the Credentials Committee to evaluate physician privileges applications and that Mayes was a department head and committee member. PFR Resp. 35-36; App. I. Neither of those facts was controverted. Mayes's affidavits stated he was chair of the Department of Pediatrics at EPCH and served on the Credentials Committee. App. E. ¶¶ 6, 7; App. F ¶ 4. These undisputed facts do not satisfy Real Parties in Interest's burden to establish a prima facie case that Mayes's statements in his affidavits, much less those in the Peterson's, were privileged. *See Christus Santa Rosa*, 492 S.W.3d at 279-80.

Real Parties in Interest suggest it would have been improper for Rodriguez to “state the ultimate conclusion that Mayes’s statements were privileged.” PFR Resp. 36. However, “an affidavit is of no probative value if it merely presents global allegations that documents come within the asserted privilege.” *In re E.I. DuPont de Nemours & Co.*, 136 S.W.3d 218, 224 (Tex. 2004) (orig. proceeding); *see also Barnes v. Whittington*, 751 S.W.2d 493, 495 (Tex. 1988) (orig. proceeding), *disapproved of on other grounds by Walker*, 827 S.W.2d at 833 (“[N]o evidence was presented by the mere global allegations that the documents come within the privilege. Affidavits filed in accordance with Tex. R. Civ. P. 166b(4) must contain something more than a global reiteration of facts ascertainable from the face of the documents themselves.” (internal citation omitted)). Rodriguez’s affidavit did not even do that. Her affidavit does not contend that any particular statement in the Mayes affidavit is privileged, and it does not address Mayes’s second affidavit or Peterson’s affidavits at all. This fails to establish a prima facie case of privilege. Thus, the burden never shifted to Relators to prove an exception to privilege. *Christus Santa Rosa*, 492 S.W.3d at 279-80. Contrary to the Court’s admonition in *DuPont*, the trial court and

the court of appeals improperly applied a “presumption that documents are privileged.” 136 S.W.3d at 225.

Because establishing a prima facie case is an essential part of the privilege analysis that plainly was not satisfied here, the Court may grant the writ on this ground alone, without further analysis of the content of the Mayes and Peterson affidavits.

**C. Affidavits Prepared for Litigation Are Neither Records, Proceedings, Nor Communications to a Peer Review Committee.**

Even if Real Parties in Interest had established a prima facie case of privilege, affidavits prepared for litigation – and not by the medical peer review committee itself – are not protected by the medical peer review committee privilege because they are not “record[s],” “proceeding[s],” or “communication[s]” to a committee. TEX. OCC. CODE § 160.007(a). This is the plain reading of the statute employed by the Court in *Memorial Hermann*, which recognized that “[a]ny affidavits prepared for and submitted to the trial court are neither records nor proceedings of the [peer review] committees at issue nor communications to that committee,” and “[t]hey therefore receive no protection under either the medical peer

review committee privilege or the medical committee privilege.” *Mem’l Hermann*, 464 S.W.3d at 714.

In considering the prior version of the medical committee privilege, which similarly applies to “records and proceedings” of hospital committees, the Court in *Jordan* construed the terms to mean “those documents generated by the committee in order to conduct open and thorough review.” 701 S.W.2d at 647-48; TEX. HEALTH & SAFETY CODE § 161.032. “In general, this privilege extends to documents that have been prepared by or at the direction of the committee for committee purposes.” *Jordan*, 701 S.W.2d at 648. The Court added that “[d]ocuments . . . which have been created without committee impetus and purpose are not protected.” *Id.*

Since *Jordan*, the Court has continued to recognize that documents created without committee impetus and purpose are not protected by the privilege. See *Mem’l Hermann*, 464 S.W.3d at 714 ; *Living Ctrs.*, 175 S.W.3d at 260; *McCown*, 927 S.W.2d at 10; *Barnes*, 751 S.W.2d at 496 (“The limited purpose of protecting uninhibited discussion leads us to conclude that the privilege extends only to information generated by the hospital committee in its investigation or review process.”); *Barnes*, 751 S.W.2d 493 at 497

(Phillips, C.J., concurring) (“I would hold that if the function and purpose of a committee is to improve patient care and treatment through self-evaluation and critical review, documents prepared by or at the direction of the committee for committee purposes are privileged.”).

The trial court eliminated this Court’s distinction between “products of the peer review process” and non-products of that process and, for the first time, expanded the peer review privilege to cover affidavits created without committee impetus. *See Barnes*, 751 S.W.2d at 495-96; *Mem’l Hermann*, 464 S.W.3d at 714.

The trial court clearly abused its discretion by ignoring the plain language of the statute and significantly expanding the privilege. “A trial court has no ‘discretion’ in determining what the law is or applying the law to the facts.” *Walker*, 827 S.W.2d at 840. “Thus, a clear failure by the trial court to analyze or apply the law correctly will constitute an abuse of discretion, and may result in appellate reversal by extraordinary writ.” *Id.* The Court should grant the petition and hold that the peer-review privilege is limited to the plain language of the statute and does not apply to the affidavits at issue in this case.

**D. The Statements in the Affidavit Are Not Protected by Privilege.**

Even if the Court were to hold that the peer-review privilege may apply to affidavits created without committee impetus, the trial court and court of appeals applied an overly broad interpretation of the privilege that expands the privilege well beyond the statutory language of § 160.007(a).

On their face, the statements made in Mayes's and Peterson's affidavits are not proceedings or records of the committee because they were not generated by the committee. *See Jordan*, 701 S.W.2d at 647-48. Thus, the analysis turns to whether the statements were, in fact, "communications made to" a peer review committee. TEX. OCC. CODE § 160.007(a) (emphasis added); App. D.

The Court has previously read this language in accordance with its ordinary meaning. *See Mem'l Hermann*, 464 S.W.3d at 698-99; *Univ. of Tex. Health Ctr.*, 33 S.W.3d at 825. "Words and phrases shall be read in context and construed according to the rules of grammar and common usage." TEX. GOV'T CODE § 311.011(a). Thus, "communications made to" means exactly that and nothing more, consistent with the strict construction of the privilege. *See supra* Part I.A, C; *Living Ctrs.*, 175 S.W.3d at 258. It does not



apply to communications “from,” “about,” or “regarding” a medical peer review committee.

*1. The statements were not made “to” the committee.*

None of the statements in the Mayes and Peterson affidavits qualify as privileged because they were not made “to” the peer review committee, but to the court. TEX. OCC. CODE § 160.007(a).

In the alternative, the only possible exceptions to this are statements recounted by Mayes that he made at informal, impromptu meetings that do not qualify as peer review committee meetings:

- “I explained to Ms. Padilla why Dr. Canales was significantly underqualified to practice as a pediatric intensive care specialist and why I could not in good conscience allow Dr. Canales to treat patients as a pediatric intensive care specialist.” App. E ¶ 16; App. F ¶ 18 (referring to same statement). This statement was not made at a peer review committee meeting called with proper notice, but at an informal, impromptu after-hours meeting. *See* App. F ¶ 13 (describing same).
- “I . . . explained why Dr. Canales posed a significant risk to EPCH’s patients in the area of pediatric intensive care

medicine, my own subspecialty.” App. E ¶ 18; App. F ¶ 18 (referring to same statement). This statement was not made at a peer review committee meeting called with proper notice, but at an impromptu, informal, after-hours meeting. *See* App. F ¶ 13 (describing same).

- “I . . . explained that he did not meet the qualifications set out in the EPCH Medical Staff Bylaws and that as a very senior Texas fellowship trained and board-certified pediatric intensivist I was in a better position to judge his suitability for privileges.” App. E ¶ 19. This statement was not made at a peer review committee meeting called with proper notice, but at an impromptu meeting in breakroom of operating suite that could be overheard by hospital and medical staff. *See* App. F ¶ 20 (describing same).

None of these statements was made at a peer review committee meeting under the bylaws.

The Medical Staff Credentials Committee is a peer-review committee under EPCH’s Medical Staff bylaws that reviews applications for privileges and makes recommendations to the Medical Executive Committee

(“MEC”), which in turn makes a recommendation to Board. App. I, Ex. 2 §§ 4.10, 4.11, 4.12, 4.3, 9.5). As Chair of the Department of Pediatrics at EPCH, Mayes served on the Credentials Committee. App. F ¶ 4.

Under the Medical Staff bylaws, all committees act through “special meetings” “in addition to regular meetings as provided in the bylaws.” App. I, Ex. 2 § 10.2.1. “Regular meetings” are held annually or more often, to review the work of the clinical departments and the performance of required Medical Staff functions. *Id.* § 10.1.1.

Special meetings may be called by or at the request of the chairman of the committee, or one-third of the members, but not less than two members of the committee. *Id.* § 10.2.1. Special meetings are called with “[w]ritten or printed notice” “not less than one week nor more than one month before the day of such meeting.” *Id.* §§ 10.2.1 (providing for same notice for committee meetings as provided for Medical Staff meetings), 10.1.2 (detailing notice requirements). A quorum is defined as at least two Medical Staff members of the committee, but not counting ex officio members, who have no vote. *Id.* § 10.2.2. The bylaws require minutes to be taken at regular or special meetings. *Id.* § 10.2.4. The bylaws also require

the Credentials Committee to meet monthly or at least ten times a year and “maintain a permanent record of its proceedings and actions.” *Id.* § 9.5.3.

The impromptu, informal meetings described in Mayes’s affidavits are neither “regular meetings” nor “special meetings” because they were called at the last minute, without the requisite minimum of one-week written notice, and no minutes were taken. App. F ¶ 13. Instead, Mayes believed these informal meetings were an attempt to bypass the formal committee process with “off-the-record attempts to coerce a committee member (me) into signing the waiver demanded by CEO Stout.” *Id.* ¶¶ 15, 21. Indeed, the trial court apparently recognized this when it declined to strike paragraphs 13 and 15 of Mayes’s Declaration describing such an informal meeting after hours. App. F ¶¶ 13, 15. Yet the trial court still struck as privileged multiple statements made at these informal meetings.

Requiring a hospital, and particularly a governmental one, to adhere to its bylaws and meeting requirements in order to take advantage of the peer review committee privilege is consistent with the statute’s definition of a “medical peer review committee” to mean a committee “that operates under written bylaws approved by the policy-making body or the governing board of the health care entity and is authorized to evaluate the

quality of medical and health care services or the competence of physicians.” TEX. OCC. CODE § 151.002(a)(8). A medical peer review committee is not “authorized to evaluate the quality” of medical care except by virtue of an authorization to do so contained in its bylaws. *Id.* The committee must act in accordance with its bylaws, or else its action is ultra vires. See BLACK’S LAW DICTIONARY 1833 (11th ed. 2019) (defining “ultra vires” as “[u]nauthorized; beyond the scope of power allowed or granted by a corporate charter or by law”). Thus, statements made at informal meetings not called and noticed in accordance with the governing bylaws are not communications “to” a peer review committee. TEX. OCC. CODE § 160.007(a). This reading of the statute is consistent with the limited nature of the privilege. See *supra* Part I.A. If no effort is made to follow committee procedures to keep information confidential, the privilege never attaches. A statement made in such an informal gathering is no different than one made in a crowded elevator.

Requiring adherence to hospital bylaws is also consistent with industry practice in the medical profession. As Mayes stated in his declaration, in his experience, the privilege depends on adherence to formal peer review processes: “It is generally understood and is certainly

my understanding that any possible peer review protection in the medical staff processes requires adherence to Medical Staff Bylaws and associated procedures and in turn is lost with off the record discussions with individuals not appointed to the Credentials Committee, meetings in hallways or open break rooms in the EPCH operating suite, and meetings excluding Medical Staff Office personnel and recording of minutes.” App. F ¶ 6. No evidence controverted this testimony. The failure to abide by formal meeting requirements means that any information stated at such a “meeting” is not a statement to the peer review committee and thus is not privileged.

Nor does the privilege apply to individual meetings between Mayes and Cindy Stout, CEO of EPCH, who is an ex officio member of the peer review committee but whose presence does not count toward a quorum. App. E ¶¶ 27, 29; App. I, Ex. 2 § 10.2.2. Any meeting between her and Mayes would not have the requisite quorum.

Peterson’s affidavits contain no statements to the committee. *See* App. G, H.

2. *The statements did not relate to a peer review action.*

Even any of the statements by Mayes were made to the peer review committee – which they were not – they did not (i) relate to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital and (ii) involve discussions or records that identify the patient or physician. TEX. OCC. CODE § 151.002(a)(8)(B); *Mem’l Hermann*, 464 S.W.3d at 700.

The statements the trial court struck as privileged in Mayes’s and Peterson’s affidavits can be grouped into seven primary categories: (1) Dr. Canales’s publicly available qualifications or lack thereof; (2) the economic pressures cited by EPCH; (3) meetings with Mayes and others; (4) attempts to get Mayes to sign a waiver form; (5) Mayes’s and others’ decisions regarding Dr. Canales’s credentialing; (6) accommodations given to Dr. Canales after he was credentialed; and (7) Mayes’s and Peterson’s professional opinions. The following chart demonstrates the paragraphs of the affidavits that fall into each of these categories:

¶	Qualif.	Econ.	Mtgs.	Waiver	Decision	Accomm.	Opin.
<i>Mayes Aff.</i>							
12	√				√		√
13	√			√	√		√
14					√		
15	√		√	√			
16	√		√	√	√		√
17		√	√	√			
18			√	√			√
19	√	√	√	√	√		√
20				√	√		√
27			√				√
29			√			√	√
30		√				√	
31	√					√	√
<i>Mayes Decl.</i>							
11	√						
14	√		√	√			√
16			√	√			
17		√	√	√			
18	√		√	√			√
20	√	√	√	√			√
<i>Peterson Decl.- Canales</i>							
78	√						√
79	√						√
80	√					√	√
81	√						√
83							√
<i>Peterson Decl.- EPCH</i>							
77						√	√
84							√
85	√						√
86	√					√	√
87	√				√		√
89							√



The trial court's order striking all of these statements was vastly overbroad.

3. *Dr. Canales's qualifications or lack thereof are publicly available.*

The trial court struck a number of statements by Mayes and Peterson regarding Dr. Canales's qualifications or lack thereof. *See* App. E ¶¶ 12, 13, 15, 16, 19, 31; App. F ¶¶ 11, 14, 18, 20; App. G ¶¶ 78, 79, 80, 81; App. H ¶¶ 85, 86, 87.

Canales's education, training, and lack of board certification are publicly available information, including on American Board of Pediatrics and Texas Medical Board websites. R103, 217, 284; App. E ¶ 12; App. F ¶ 12. Indeed, the trial court did not strike several other statements regarding Dr. Canales's education, training, and certification, and hospital requirements for board certification. *See* App. E ¶¶ 10-12; App. F ¶12.

Even before Canales applied for privileges at EPCH, Mayes was well aware of Canales's training and qualifications and had reviewed his medical records. R102; App. E ¶ 10. He also knew that Canales was not trained nor certified in pediatric critical care medicine, which was "highly irregular" in the El Paso community. R102-03; App. E ¶¶ 10-11.

EPCH's bylaws and their requirements for board certification are likewise publicly available and not protected by the privilege. *See Brownwood*, 927 S.W.2d at 27 (holding bylaws, rules, and regulations of hospital's medical staff or board of trustees are not protected from discovery under medical peer review committee privilege). The Medical Staff bylaws provide that:

Every applicant practitioner who seeks Medical Staff Membership must, at the time of application and continuously thereafter, demonstrate, to the satisfaction of the Medical Staff and Board of Directors, the following qualifications and any additional qualifications and procedural requirements as are set forth in these Bylaws or in department rules and regulations.

...

(c) Board certification or board certification eligibility in a recognized specialty and/or subspecialty as recognized by the American Board of Medical Specialties . . . .

App. I, Ex. 2 § 2.1, 2.1.2(c).

That Canales did not meet these requirements is public knowledge. Even if statements regarding Canales's qualifications address "the competence of a physician," TEX. OCC. CODE § 151.002(a)(8)(B), merely passing this public information through a peer-review committee does not make it privileged. *See Mem'l Hermann*, 464 S.W.3d at 699. The trial court abused its discretion by holding these statements to be privileged.

4. *EPCH's economic pressures are public knowledge.*

The trial court struck a number of statements by Mayes regarding the economic pressures cited by EPCH to justify allowing a non-board-certified physician to practice. *See* App. E ¶¶ 17, 19, 30; App. F ¶¶ 17, 20. EPCH's prior bankruptcy is public, as are its financial losses after the bankruptcy. R15, 23, 204. It is public knowledge that county commissioners considered whether EPCH could continue to operate. R23. In addition, as a state-licensed public charity hospital, EPCH must report its financial condition to the public. *See* TEX. HEALTH & SAFETY CODE §§ 311.031, .032, .033, .035, .036; *see also* App. J (reporting EPCH's dire financial condition).<sup>8</sup>

Despite the public nature of EPCH's finances, the trial court struck as privileged multiple statements regarding the financial pressures cited by hospital officials to justify allowing Canales to practice. Again, merely passing this public information through a peer-review committee does not make it privileged. *See Mem'l Hermann*, 464 S.W.3d at 699. None of these statements address "the governing body's evaluation of the competence of a physician or the quality of medical and health care services provided by"

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<sup>8</sup> The Texas Department of State Health and Human Services publishes this data on its website, <https://www.dshs.texas.gov/center-health-statistics-hospital-data-collection-reporting>.

the hospital. TEX. OCC. CODE § 151.002(a)(8)(B); *Mem'l Hermann*, 464 S.W.3d at 700. The trial court abused its discretion by holding these statements to be privileged.

5. *Meetings between Mayes and others are not privileged.*

The trial court struck a number of statements by Mayes regarding various meetings between himself and others. *See* App. E ¶¶ 15, 16, 17, 18, 19, 27, 29; App. F ¶¶ 14, 16, 17, 18, 20. As noted above, Mayes describes informal, impromptu meetings that do not qualify as formal committee meetings under the Medical Staff Bylaws. *See supra* Part I.D.1; App. E ¶¶ 15, 19; App. F ¶ 20; App. I, Ex. 2 §§ 10.2.1, 10.1.2. Mayes also describes being “ambushed” by hospital administration who repeatedly requested that he allow an exception for Dr. Canales. App. E ¶ 14. These impromptu, informal meetings and one-on-one conversations were outside of the formal peer review process. *See supra* Part I.D.1. As such, they did not (i) relate to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital and (ii) involve discussions or records that identify the patient or physician. TEX. OCC. CODE § 151.002(a)(8)(B). Indeed, “the governing body” was intentionally excluded from these back-channel communications.

Mayes stated that these interactions were “outside any official Committee meeting and w[ere] done behind the Committee’s back in an attempt to circumvent and influence the Credential Committee’s function and process.” App. F ¶ 22. There was no testimony to the contrary.

The trial court abused its discretion by holding these statements to be privileged.

**6. *Attempts to get Mayes to sign a waiver form are not privileged.***

The trial court struck a number of statements by Mayes regarding repeated attempts to get him to sign a waiver form. *See* App. E ¶¶ 13, 15, 16, 17, 18, 19, 20; App. F ¶¶ 14, 16, 17, 18, 20.

For example, Mayes stated that he was given “a waiver form that would create an exception and allow Dr. Canales to practice pediatric intensive care medicine despite his clear lack of certification, training, and qualifications,” he refused to sign the form, Ms. Stout attempted to “brow beat” him into signing the waiver, and requests to allow a waiver continued for about a week. App. E ¶¶ 15, 16, 17, 18; App. F ¶¶ 14, 16, 17, 18, 20.

These statements recount factual occurrences and Mayes’s “personal observations and interactions with medical staff members or EPCH

administrators outside any official Committee meeting.” App. F ¶ 22. They do not (i) relate to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital. TEX. OCC. CODE § 151.002(a)(8)(B). If anything, these occurrences relate to attempts to “circumvent and influence” the governing body’s evaluation of the competence of a physician. App. F ¶ 22.

The trial court abused its discretion by holding these statements to be privileged.

**7. *Mayes’s and others’ decisions regarding Dr. Canales’s credentialing are not privileged.***

The trial court struck Mayes’s statements regarding the ultimate decisions made by him and others regarding Canales’s application. *See* App. E ¶¶ 12, 13, 14, 16, 19, 20; App. H ¶ 87.

For example, Mayes stated that he and another doctor declined to sign off on Canales’s credentialing in pediatric intensive care, but signed off on his practicing general pediatric medicine. App. E ¶¶ 12, 13, 14, 16, 19. He stated that the Credentials Committee, the MEC, and the EPCH Board of Directors granted Canales privileges over his objections. App. E ¶ 20.

While these statements may (i) relate to “the governing body’s evaluation of the competence of a physician” and (ii) involve discussions or records that identify the physician, TEX. OCC. CODE § 151.002(a)(8)(B), they should not be considered privileged because they are contained in affidavits prepared for litigation and are communications to the court, not the committee. *See supra* Part I.C, D.

**8. *Accommodations given to Dr. Canales after he was credentialed are not privileged.***

The trial court inexplicably struck statements by Mayes and Peterson regarding various accommodations EPCH gave Canales after he was credentialed. *See* App. E ¶¶ 29, 30, 31; App. G ¶ 80; App. H ¶¶ 77, 86.

Mayes explained that EPCH provided Canales with several accommodations that violated EPCH bylaws and industry standards of care, including that Canales was the sole provider at EPCH who was not subject to peer review, was able to give telephone orders, failed to sign his medical charts, and failed to follow hospital procedures. App. E ¶¶ 29, 31. Mayes explained that EPCH gave these accommodations to appease Canales so he would continue to generate significant patient volume and revenue, and that Stout stated that this was an important reason to

accommodate him. *Id.* ¶ 30. Peterson’s affidavits briefly referenced these accommodations as well. App. G ¶ 80; App. H ¶¶ 77, 86.

These statements may be embarrassing for EPCH, but they do not (i) relate to “the governing body’s evaluation of the competence of a physician or the quality of medical and health care services provided by” the hospital. TEX. OCC. CODE § 151.002(a)(8)(B). Instead, they are Mayes’s “personal observations,” App. F ¶ 22, about factual occurrences that have nothing to do with the governing body’s evaluation of Canales or the hospital’s services.

The trial court abused its discretion by holding these statements to be privileged.

**9. *Mayes’s and Peterson’s opinions are not privileged.***

The trial court struck a number of statements by Mayes and Peterson regarding their professional opinions as medical doctors. *See* App. E ¶¶ 12, 13, 16, 18, 19, 20, 27, 29, 31; App. F ¶¶ 14, 18, 20; App. G ¶¶ 78, 79, 80, 81, 83; App. H ¶¶ 77, 84, 85, 86, 87, 89.<sup>9</sup> For example, in addition to his opinions about Canales’s qualifications, Mayes stated his opinion that

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<sup>9</sup> Plaintiffs designated Peterson as an expert witness. 2R874. Mayes is a fact witness, but could be designated as a non-retained expert in the future. *Id.*



EPCH repeatedly violated its bylaws and industry standards of care when it accommodated and promoted an untrained, uncertified physician without any oversight, peer review, or quality control. App. E ¶ 31. He also opined that allowing Canales to give telephone orders, avoid signing his medical charts, fail to follow hospital procedures, and ignoring or threatening doctors that challenged Canales's work product, threatened the lives of patients. App. E ¶¶ 29, 31.

Peterson stated that he relied on Mayes's opinions in forming his opinions, he agreed with those opinions, and incorporated them into his affidavits. App. G ¶¶ 78, 79, 80, 81, 83; App. H ¶¶ 77, 84, 85, 86, 87, 89. He also opined that Canales and EPCH deviated from standard medical practice and procedures and the applicable standard of care. App. G ¶¶ 80, 81; App. H ¶¶ 86, 87.

Mayes's and Peterson's professional opinions as medical doctors did not (i) relate to "the governing body's evaluation of the competence of a physician or the quality of medical and health care services provided by" the hospital and (ii) involve discussions or records that identify the patient or physician. TEX. OCC. CODE § 151.002(a)(8)(B). Instead, Mayes

“describe[d] [his] personal observations” and opinions. App. F ¶ 22. His opinions and those of Peterson are not privileged.

The trial court abused its discretion by holding these statements to be privileged.

## **II. THERE IS NO ADEQUATE REMEDY ON APPEAL.**

An appellate remedy is “inadequate” when the benefits to mandamus review outweigh the detriments. *In re Prudential Ins. Co. of Am.*, 148 S.W.3d 124, 136 (Tex. 2004) (orig. proceeding). An appeal is inadequate when a party’s ability to present a viable claim is compromised or vitiated by the erroneous ruling to the extent that they are effectively denied the ability to develop the merits of their case, thereby denying the reviewing court the ability to evaluate the effect of the trial court’s error. *See Colonial Pipeline*, 968 S.W.2d at 941; *Walker*, 827 S.W.2d at 843-44. That is exactly the case here.

An eventual appeal would not be an adequate remedy because the Saucedos cannot develop their case and conduct discovery in the trial court regarding numerous, highly relevant facts witnessed by Mayes and Peterson that the trial court has held are privileged. While the court of appeals narrowed the trial court’s order to withdraw the phrase stating the

“information is not subject to subpoena or discovery and is not admissible in evidence,” App. B at 30, it left intact the trial court’s holding that vast portions of the Mayes affidavits, and the portions of the Peterson affidavits referencing Mayes’s, are privileged and required that evidence must come from “alternative sources,” App. B at 30-31. Mayes is the only witness who can testify to the facts he personally witnessed. His testimony is crucial to the jury’s understanding about the events that led to the death of the Saucedos’ child.

Real Parties in Interest contend that there are plenty of other ways for the Saucedos to prove their case, Resp. 37, but no evidence is as consequential as that of whistleblower Mayes, who raised grave concerns regarding the qualifications of an uncertified doctor that went ignored, leading to the death of their young child. Without Mayes’s testimony, the Saucedos will be denied the opportunity to develop and present their case, and the jury will be deprived of the truth.

The Saucedos will be unable to tell the jury how Real Parties in Interest were so motivated by financial gain that they circumvented hospital bylaws to hire an unqualified, uncertified doctor and allowed him to routinely flout normal hospital procedures, leading to the predictable,

preventable, and tragic death of their daughter. The Saucedos will be forced “to try [their] lawsuit, debilitated by” the trial court’s overly broad interpretation of the privilege. *See Walker*, 827 S.W.2d at 841 (quoting *Jampole v. Touchy*, 673 S.W.2d 569, 576 (Tex. 1984) (orig. proceeding)). This would amount to an “effective denial of a reasonable opportunity to develop the merits of [their] case, so that the trial would be a waste of judicial resources.” *Walker*, 827 S.W.2d at 843.

Absent review on mandamus, discovery in this case will be hopelessly mired. Every witness and discovery request potentially touching on the topics held to be privileged in the Mayes affidavits will result in objections and court proceedings. Granting the petition now will allow the parties to engage in discovery and try this case knowing the proper scope of the peer review privilege.

Waiting years for an appeal for an answer to this question would be an enormous waste of party and judicial resources. It has already been four years since the Saucedos’ daughter died in Real Parties in Interest’s care on August 29, 2019. R12. She would be seven years old today. *See* R12. Requiring the Saucedos to wait years longer for an eventual appeal would only compound their tragedy. Appeal “is no remedy at all for the

irreversible waste of judicial and public resources.” See *In re Masonite Corp.*, 997 S.W.2d 194, 198 (Tex. 1999) (orig. proceeding). It is a proper use of mandamus review to “spare private parties and the public the time and money utterly wasted enduring eventual reversal of improperly conducted proceedings.” *Prudential*, 148 S.W.3d at 136. Thus, the benefits of mandamus outweigh the detriments. *Id.*

Finally, Mayes has been in ill health. 2R801-02, 846. As an eyewitness and whistleblower, it is essential to preserve his testimony without being hamstrung by the trial court’s overly broad interpretation of privilege.

#### **PRAYER**

For the above reasons, after requesting briefs on the merits, the Court should (1) grant the petition, (2) order the trial court to vacate its January 19, 2022 Order on Defendants’ Motion to Strike Affidavits, Opinions, and Testimony, (3) order the trial court to revise its February 23, 2022 ruling on special exceptions consistent with this ruling, and (4) grant all other appropriate relief.

Respectfully submitted,

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#### CERTIFICATION

I certify that I have reviewed this brief on the merits and have concluded that every factual statement made is supported by competent evidence included in the appendix or the record.

/s/ Meredith B. Parenti  
Meredith B. Parenti

### CERTIFICATE OF COMPLIANCE

I certify that this document was produced on a computer using Microsoft Word and contains 10,410 words, as determined by the computer software's word-count function, excluding the sections of the document listed in TEX. R. APP. P. 9.4(i)(1).

/s/ Meredith B. Parenti  
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### CERTIFICATE OF SERVICE

I certify that on November 29, 2023, I served a copy of this filing on the parties listed below by electronic service and that the electronic transmission was reported as complete.

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The Honorable Selena Solis  
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No. \_\_\_\_\_

**In the  
Supreme Court of Texas**

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IN RE DAVID EDWARD SAUCEDO, II AND MARIANA TERRAZAS SAUCEDO,  
INDIVIDUALLY AND ON BEHALF OF I.S., A MINOR CHILD,  
Relators.

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On Petition for Writ of Mandamus from the  
243d Judicial District Court, El Paso County, Texas  
The Honorable Selena Solis, presiding  
Trial Court Cause No. 2020-DCV-2549

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**APPENDIX**

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- A. Order on Defendants' Motion to Strike Affidavits, Opinions, and Testimony.
- B. Court of Appeals Opinion.
- C. Court of Appeals Judgment.
- D. TEX. OCC. CODE § 160.007.
- E. Affidavit of Thomas C. Mayes, M.D.
- F. Unsworn Declaration of Thomas C. Mayes, M.D.
- G. Sworn Declaration and Report of Dr. Bradley Peterson Regarding Dr. Roberto Canales, M.D.
- H. Sworn Declaration and Report of Dr. Bradley Peterson Regarding El Paso Children's Hospital.

- I. Affidavit of Melissa Rodriguez.
  - Ex. 1, Amended and Restated Bylaws of El Paso Children’s Hospital Corporation.
  - Ex. 2, El Paso Children’s Hospital Medical Staff Bylaws.
- J. Charity Care & Selected Financial Data for Texas Acute Care Hospitals by County, 2016.
- K. TEX. OCC. CODE § 151.002.

**UNSWORN DECLARATION OF MEREDITH PARENTI**

My name is Meredith Bishop Parenti, my date of birth is April XX, 19XX, and my address is 800 Town & Country Blvd., Suite 500, Houston, TX 77024.

1. I am the appellate attorney for Relators.
2. All the documents included with the petition for writ of mandamus, appendix, and record are true copies.

Pursuant to TEX. CIV. PRAC. & REM. CODE § 132.001, I declare under penalty of perjury that the foregoing is true and correct.

Executed in Harris County, State of Texas on June 22, 2023.

*/s/ Meredith B. Parenti*  
Meredith B. Parenti

## CERTIFICATE OF SERVICE

I certify that on June 22, 2023, I served a copy of this Petition for Writ of Mandamus and Appendix on the parties listed below by electronic service and that the electronic transmission was reported as complete.

/s/ Meredith B. Parenti

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A

IN THE DISTRICT COURT OF EL PASO COUNTY TEXAS

243rd JUDICIAL DISTRICT

DAVID EDWARD SAUCEDO, II and §  
MARIANA TERRAZAS SAUCEDO, §  
Individually and on Behalf of I.S., a Minor §  
Child, §

Plaintiffs, §

vs. §

EL PASO CHILDREN’S HOSPITAL §  
CORPORATION, DR. ROBERTO §  
CANALES, M.D. and DR. RODOLFO §  
FIERRO-STEVENSON, M.D., §

Defendants. §

CAUSE NO. 2020DCV2549

**ORDER ON DEFENDANTS’ MOTION TO STRIKE  
AFFIDAVITS, OPINIONS, AND TESTIMONY**

On March 4, 2021, August 19, 2021, and November 18, 2021, the Court heard arguments on the Motion of Defendant Dr. Roberto Canales to Strike Affidavits, Opinions, and Testimony of Thomas C. Mayes, M.D., as joined by Defendants El Paso Children’s Hospital (“EPCH”), and Dr. Rodolfo Fierro-Stevens (“Motion to Strike”). The Court has considered the Motion to Strike, Plaintiffs’ Consolidated Response to Defendants’ Motion to Strike, Defendants’ Reply, Plaintiffs’ Surreply, the evidence and cited authorities, supplemental briefing, and the arguments of counsel, and the Court determines the Motion to Strike should be granted in part and denied in part, as follows.

The Court FINDS that the committees on which Dr. Mayes served at EPCH are medical peer review committees as defined in the Texas Occupations Code; that Defendants have made a prima facie showing that communications made by Dr. Mayes to members and agents of the

medical peer review committees and vice-versa, concerning the qualifications of Dr. Canales and his credentialing process, are confidential and privileged under section 160.007(a) of the Texas Occupations Code; and that Defendant EPCH did not waive the privilege in writing, as required by law. Accordingly,

IT IS ORDERED that the following portions of Dr. Mayes's Affidavit and unsworn Declaration, which reveal communications made to him by any member or agent of the medical peer review committees or that he made to any member or agent of the medical peer review committees, are declared privileged and confidential:

Affidavit paragraphs 12 (Sentences 1-2), 13 (all), 14-16 (all), 17 (all), 18 (all), 19 (Sentences 3, 4, 7, 8), 20 (Sentences 1-3), 27 (all), 29 (all), 30 (all), and 31 (all); and

Declaration paragraphs 11 (all), 14 (all), 16-18 (all), 20 (all);

IT IS FURTHER ORDERED that the following portions of the expert reports of Bradley Peterson, M.D. which rely upon and incorporate those portions of the Mayes Affidavit that reveal privileged communications made by and to Mayes and the members or agents of the medical peer review committees regarding Dr. Canales's credentialing and hospital privileges, are declared privileged and confidential:

Expert report as to Dr. Canales: paragraphs 78 (last Sentence), 79 (Sentence 1), 80 (all), 81 (all), and 83 (all); and

Expert report as to EPCH: paragraphs 77 (all), 84 (last Sentence), 85 (Sentence 1), 86 (all), 87 (all), and 89 (all);

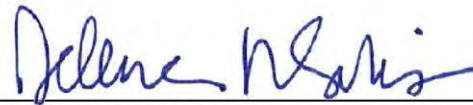
IT IS FURTHER ORDERED that the Court will issue a separate Order addressing how to remove and/or redact this privileged information, and other references to it in the pleadings and other filed documents, from the public record;



IT IS FURTHER ORDERED that Plaintiffs will not be permitted to mention or use any of this information from Dr. Mayes or Dr. Peterson in the above-listed paragraphs in any future petitions or any other future pleadings, motions, or other filings because it is privileged and confidential for the reasons stated; and the information is not subject to subpoena or discovery and is not admissible as evidence in this civil judicial proceeding, as stated in section 160.007(e) of the Texas Occupations Code;

IT IS FURTHER ORDERED that Defendants' objections to Dr. Mayes's Declaration asserting he lacked personal knowledge are overruled.

SIGNED this 19th day of JANUARY, 2022.



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**Hon. Selena N. Solis**

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**B**



COURT OF APPEALS  
EIGHTH DISTRICT OF TEXAS  
EL PASO, TEXAS

IN RE:	§	No. 08-22-00089-CV
DAVID EDWARD SAUCEDO II and	§	AN ORIGINAL PROCEEDING
MARIANA TERRAZAS SAUCEDO,	§	IN MANDAMUS
Individually and on Behalf of I.S., a Minor	§	
Child,	§	
Relators.	§	

**OPINION**

This mandamus action is brought in a medical negligence case. Relators David Edward Saucedo II and Mariana Terrazas Saucedo, individually and on behalf of I.S., a minor child, sued the El Paso Children’s Hospital Corporation (EPCH), Roberto Canales, M.D., and Rodolfo Fierro-Stevens, M.D. (collectively, the Real Parties in Interest). Relators’ underlying suit brings a cause of action of negligence, including further allegations of gross negligence and conscious indifference, contending the Real Parties in Interest’s conduct led to the wrongful death of their three-year-old daughter, I.S. To their original petition, Relators attached and filed of public record, multiple expert reports (the Exhibits) prepared by two different physicians—but one being a member of EPCH’s credentialing committee and member of its medical staff.

By a motion to strike affidavits, opinions, and testimony, the Real Parties in Interest sought relief against Relators' initial pleading for "improper disclosure of privileged communications." Specifically, the Real Parties in Interest contended Relators had circumvented the discovery process by engaging in a "back door" path around statutory privileges, leaving no opportunity to object to disclosure of confidential hospital committee communications revealed by the publicly filed reports. They asserted the medical peer review privilege applied both to the Exhibits themselves and to certain passages of various pleadings which had incorporated statements originating from those documents.

In two orders issued after extensive hearings, the trial court found: (1) the medical peer review privilege applied to multiple statements contained within the challenged reports and in parts of related pleadings (the Privilege Order); and (2) it struck filings and portions of other filings, and further ordered the clerk of the district court to withdraw and seal said filings from the court's records; and further ordered Relators to amend and redact the affected items remaining on file after such redactions (the Amended Redaction Order).

Relators initially brought a direct appeal against the trial court's two orders by means of a companion case filed prior to this mandamus proceeding. *See David Edward Saucedo II and Mariana Terrazas Saucedo, Individually and on Behalf of I.S., a Minor Child v. El Paso Children's Hospital Corporation, Roberto Canales, M.D., and Rodolfo Fierro-Stevens, M.D.*, No. 08-22-00047-CV (Tex. App.—El Paso April 24, 2023, no pet. h.). Weeks following that appeal, Relators filed this petition for writ of mandamus asserting the same arguments advanced against the trial court's two orders. We decide both on this same date.

First, as to the Privilege Order, we deny mandamus relief in part; and determine in part the trial court erred. As to a part of the Privilege Order, we conclude the trial court clearly abused its discretion as to a certain portion of the order, and Relators have no adequate remedy by appeal. Thus, as to that part of the order only, we conditionally grant the writ of mandamus; but we deny mandamus relief as to the remaining part of the order. Second, as to the Redaction Order, we conclude Relators have an adequate remedy by appeal against that order, by an interlocutory appeal in part, and by a direct appeal in part. Thus, on that basis, we deny mandamus relief.

## **I. BACKGROUND**

Because this case involves unadjudicated allegations, we limit our background to matters relevant solely to the mandamus dispute.

### **A. The original lawsuit and objections raised against Relators' exhibits**

Relators attached multiple expert reports to the original petition they filed and served on Real Parties in Interest. The petition asserts the Exhibits were included to meet statutory requirements imposed on health care liability claims.<sup>1</sup> But they were not intended to serve as disclosures required by the Texas Rules of Civil Procedure. The attachments included three reports of Bradley Peterson, M.D., each addressing conduct of the defendants, respectively. The attachments also included the affidavit of Thomas Mayes, M.D., interim Chair of the Department

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<sup>1</sup> See TEX. CIV. PRAC. & REM. CODE ANN. § 74.351 (“In a health care liability claim, a claimant shall, not later than the 120th day after the date each defendant’s original answer is filed or a later date required under Section 74.353, serve on that party or the party’s attorney one or more expert reports, with a curriculum vitae of each expert listed in the report for each physician or health care provider against whom a liability claim is asserted.”).

of Pediatrics at EPCH, and a member of the hospital's Credentials Committee and its Medical Executive Committee.<sup>2</sup>

Once served with Relators' petition, the Real Parties in Interest answered by generally denying all claims and asserting several defenses. Dr. Canales also moved to strike the expert reports filed of public record asserting they contained privileged information protected from unauthorized disclosure by Texas law.<sup>3</sup> Specifically, Dr. Canales asserted that Dr. Mayes's affidavit described his opposition to Dr. Canales's application for privileges with EPCH, to include matters related to EPCH's credentialing process, and other information obtained through Dr. Mayes's position as a Department Chair and member of the hospital's Peer Review, Credentialing, and Executive Committee. Dr. Canales asserted that certain communications disclosed by Dr. Mayes—whether they be statements he made himself or were made by other persons—were extracted from deliberations of the hospital's committees regarding Dr. Canales's application for privileges. Dr. Canales also complained in his motion that Dr. Peterson's reports revealed that he had reviewed and incorporated Dr. Mayes's affidavit into his report and opinions, and thus, he had paraphrased statements originating from Dr. Mayes's affidavit.<sup>4</sup> Soon after filing, EPCH and Dr. Fierro-Stevens joined in Dr. Canales's motion to strike the attached exhibits.

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<sup>2</sup> In their mandamus petition, Relators appear to include Dr. Peterson's curriculum vitae in their total count of the number of "expert report exhibits." As a result, they identify "five exhibits" as being included in the initial filing. We only reach a count of four expert reports filed initially.

<sup>3</sup> See TEX. OCC. CODE ANN. § 160.007(a)(pertaining to the confidentiality of each proceeding or record of a medical peer review committee).

<sup>4</sup> Because this mandamus action deals with privileged and confidential information, we refrain from stating in detail the statements contained in Dr. Mayes's affidavit and declaration, and Dr. Peterson's expert reports.



Addressing the objections, Relators filed a consolidated response. To it, Relators attached the same exhibits as were attached to the petition, along with a new unsworn declaration of Dr. Mayes. The new declaration thus raised the total count of challenged exhibits to five. In reply, the Real Parties in Interest objected to Dr. Mayes's unsworn declaration, similarly to objections made to the earlier reports. Additionally, their reply included an affidavit of Melissa Padilla-Rodriguez,<sup>5</sup> an administrative director of EPCH whose duties included assisting with the credentialing of professionals who were granted privileges of working with the hospital. Padilla-Rodriguez's affidavit also attached bylaws of the hospital generally and of its medical staff. Relators objected to the affidavit and its attachments, asserting several arguments including their assertion that it was not timely filed.

#### **B. Hearings on the joint motion and objections**

The trial court dealt with the dispute over the expert reports in two phases. First, two hearings were held in March and August 2021. Those hearings centered on whether peer-review protected information had been disclosed without authorization. Specifically, the Real Parties in Interest argued that Dr. Mayes's affidavit disclosed deliberative communications and internal processes of the hospital's credentialing committee. They urged that Padilla-Rodriguez's affidavit established the membership of the committee, how it was formed, and its function and purpose. When arguing, they pointed out the portions of Dr. Mayes's affidavit that revealed peer-review information without authorization. The Real Parties in Interest also defended against the Relators' assertion that the peer-review privilege had been otherwise waived.

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<sup>5</sup> In her affidavit, Rodriguez confirms her former name was "Melissa Padilla" and changed to "Rodriguez" after marrying. We refer to her as Padilla-Rodriguez.

In September 2021, at the beginning of a third hearing, the trial court noted its intent to rule that multiple statements within the challenged reports were privileged and confidential, and no party had otherwise waived the privilege. Before issuing its ruling, the trial court noted it would likely need to determine how best to remove privileged information from publicly filed records if such removal were deemed necessary. Ultimately, the parties agreed they would provide further briefing on how best to remedy the unusual circumstances given the court's stated concerns.

The second phase of hearings occurred between October 2021 and January 2022. After receiving further briefing and supplementary arguments, the trial court issued two orders. It titled the first one: "Order on [the Real Parties in Interest's] Motion to Strike Affidavits, Opinions, and Testimony" (the Privilege Order). This order identified specific portions of Dr. Mayes's affidavit, Dr. Mayes's unsworn declaration, and Dr. Peterson's reports, which the court determined had contained privileged and confidential information protected under § 160.007(a) of the Texas Occupations Code. In relevant part, the order stated:

IT IS FURTHER ORDERED that [the Saucedos] will not be permitted to mention or use any of this information from Dr. Mayes or Dr. Peterson in the above-listed paragraphs in any future petitions or any other future pleadings, motions, or other filings because it is privileged and confidential for the reasons stated; and the information is not subject to subpoena or discovery and is not admissible as evidence in this civil judicial proceeding, as stated in section 160.007(e) of the Texas Occupations Code[.]

The second order was titled, "Amended Order on [the Real Parties in Interest's] Rule 59 Objection, Special Exceptions, and Supplemental Issues Relating to Peer Review Privilege" (the Amended Redaction Order), whereby the trial court ordered the removal, redaction, or amendment of portions of exhibits and other filings of record.<sup>6</sup>

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<sup>6</sup> The Amended Redaction Order corrected a clerical error in the original Redaction Order signed on February 3, 2022. This is not an issue by either party and Appellants appeal from the Amended Order.

### **C. Filings in the appellate court**

On March 4, 2022, Relators filed a notice of appeal with this Court challenging the trial court's two related orders pursuant to Texas Rules of Civil Procedure 76a(8). *See* TEX. R. APP. P. 76a(8) (addressing appeals of any order or portion of an order or judgment relating to sealing or unsealing of court records). Weeks later, on May 17, 2022, Relators followed their Rule 76a(8) appeal with this petition for writ of mandamus seeking relief against the same two orders. In both their direct appeal and this mandamus proceeding, Relators presented identical briefing advancing the same three issues against the trial court's two orders.<sup>7</sup> While these cases remained pending with this Court, we consolidated the proceedings for purposes of briefing, oral argument, and in our rendering of simultaneous decisions. *See In re Valero Energy Corp.*, 968 S.W.2d 916, 916–17 (Tex. 1998) (orig. proceeding) (per curiam) (instructing that when a court of appeals is confronted with an interlocutory appeal and a related mandamus proceeding it may consolidate the two proceedings and render a decision disposing of both simultaneously, thereby conserving judicial resources and resources of the parties as well); *see also In re Chevron U.S.A., Inc.*, 419 S.W.3d 341, 346 (Tex. App.—El Paso 2010, orig. proceeding). In this opinion, we address Relators' petition for writ of mandamus only.

## **II. STANDARD OF REVIEW**

Mandamus relief is available provided relators meet the well-established mandamus standard. *In re Chevron U.S.A., Inc.*, 419 S.W.3d at 346. For such relief, relators must establish

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<sup>7</sup> Rather than seek relief against the trial court as Respondent, Relators' mandamus petition asserts it is filed against Real Parties in Interest: the EPCH, Dr. Canales, and Dr. Fierro-Stevens. In seeking relief, however, Relators petition asks this Court to reverse and vacate the trial court's two orders.

two requirements: (1) a clear abuse of discretion by the trial court; and (2) they must establish they lack an adequate remedy by appeal. *In re Prudential Ins. Co. of Am.*, 148 S.W.3d 124, 135-36 (Tex. 2004) (orig. proceeding); *In re Sw. Bell Tel. Co., L.P.*, 235 S.W.3d 619, 623 (Tex. 2007) (orig. proceeding) (describing that mandamus is an extraordinary remedy that will issue only to correct a clear abuse of discretion when there is no other adequate remedy at law).

As to the first prong, “[a] trial court clearly abuses its discretion if ‘it reaches a decision so arbitrary and unreasonable as to amount to a clear and prejudicial error of law.’” *Walker v. Packer*, 827 S.W.2d 833, 839 (Tex. 1992) (orig. proceeding). With respect to resolution of factual issues or matters committed to the trial court’s discretion, “[t]he relator must establish that the trial court could reasonably have reached only one decision.” *Id.* at 840. As to a review of a trial court’s determination of the legal principles controlling its ruling, “[a] trial court has no discretion in determining what the law is or applying the law to the facts.” *Id.* (internal quotation marks omitted). Thus, “a clear failure by the trial court to analyze or apply the law correctly will constitute an abuse of discretion, and may result in appellate reversal by extraordinary writ.” *Id.*

As to the second prong, it is further recognized that mandamus should not issue to correct “grievances that may be addressed by other remedies.” *Id.* at 840. Consequently, “[m]andamus will not issue where there is ‘a clear and adequate remedy at law, such as a normal appeal.’” *Id.*

### **III. ISSUES PRESENTED FOR MANDAMUS RELIEF**

Relators bring three issues challenging the trial court’s two orders, framing the issues to address each prong of the mandamus standard. The first two issues contend the trial court abused its discretion as to each order respectively. First, Relators assert the trial court abused its discretion by issuing its Privilege Order finding the medical peer review privilege applied to portions of

Dr. Peterson's reports and to Dr. Mayes's affidavit.

Second, Relators assert the trial court abused its discretion in issuing the Amended Redaction Order requiring redaction of: (1) Relators' exhibits, and (2) the parties' motions, responses, and other court filings, which all paraphrase the challenged exhibits to some extent. As to the Redaction Order, Relators rely on rule 91 of the Texas Rules of Civil Procedure, addressing special exceptions, and also on limitations of the trial court's inherent authority. Relators assert the trial court abused its discretion in sealing the expert reports, and other related filings, when Real Parties in Interests had not yet filed a rule 76a motion nor had they followed that rule's substantive or procedural requirements. Lastly, Relators further contend the trial court abused its discretion by ordering a withdrawal of the challenged reports, and related filings, from the court's records and public view.

The third issue challenges both orders. Addressing the second prong of the mandamus standard, Relators contend they lack an adequate remedy on appeal as to each order. They argue the trial court's orders overcompensate by significantly altering the parties' court filings and mistakenly applying a statutory privilege such as to affect Relators' ability to present their case, to conduct discovery, and to proceed to trial without wasting judicial resources. In short, they contend that mandamus relief is fully supported. Finally, Relators further assert the two orders caused reversible harm under rule 44.1(a) of the Texas Rules of Appellate Procedure.

Relative to each order, we address each issue in turn.

#### **IV. THE PRIVILEGE ORDER**

In Relators' first issue, they assert the Real Parties in Interest failed to meet their burden to prove the medical peer review privilege applied to Dr. Peterson's § 74.351 expert report

declarations and to Dr. Mayes's affidavit and declaration. Specifically, they argue the Real Parties in Interest failed to (1) provide a legally sufficient affidavit to prove privilege; and (2) tender any documents for in camera review. In responding, the Real Parties in Interest contend they timely submitted prima facie proof to support the applicability of the statutory privilege provided by § 160.007(a) of the Texas Occupations Code, and no tender of documents for an in camera inspection was otherwise required given that Relators had attached the challenged records to their original petition.

**A. The peer review privilege**

At its core, Relators' challenge against the Privilege Order centers on communication and records of the hospital's medical peer review committee or other similarly covered body of its governing structure. The Texas Occupations Code defines a "medical peer review committee" or "professional review body" as:

[A] committee of a health care entity, the governing board of a health care entity, or the medical staff of a health care entity, that operates under written bylaws approved by the policy-making body or the governing board of the health care entity and is authorized to evaluate the quality of medical and health care services or the competence of physicians, including evaluation of the performance of those functions specified by Section 85.204, Health and Safety Code. . . .

TEX. OCC. CODE ANN. § 151.002.

To a certain extent, the records of such committees are protected by Texas law. The Supreme Court of Texas has held that the provisions of Texas Occupations Code § 160.007 "expressly delineate and limit the circumstances under which the records of and communication to a peer review committee may be accessed." *Irving Healthcare Sys. v. Brooks*, 927 S.W.2d 12, 16 (Tex. 1996) (orig. proceeding) (interpreting pre-codification version of statute). By its general

structure, § 160.007's provisions generally protect certain communications from disclosure unless an exception applies. TEX. OCC. CODE ANN. § 160.007.

To begin, § 160.007(a) provides that, “[e]xcept as otherwise provided by this subtitle, each proceeding or record of a medical peer review committee is confidential, and any communication made to a medical peer review committee is privileged.” *Id.* § 160.007(a). “Unless disclosure is required or authorized by law, a record or determination of or a communication to a medical peer review committee is not subject to subpoena or discovery and is not admissible as evidence in any civil judicial or administrative proceeding without waiver of the privilege of confidentiality executed in writing by the committee.” *Id.* § 160.007(e). Yet, the statute further provides, that under certain circumstances, the information may not be confidential, and in such case, it would not be subject to a privilege. For example, the Supreme Court has held that “records made or maintained in the regular course of business by a hospital” are not covered by and not confidential under § 160.007. *In re Mem’l Hermann Hosp. Sys.*, 464 S.W.3d 686, 699-700 (Tex. 2015) (orig. proceeding). In this same manner, “section 160.007(b) provides a limited exception to confidentiality for proceedings, records, or communications that are relevant to an anticompetitive action.” *Id.* at 700.

The Supreme Court has described that “[t]he peer review privilege is intended to extend far enough to foster candid internal discussions for the purpose of making improvements in the quality of care, but not so far as to permit the concealment of ‘routinely accumulated information.’” *In re Living Ctrs. of Texas, Inc.*, 175 S.W.3d 253, 260 (Tex. 2005) (orig. proceeding); *Brooks*, 927 S.W.2d at 17 (“The overarching purpose of the statute is to foster a free, frank exchange among medical professionals about the professional competence of their peers.”). Similarly, this Court

has previously noted the vitally important purpose of the privilege “is to promote the improvement of health care and treatment of patients through review, analysis, and evaluation of the work and procedures of medical entities and personnel who staff them.” *In re Tollison*, 92 S.W.3d 632, 635 (Tex. App.—El Paso 2002, orig. proceeding). The Court thus noted, “the Legislature has balanced the competing policy considerations of ensuring confidentiality for effective peer review and allowing complete discovery of legal claims.” *Id.*

Whether the privilege applies is a matter of statutory construction, which we review de novo. *In re Mem’l Hermann Hosp. Sys.*, 464 S.W.3d at 700–01. Because privileges are disfavored in the law, they are strictly construed as they “contravene the fundamental principle that the public . . . has a right to every man’s evidence.” *Jordan v. Ct. of Appeals for the Fourth Sup. Jud. Dist.*, 701 S.W.2d 644, 647 (Tex. 1985) (omission in original) (internal quotation marks omitted). We look to the plain language of the statute to determine the intent of the legislature and, if the statute is unambiguous, we apply the words according to their common meaning, while considering the objective of the law and the consequences of a particular construction. *State v. Shumake*, 199 S.W.3d 279, 284 (Tex. 2006).

#### **B. Whether the trial court clearly abused its discretion**

The trial court announced three findings at the hearing held on September 21, 2021. Relators concede the record supports the first finding, that is, that EPCH operates a medical peer review committee under the hospital’s bylaws and governing structure. To that end, Relators agree the committee is authorized to evaluate the quality of medical and healthcare services provided by the hospital including the competence of physicians who provide patient care.



Relators, however, contest the trial court's second and third findings. The second finding concluded that Dr. Mayes communicated with the hospital's peer review committee and its members surrounding the qualifications of Dr. Canales and his suitability for credentialing. The third finding determined that neither the hospital nor its peer review committee waived the privilege in writing as required by law. As to these two findings, Relators contend the trial court abused its discretion as neither are supported by legally sufficient evidence.

Specifically, Relators assert the Real Parties in Interest failed to meet their initial burden to prove the privilege applies to Dr. Mayes's statements for several reasons: (1) because documents were not tendered to the trial court to conduct an in camera review, (2) because the affidavit attached in support to their motion to strike failed to trace statements to any privilege, and (3) because the privilege does not in fact extend to gratuitous statements. Real Parties in Interest counter by arguing they presented prima facie proof of the applicability of the privilege and Relators themselves failed to prove that an exception applied. To a great extent, we agree with the Real Parties in Interest; but we also see a need for clarification of the trial court's order to ensure that information discoverable from alternative sources is not otherwise protected by overly broad language included in the trial court's order.

The party seeking to avoid discovery, or to avoid use of alleged privileged statements, as is relevant here, has the burden to establish a prima facie case for the privilege by testimony or affidavit. *In re Christus Santa Rosa Health Sys.*, 492 S.W.3d 276, 279 (Tex. 2016) (orig. proceeding). Once that party presents a prima facie case for a privilege, the burden then shifts to the party seeking production or use of the privileged information, to prove that an exception to the privilege applies. *Id.* at 279–280.

In support of their arguments, the Real Parties in Interest relied on the affidavit of Melissa Padilla-Rodriguez, an administrative director of EPCH, who attached two sets of bylaws to her sworn statement: (1) the Amended and Restated Bylaws of EPCH effective October 1, 2016 (the EPCH Bylaws); and (2) the EPCH's Staff Bylaws, effective July 27, 2016 (the Medical Staff Bylaws). Padilla-Rodriguez attested she had personal knowledge of the hospital's physician credentialing process and of the bylaws she provided. In general, she described the hospital's governing structure and provided more specific information about events pertaining to the application for privileges of Dr. Canales.

Padilla-Rodriguez averred that EPCH operates under the supervision of a Board of Directors which adopted the EPCH Bylaws. Among its provisions, the EPCH Bylaws authorize standing committees and special committees to perform specific tasks. The EPCH Bylaws also empower the hospital's board of directors to appoint physicians and other healthcare related professionals to its medical staff (the Medical Staff). This provision affords such professionals a privilege to attend to patients of the hospital and to execute other responsibilities related to physician applications for hospital privileges. The EPCH Bylaws further authorize the Medical Staff to create a Medical Executive Committee (MEC) to conduct peer review and address discipline issues with the Medical Staff. Furthermore, the Medical Staff Bylaws obligate each department chief of the hospital to review physician applications for clinical privileges. A department chief makes recommendations to the Medical Staff Credentials Committee. Once such recommendation is made, the Credentials Committee next reviews the application and makes its recommendation to EPCH's Board of Directors. The Board then has final authority to appoint physicians to the hospital's Medical Staff.

The Medical Staff Bylaws contain provisions for confidentiality. A physician who exercises clinical privileges at EPCH agrees to be bound by such bylaws. The provision states as follows:

Information obtained or prepared by any representative for the purpose of evaluating or improving the quality and efficiency of patient care, reducing morbidity and mortality, or contributing to teaching or clinical research, shall, to the fullest extent permitted by law, be confidential. Such information shall only be disseminated to the extent necessary for the purposes identified above or except as otherwise specifically authorized by law. Such confidentiality shall also extend to information provided by third parties.

Additionally, the Medical Staff Bylaws provide that “[t]he confidentiality and immunity provided by this Article shall apply to all information obtained or disclosures made in connection with this or any other health care facility or organization’s activities concerning . . . Applications for appointments, Clinical Privileges, or specified services . . . [and] Other Hospital, committee, Department, or staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.”

Padilla-Rodriguez attested that Dr. Canales applied to EPCH for hospital credentials and privileges on November 2, 2018. At that time, Dr. Mayes served as Chief of the Department of Pediatrics. Along with other department chiefs and Medical Staff leaders, Dr. Mayes also served on the MEC. Padilla-Rodriguez further described that Cindy Stout then served as the CEO of EPCH. Under the Medical Staff Bylaws, Stout served as an ex-officio member of all standing and special Medical Staff committees. Similarly, she served as a non-voting member of the MEC.

Padilla-Rodriguez further attested to being familiar with the medical peer review committee processes. She averred that Dr. Mayes had agreed to be bound to confidentiality provisions by holding clinical privileges at the hospital. Padilla-Rodriguez attended Medical Staff

meetings including those related to credentialing matters in general and in connection with the application of Dr. Canales. In her administrative capacity, she prepared and presented documents to Dr. Mayes relating to Dr. Canales's application. She particularly described:

All of this was done as part of the normal processes of the Credentials Committee, including to facilitate the committee's decision-making process regarding Dr. Canales's application for hospital credentials and privileges. The processes involved in physician credentialing are not part of [the Hospital's] regular course of business but, instead, are specialized and confidential processes provided for in the Medical Staff Bylaws. Any information obtained or documents generated in this process are kept confidential and segregated from routine hospital records, such as patient medical records or patient billing records. At no time did any chair, vice chair, or secretary of the Credentials Committee, MEC, or Board waive in writing any peer-review or credentialing privilege or confidentiality applicable to Dr. Canales's application for hospital credentials and privileges.

**(1) Whether the peer-review privilege applied to the challenged statements**

Before analyzing whether the Real Parties in Interest met their burden to present prima facie proof of the applicability of the peer-review privilege, we first address two preliminary arguments made by Relators.

**(a) The applicability of § 74.351 of the Texas Civil Practice & Remedies Code**

First, Relators assert the trial court abused its discretion by rendering the Privilege Order to the extent it impacts the expert reports they submitted to support their health care liability claim. Relators argue these reports are governed by TEX. CIV. PRAC. & REM. CODE § 74.351(l) ("A court shall grant a motion challenging the adequacy of an expert report only if it appears to the court, after hearing, that the report does not represent an objective good faith effort to comply with the definition of an expert report in Subsection (r)(6)."). Relying on § 74.351, Relators contend the Real Parties in Interest were obligated to prove the applicability of the peer-review privilege "within the four-corners of Peterson's § 74.351 report."

We reject this argument outright because the question before the trial court was not whether the expert report was adequate under § 74.351. Rather, the relevant question required Real Parties in Interest to prove, and the trial court to determine, whether the challenged documents disclosed privileged and confidential information that should be amended, redacted, or sealed. Based on the grounds presented by the motion to strike, the trial court was not yet asked to determine the adequacy of the expert reports pursuant to § 74.351. Rather, as relevant to the grounds pleaded, the trial court determined whether the Real Parties in Interest established the application of the medical peer review privilege such that the burden had shifted to Relators to establish whether an exception applied.

Second, Relators next contend the peer-review privilege does not apply to this type of expert report because Dr. Peterson had not yet been designated as a testifying expert, and his declarations were not admissible as evidence. In support, they cite to *In re Mem'l Hermann Hosp. Sys.*, 464 S.W.3d 686 (Tex. 2015) (orig. proceeding). However, this case did not involve an expert report but a request for documents in a defamation suit. *Id.* at 695–96. There, the Supreme Court held the medical committee privilege did not apply to data and information under the anticompetitive exception to the medical peer review committee privilege. *Id.* at 718 (citing TEX. OCC. CODE ANN. § 160.007(b)). We conclude the holding of *In re Mem'l Hermann* is inapplicable here.

Here, the record shows the trial court determined that certain portions of Dr. Mayes's affidavit and declaration, and Dr. Peterson's declarations as well—which were both identified by the trial court's order—were protected by the medical peer review privilege. It then issued a separate order addressing how to remove the privileged information, redact it, or do both, and to

do the same as to other references made to such information in pleadings and other filed documents. Plainly, on this record, no finding or ruling was requested or made on the adequacy of the expert reports pursuant to the requirements imposed by § 74.351 of the Texas Civil Practice and Remedies Code. Thus, we conclude that § 74.351 was not applicable to any of the proceedings at issue here.

**(b) The trial court’s determination of whether the challenged information fell outside the scope of protected information**

Next, Relators argue the trial court applied the privilege too broadly to certain statements by Dr. Mayes’s reports and declaration. They contend that much of the challenged communications involved hospital staff, CEO Stout, and Padilla-Rodriguez, who are all non-physicians. They claim that Mayes’s declaration testified about certain “unethical behavior” of EPCH’s staff, all occurring outside committee deliberations. Thus, they urge, these statements fell outside the scope of the peer-review privilege as certain communication was made outside of a five-person quorum required for conducting committee business. Relators suggest the Texas Occupations Code limits the peer review privilege to “physicians evaluating the qualification and conduct of other physicians.” We disagree.

Medical peer review or professional review action is defined as “the evaluation of medical and health care services, including evaluation of the qualifications and professional conduct of professional health care practitioners and of patient care provided by those practitioners.” TEX. OCC. CODE ANN. § 151.002(a)(7). Moreover, the statutory provision does not limit the privilege to physicians in that it covers “any communication made to a medical peer review committee.” *Id.* § 160.007(a). The record established that CEO Stout, a non-physician, was included as a non-voting member of all medical staff committees pursuant to the Medical Staff

Bylaws. Moreover, as part of her administrative functions, Padilla-Rodriguez assisted the medical staff committee and CEO Stout with physician credentialing. Thus, she was also covered by the terms of the Occupations Code. *See id.* § 151.002(a)(8)(A). That Stout and Padilla-Rodriguez are not physicians does not negate the fact that communications were made to committee members about a pending application for hospital privileges.

Relators also contend that courts require a narrow interpretation of the peer-review privilege, asserting that not every conversation occurring while credentialing is ongoing is necessarily privileged and confidential. Again, we disagree.

Section 160.007(a) provides that “each proceeding or record of a medical peer review committee is confidential, and any communication made to a medical peer review committee is privileged.” *Id.* § 160.007(a). Here, the record shows the challenged information, to a great extent and as more fully discussed below, derives directly from communication to and from Dr. Mayes and other committee members about Dr. Canales’s credentialing process.

Relators next claim the Bylaws require a quorum of five-committee members for the privilege to apply. However, as Real Parties in Interest point out, only MEC meetings require a five-person quorum, not meetings on the credentialing process. Moreover, Dr. Mayes attested that the meetings and communication occurred during the credentialing process and not at the MEC stage of that process. Accordingly, the bylaws do not require “formal” meetings in the Credentials Committee stage for the privilege to apply, as they do for the application of the privilege in the MEC stage. Therefore, the privilege can apply to informal communications of that committee and its processes including those disclosed by Dr. Mayes.

At the outset, we conclude that Relators failed to establish preliminary grounds showing the challenged statements fell outside the scope of the peer-review privilege.

**(2) Whether the Real Parties in Interest presented prima facie proof of the applicability of the peer-review privilege**

Relators put forth several arguments asserting the Real Parties in Interest failed to establish a prima facie case for the applicability of the medical peer review privilege. First, Relators argue the Real Parties in Interest failed to meet their initial burden because they did not tender any documents for the trial court to conduct an in camera review. However, the request before the trial court did not include a determination on whether any documents withheld from discovery contained privileged information. Rather, the Real Parties in Interest alleged the exhibits filed with the initial pleading contained information protected by the privilege. Under these circumstances, the challenged statements were already openly disclosed through Relators' public filing of the Exhibits. Real Parties in Interest assert that because of the "unusual posture" of this case, and because the Relators attached the privileged information to their petition, the information had already been made a part of the public record. As a result, the trial court was able to review the documents without necessity of an in camera review. We agree that no in camera review applied under these circumstances.

Next, Relators assert the Real Parties in Interest did not meet their initial burden of proof because Padilla-Rodriguez's affidavit did not trace any of the statements in Dr. Mayes's affidavit, or in his declaration, or in Dr. Peterson's declarations, as well, to any peer review committee proceeding. Within his affidavit, Dr. Mayes discussed two meetings, or conversations, which were both attended by the chair of the Credentials Committee. He described the discussions involved Dr. Canales's privileges application and why it should and should not be granted. He also disclosed



his own vote and recommendation regarding Dr. Canales's application for privileges along with the vote and recommendations of other committee members.

On this record, which includes the Exhibits, the EPCH Bylaws, the Medical Staff Bylaws, along with an affidavit explaining the credentialing process and hospital governing structure, we conclude the Real Parties in Interest established prima facie proof of the applicability of the medical peer review privilege to the challenged statements. The trial court heard argument during multiple hearings where the Real Parties in Interest pointed out the specific paragraphs containing privileged and confidential information. The trial court was able to review Padilla-Rodriguez's affidavit with the attached Bylaws, as compared with Dr. Mayes's affidavit and declaration, and from there determine whether privileged information had been disclosed.

In short, Relators assert Dr. Mayes's affidavit and declaration fail to reveal any privileged information on their face. Instead, they assert Dr. Mayes simply revealed personal observations he made as a member of the hospital's medical staff, and not as a member of its other committees. They urge he did not reveal the contents of any documents, records, or communications made to any peer review or credentialing committee. Relators also claim that the statements revealed were gratuitously made because they were informal conversations that occurred outside a formal meeting, with non-physicians involved at most.

The Real Parties in Interest counter they sought protection of information used and discussed during the peer review process only. Additionally, in Padilla-Rodriguez's affidavit, she attested that her preparation of documents, discussions with Dr. Mayes, and her attendance at meetings, were all part of the ordinary processes for the hospital's credentialing process.

We first note that Relators do not point us to any specific statements covered by the Privilege Order on which they disagree. Rather, they argue broadly against the trial court's findings in general. In conducting our review, however, we examined each and every statement—as referenced by the paragraph and sentence number of the challenged exhibit or pleading—which the trial court deemed privileged and confidential. On review, we note that a few of the sentences included in paragraphs deemed privileged as a whole included contextual information that did not necessarily reveal information strictly arising from credentialing or peer review activities. For example, some sentences revealed general information about hospital activities or policies, broad statements about the hospital's financial performance, and statements disclosing actions allegedly taken by Dr. Canales while on site. The experts' exhibits additionally disclosed opinions relevant to the factual allegations of the underlying case.

Standing alone, when viewed in isolation apart from the paragraphs as a whole, certain sentences within certain paragraphs appear as if they are free of any privileged or protected information—i.e., Exhibit 1 paragraph 79, Exhibit 2 paragraph 77, and Exhibit 5 paragraph 29, 30, and 32. But when viewed in full context of the surrounding sentences and with their adjacent paragraphs, which themselves reveal privileged information in multiple sentences, we see that the isolated statements merely provide context or set-up type statements for the privileged sentences. As a result, we cannot say Relators have shown the trial court could reasonably have reached only one decision as to each of the challenged sentences. *See Liberty Nat'l Fire Ins. Co. v. Akin*, 927 S.W.2d 627, 630 (Tex. 1996) (orig. proceeding). Rather, we agree the statements identified in the Privilege Order largely contain privileged and confidential information disclosing conversations

and activities related to the hospital's review of Dr. Canales's qualifications as part of its medical credentialing process.

This conclusion leads into Relators next argument that the trial court's Privilege Order is overly broad because it further orders that the protected statements cannot be disclosed in any future petitions or other pleadings, they are not subject to subpoena or discovery, and they cannot be admitted into evidence in the underlying case. Again, we note the Privilege Order is very specific as to which statements were deemed privileged and confidential, identifying each piece of information by sentence and paragraph. Thus, only certain lines of information expressly listed in the Privilege Order were deemed privileged and not subject to disclosure.

But the Privilege Order further states that Relators would not be permitted to mention or use any of the identified portions "in any future petitions or any other future pleadings, motions, or other filings[.]" To the extent of this forward-looking restriction, we are compelled to clarify the Privilege Order cannot be properly read as precluding Relators from arguing they obtained certain information from alternative sources outside the boundaries of the peer-review privilege. *See Brooks*, 927 S.W.2d at 18 ("The statute does not prohibit discovery from alternative sources."). We stress here that information simply cannot be discovered from a peer review committee, or its related activities, or from individuals included within the protections of § 160.007. *See id.* On the other hand, Relators would be permitted to obtain information if it could be established it came either from documents within the public domain or from business records in which the committee came into contact but were discovered through other avenues. *See id.* These are but two examples and not an exhaustive list. To be clear, information about hospital activities in general, or actions of Dr. Canales more specifically, may potentially be discoverable when such information derives

from a nonprivileged source; that is, only those communications made to or in the course of proceedings of a medical peer review committee, or by its members who are functioning in that context, is deemed confidential and protected from ordinary discovery efforts. *See id.*

On this record, we conclude the Exhibits and related records establish the challenged communications and observations disclosed by Dr. Mayes were part of or related to the hospital's peer review process. Such evidence was sufficient as prima facie proof that the challenged statements were entitled to protection by the claimed privilege. *See In re Christus Santa Rosa Healthcare Corp.*, 617 S.W.3d 586, 595 (Tex. App.—San Antonio 2020, orig. proceeding) (holding an email exchange between doctors was privileged communication under the medical peer review privilege and it was not required for the email to be sent to every member of the hospital's peer review committee to be considered privileged communication); *see also Brooks*, 927 S.W.2d at 19 (“The privilege from discovery under [§ 160.007] is not restricted to communications to a medical peer review committee *during the course of a specific investigation or an ongoing proceeding* (emphasis added).” Thus, we conclude the Real Parties in Interest met their initial burden of proof. Yet, to a certain extent, we also conclude that certain language included in the trial court's Privilege Order is nonetheless overly broad to the extent it could be construed as precluding the use of non-privileged evidence obtained from alternative sources not protected by law.

Before reaching those concerns, however, we next consider Relators' claim that certain exceptions applied.

### **(3) Exceptions to the peer review privilege**

Relators next contend that, even if the statements were initially protected by the medical peer review privilege, they otherwise established an exception applied.

#### **(a) Financial records and the regular course of business**

Relators assert that regulations of the Department of Health Services of the state required the hospital to maintain and disclose certain records, and therefore, the information was not otherwise privileged. They assert that Dr. Mayes's affidavit and declaration included information regarding EPCH's financial condition. Relators refer to EPCH's website where it states it is a non-profit hospital that provides charity care and community benefits. They contend that EPCH is statutorily mandated to disclose its financial data to the Department of Health Services including gross revenue, admissions, assets, liabilities, and unreimbursed costs of subsidized health services. *See* TEX. HEALTH & SAFETY CODE ANN. § 311.033. Additionally, Relators urge that the Department of Health Services is statutorily required to use said data to publish a publicly released Annual Report regarding "the amount of charity care, bad debt, and other uncompensated care hospitals provide[.]" *Id.* § 311.035. Relators argue that, from these report, the "logical inference[]" is that EPCH was desperate for Canales' volume of patients and money." On this basis, they conclude the information disclosed falls within an exception to the peer-review privilege.

Our review of the record demonstrates, however, that Relators never presented this argument to the trial court. As a prerequisite to presenting a complaint for appellate review, the record must show the party sought a ruling from the trial court. *See* TEX. R. APP. P. 33.1(a). Even so, on this record, we cannot say a "logical inference" is established that otherwise links the complained of statements to a recognized exception to the peer-review privilege.

**(b) Waiver**

At the trial court, and on appeal, Relators did argue that the Real Parties in Interest waived the privilege because they filed the complained of affidavits and declarations and referred to them in their own court filings. The statute provides that:

Unless disclosure is required or authorized by law, a record or determination of or a communication to a medical peer review committee is not subject to subpoena or discovery and is not admissible as evidence in any civil judicial or administrative proceeding without waiver of the privilege of confidentiality executed in writing by the committee.

TEX. OCC. CODE ANN. § 160.007(e). The written waiver must be signed by the chair, vice chair, or secretary of the affected medical peer review committee. *Id.* A party “seeking access to privileged information must plead and prove waiver of the privilege.” *Id.* § 160.007(g).

Here, Relators were the first to file reports and declarations with the privileged information included. But they contend the Real Parties in Interest then waived any applicable privilege because they voluntarily filed into the court records the same declarations and affidavit and incorporated statements into their motions. Relators maintain that requiring a written, signed waiver is a “nonsensical and absurd result on these peculiar, undisputed facts.” Relators assert the Real Parties in Interest waived any privilege by intentionally disclosing the privileged information to third parties.

In her affidavit, administrator Padilla-Rodriguez attested that “[a]t no time did any chair, vice chair, or secretary of the Credentials Committee, MEC, or Board waive in writing any peer-review or credentialing privilege or confidentiality applicable to Dr. Canales’s application . . . .” Moreover, Relators do not assert that there is a written waiver of the privilege. Rather, they urge that because of the specific facts of this case, a written waiver was not required. In support of their

argument, Relators maintain that all privileges are waivable. *See* TEX. R. EVID. 511(a). They cite a decision from our highest court finding the medical peer review privilege had been waived when documents were disclosed to a grand jury. *Jordan v. Court of Appeals for Fourth Supreme Judicial Dist.*, 701 S.W.2d 644, 649 (Tex. 1985) (orig. proceeding). In *Jordan*, the Supreme Court held that it was unclear how and by what means the grand jury came into possession of the documents but that “[i]t is the rule in Texas that the protections afforded by a privilege are waived by voluntary disclosure of the privileged documents.” *Id.*

As Real Parties in Interest point out, however, *Jordan* was decided under a previous statute of the peer review privilege, which did not include a written waiver requirement. *See id.* at 646; *see also In re Rio Grande Reg’l Hosp.*, No. 13-11-00058-CV, 2011 WL 1844453, at \*4 (Tex. App.—Corpus Christi Mar. 14, 2011, orig. proceeding) (mem. op.) (“[W]hile it is true that the general medical committee privilege found in the health and safety code may be waived by voluntary disclosure of the privileged documents, [citing *Jordan*], the peer review privilege explicitly requires a written waiver executed by the committee.”). Furthermore, whether there was a written waiver was not an argument presented by the parties and thus it was not a question before the court. *Jordan*, 701 S.W.2d at 649.

Here, Relators provide no authority supporting their argument that a written waiver is not required. They attempt to argue that the ruling of *Jordan* was subsequently reaffirmed by the Supreme Court in *Mem’l Hosp.-The Woodlands v. McCown*, 927 S.W.2d 1, 10 (Tex. 1996) (orig. proceeding). However, *McCown* did not ask whether a defendant waived the privilege by voluntary disclosure but rather determined whether a business records exception applied. *Id.* On the other hand, the Real Parties in Interest do cite cases where courts have held the medical peer review

privilege can only be waived by the method stated in the statute. *See In re Christus Santa Rosa Healthcare Corp.*, 617 S.W.3d at 595-596 (holding a letter sent by the hospital’s counsel—but not executed by the chair, vice chair, or secretary of the hospital’s medical peer review committee—failed to meet the requirements of § 160.007(e)).

On this record, a finding of no waiver of the peer review privilege is supported by legally sufficient evidence. The trial court did not err nor clearly abuse its discretion in finding the medical peer review privilege applied to the challenged statements contained in the attached exhibits and related pleadings. Although we reach this conclusion, we otherwise conclude the Privilege Order included an overly broad phrase that requires clarification to avoid the application of the peer-review privilege to information discoverable from alternative sources unrelated to peer-review activities or functions. We address the required clarification in the conclusion below.

Accordingly, Relators’ first issue is overruled in part as to the trial court’s finding of information protected by the peer-review privilege and sustained in part as to overly broad language that unduly restricts the discovery *of* or the admissibility *of* information derived from alternative sources, though such would remain subject to further objections not yet considered or ruled upon by either the trial court or by this Court in this proceeding.

### **C. Lack of an adequate remedy on appeal**

Relators’ third issue in part asserts they have no adequate remedy on appeal because the trial court’s Privilege Order overcompensated by significantly altering the parties’ court filings and mistakenly applying privilege, thereby affecting their ability to present their case, to conduct discovery, and to proceed to trial without wasting judicial resources. This argument addresses the second prong of the required mandamus standard.



Because we conclude that Relators failed to show the trial court abused its discretion in determining the medical peer review privilege applied, that is, that Relators failed to establish the first prong of the two-prong standard, it follows that we need not address their contention that they have no adequate remedy at law. *See Walker*, 827 S.W.2d at 840; *see also* TEX. R. APP. P. 47.1 (providing that a court of appeals must hand down a written opinion that is as brief as practicable but that addresses every issue raised and necessary to final disposition of the appeal).

We overrule in part Relators' third issue.

## **V. THE AMENDED REDACTION ORDER**

In a first subpart of the second issue and remaining part of the third issue, Relators challenge the trial court's Amended Redaction Order, which removed the expert reports, exhibits, and other filings from the court's records and sealed records or portions of records from public view. Because we conclude—in the companion case issued this same date—that direct appeal is available to address these issues, it follows that an adequate remedy is available to Relators. Thus, mandamus review is not available to address the first subpart of the second issue and remaining part of the third issue.

Additionally, in the second subpart of Relators' second issue, they assert the trial court abused its discretion in granting special exceptions. In the absence of extraordinary circumstances, mandamus relief is not available to supervise or correct rulings of a trial judge which are merely incidental to the normal trial process when there is an adequate remedy by appeal for their correction. *Grimm v. Garner*, 589 S.W.2d 955, 956 (Tex. 1979). A trial court's rulings on special exceptions are merely incidental in the normal trial process where an aggrieved party has a remedy by appeal to correct the incidental ruling, if incorrect. *Hill v. Lopez*, 858 S.W.2d 563, 565

(Tex. App.—Amarillo 1993, no writ). The cost or delay incurred by the trial and appellate process does not make the remedy by appeal inadequate. *Walker*, 827 S.W.2d at 842; *see also Hill*, 858 S.W.2d at 566 (finding mandamus not available for a trial court’s sustaining of special exceptions and citing other cases where mandamus was not available for other trial court’s sustaining of special exceptions). Because mandamus is an extraordinary writ that should only be issued when the trial court clearly abused its discretion and Relators have no adequate remedy by appeal, we conclude that mandamus relief is not available to address the trial court’s ruling on special exceptions. *Walker*, 827 S.W.2d at 840.

For this reason, we deny Relators’ request for mandamus relief as to the complaints raised against the Amended Redaction Order.

We overrule Relators’ second issue in its entirety; and as well, we overrule the remaining part of the third issue.

## VI. CONCLUSION

Based on the record before us, we deny mandamus relief in its entirety as to Relator’s complaints against the Amended Redaction Order. As to the Privilege Order, however, we conditionally grant mandamus relief in part to the extent we determine the order includes certain overly broad language. As to the penultimate paragraph of the Privilege Order, we direct the trial court to solely withdraw the phrase stating: “and the information is not subject to subpoena or discovery and is not admissible as evidence in this civil judicial proceeding, as stated in § 160.007(e) of the Texas Occupations Code.” Once that phrase is withdrawn, we further direct the trial court to insert the following in its place: “Plaintiffs are not prohibited from discovering or potentially admitting into evidence information which is sought from or has been obtained from

alternative sources—but such information remains subject to further objection by any party—where the information is not related to a medical peer review committee, or other such body, or otherwise afforded protection under § 160.007(e) of the Texas Occupations Code.” Lastly, we direct the trial court to sign the Privilege Order, as modified. As to all other extents, we deny mandamus relief against that order.

The writ will issue only if the trial court does not comply.

GINA M. PALAFOX, Justice

April 24, 2023

Before Rodriguez, C.J., Palafox, and Soto, JJ.

**C**



COURT OF APPEALS  
EIGHTH DISTRICT OF TEXAS  
EL PASO, TEXAS

IN RE:	§	No. 08-22-00089-CV
DAVID EDWARD SAUCEDO II and	§	AN ORIGINAL PROCEEDING
MARIANA TERRAZAS SAUCEDO,	§	
Individually and on Behalf of I.S., a Minor	§	IN MANDAMUS
Child,	§	
Relators.	§	

**J U D G M E N T**

The Court has considered this cause on the record and concludes there was error in the Privilege Order of the trial court to a certain extent; but otherwise, as to all remaining parts, no error was shown. We conditionally grant mandamus relief in part to the extent we determine the Privilege Order includes certain overly broad language. As to the penultimate paragraph of the Privilege Order, we direct the trial court to solely withdraw the phrase stating: “and the information is not subject to subpoena or discovery and is not admissible as evidence in this civil judicial proceeding, as stated in § 160.007(e) of the Texas Occupations Code.” Once that phrase is withdrawn, we further direct the trial court to insert the following in its place: “Plaintiffs are not prohibited from discovering or potentially admitting into evidence information which is sought from or has been obtained from alternative sources—but any such information remains subject to further objection by any party—where the information is not related to a medical peer review

committee, or other such body, or otherwise afforded protection under § 160.007(e) of the Texas Occupations Code.” Lastly, we direct the trial court to sign the Privilege Order, as modified. As to all other extents, we deny mandamus relief against that order. We deny mandamus relief in its entirety as to Relator’s complaints against the Amended Redaction Order.

IT IS SO ORDERED THIS 24TH DAY OF APRIL, 2023.

GINA M. PALAFOX, Justice

Before Rodriguez, C.J., Palafox, and Soto, JJ.

**D**

Vernon's Texas Statutes and Codes Annotated  
Occupations Code (Refs & Annos)  
Title 3. Health Professions (Refs & Annos)  
Subtitle B. Physicians (Refs & Annos)  
Chapter 160. Report and Confidentiality Requirements  
Subchapter A. Requirements Relating to Medical Peer Review

V.T.C.A., Occupations Code § 160.007

## § 160.007. Confidentiality Relating to Medical Peer Review Committee

### Currentness

(a) Except as otherwise provided by this subtitle, each proceeding or record of a medical peer review committee is confidential, and any communication made to a medical peer review committee is privileged.

(b) If a judge makes a preliminary finding that a proceeding or record of a medical peer review committee or a communication made to the committee is relevant to an anticompetitive action, or to a civil rights proceeding brought under 42 U.S.C. Section 1983, the proceeding, record, or communication is not confidential to the extent it is considered relevant.

(c) A record or proceeding of a medical peer review committee or a written or oral communication made to the committee may be disclosed to:

- (1) another medical peer review committee;
- (2) an appropriate state or federal agency;
- (3) a national accreditation body;
- (4) the board; or
- (5) the state board of registration or licensing of physicians of another state.

(d) If a medical peer review committee takes action that could result in censure, suspension, restriction, limitation, revocation, or denial of membership or privileges in a health care entity, the affected physician shall be provided a written copy of the recommendation of the medical peer review committee and a copy of the final decision, including a statement of the basis for the decision. Disclosure to the affected physician of confidential peer review committee information relevant to the matter under review does not constitute waiver of the confidentiality requirements established under this subtitle.



(e) Unless disclosure is required or authorized by law, a record or determination of or a communication to a medical peer review committee is not subject to subpoena or discovery and is not admissible as evidence in any civil judicial or administrative proceeding without waiver of the privilege of confidentiality executed in writing by the committee. The evidentiary privileges created by this subtitle may be invoked by a person or organization in a civil judicial or administrative proceeding unless the person or organization secures a waiver of the privilege executed in writing by the chair, vice chair, or secretary of the affected medical peer review committee.

(f) If, under Sections 160.008(a) and (b), a person participating in peer review, a medical peer review committee, or a health care entity named as a defendant in a civil action filed as a result of participation in peer review may use otherwise confidential information in the defendant's own defense, a plaintiff in the proceeding may disclose a record or determination of or a communication to a medical peer review committee in rebuttal to information supplied by the defendant.

(g) A person seeking access to privileged information must plead and prove waiver of the privilege. A member, employee, or agent of a medical peer review committee who provides access to an otherwise privileged communication or record in cooperation with a law enforcement authority in a criminal investigation is not considered to have waived any privilege established under this subtitle.

#### Credits

Acts 1999, 76th Leg., ch. 388, § 1, eff. Sept. 1, 1999.

#### O'CONNOR'S CROSS REFERENCES

See also *O'Connor's Texas Rules*, "Peer-review & medical-committee privileges," ch. 6-B, §3.13.

#### O'CONNOR'S ANNOTATIONS

*In re Christus Santa Rosa Health Sys.*, 492 S.W.3d 276, 282 (Tex.2016). "To determine whether in camera inspection is critical to the evaluation of the medical peer review committee privilege claim in this case, we must consider the parties' arguments about the meaning of §160.007(d) in this context. [Physician] argues that because [health center's] medical peer review committee had the opportunity to recommend discipline--even though it did not--the committee took an action that could have resulted in one of the disciplinary measures listed in the statute. Under [physician's] interpretation, a medical peer review committee would 'take action' whenever it convenes to review the quality of medical care or competence of a physician because it has the ability to recommend disciplinary action. We disagree. *At 283*: [S]ection 160.007(d) provides for disclosure only of the 'recommendation' and 'final decision' of the medical peer review committee, which connotes a completion of review, more than simply convening a meeting. [S]ome consequence--the disciplinary measures listed in the statute--must be possible from the medical peer review committee's voluntary act of will. *At 284*: [Thus, f]or the exception in §160.007(d) to apply, the medical peer review committee must have taken some action that could have resulted in discipline beyond simply convening to review the physician's actions."

*In re Memorial Hermann Hosp. Sys.*, 464 S.W.3d 686, 698-99 (Tex.2015). "All proceedings and records of a medical peer review committee are confidential, and all ... communications to a committee are privileged and are not discoverable, with certain exceptions....' ... The minutes and recommendations of the committee as well as the committee's inquiries about a physician to outside sources and responses thereto are also protected. [¶] However, under certain circumstances, the information may not be confidential, in which case it would not be subject to a privilege. *At 706-07*: [W]e hold that the exception [in §160.007(b)] to the medical peer review committee privilege for anticompetitive actions applies when the plaintiff asserts a cause of action that requires proof that the conduct at issue has 'a tendency to reduce or eliminate competition' that is not offset by countervailing procompetitive justifications. [¶] We ... reject [D's] contention that §160.007(b) conditions its exception to

confidentiality on the plaintiff's satisfaction of an evidentiary burden. ... The statute does not reference expert reports, affidavits, or categories of evidence to be considered. Significantly, other than requiring a 'preliminary finding' that the material be 'relevant to an anticompetitive action,' subsection (b) contains no indication of a threshold quantum of proof. *At 708*: [W]e hold that judges are to determine a subsection (b) 'preliminary finding' on the basis of the plaintiff's pleadings. *At 714*: [W]e note that ... affidavits prepared for and submitted to the trial court are neither records nor proceedings of the committees at issue nor communications to that committee. They therefore receive no protection.... The committee bylaws attached as exhibits to the affidavits also ... are ... not protected."

*In re Living Ctrs.*, 175 S.W.3d 253, 258 (Tex.2005). "[W]e hold the medical peer review privilege, insofar as employment evaluation is concerned, only applies to physicians."

*Irving Healthcare Sys. v. Brooks*, 927 S.W.2d 12, 16 (Tex.1996). "The straightforward language of [TRCS art. 4495b, §5.06, now Tex. Occ. Code §160.007,] provides several explicit exceptions to the rule of nondisclosure of peer review proceedings, records, and communications. ... Noticeably absent from the statute is [an exception] for a libel action in which the plaintiff claims malice. *At 18*: The statute does not prohibit discovery from alternative sources. For example, a medical peer review committee may have obtained and reviewed a copy of a letter from a physician, but that document is not thereby clothed with a privilege if its author or recipient share[d] it with individuals or entities that do not come under the umbrella of [TRCS art. 4495b, now Tex. Occ. Code ch. 160]. [¶] However, the source of discovery cannot be the peer review committee or any other entity or individual included within the protections of §5.06, except of course where there has been a waiver of the privilege, or where the hospital or physician possesses the documents in a nonprivileged capacity, such as the custodian of a patient's medical records. Rather, a party must seek the documents and communications from a nonprivileged source."

*In re Christus Santa Rosa Healthcare Corp.*, 617 S.W.3d 586, 592 (Tex.App.--San Antonio 2020, orig. proceeding). "Nothing in §160.007 requires ... that the communication must be sent to the entirety of a medical peer review committee. [¶] [T]here is no requirement that any communication from a concerned physician must be sent to every member of the hospital's Peer Review Committee. *At 593*: The medical peer review privilege protects 'an evaluative process, not mere records.' *At 595*: [The] affidavit [submitted by relator] and the documents attached thereto make clear that the reporting of an event, such as [concerned physician's] email, is the first step in the peer review process, and are sufficient to make a prima facie showing that the email is entitled to the claimed privilege. [¶] [Patient, P in underlying suit,] argues any privilege was waived.... [She] contends that although [concerned physician] did not show her his email, he conveyed to her its 'essence.' [¶] We conclude the record does not support [patient's] argument that privilege was waived because [concerned physician] read her a few words from the email."

*In re Higby*, 414 S.W.3d 771, 782 (Tex.App.--Houston [1st Dist.] 2013, orig. proceeding). "[W]hen the Grievance Committee reviews complaints concerning a fellow's actions relating to expert witness testimony--such as complaints that the fellow made false and misleading statements in an expert report, fabricated information, and opined on matters outside his area of expertise--it evaluates the professional conduct of the professional health care practitioner, which constitutes 'medical peer review' pursuant to [Tex. Occ.] Code §151.002(a)(7), and it also evaluates the competence of the physician, which qualifies the committee as a 'medical peer review committee' pursuant to §151.002(a)(8). Because, under the facts of this case, the Grievance Committee constitutes a medical peer review committee, we hold that, pursuant to [Tex. Occ.] Code §160.007(a), [expert's] communications to the Grievance Committee are privileged."

*Capital Senior Mgmt. 1, Inc. v. Texas Dept. of Human Servs.*, 132 S.W.3d 71, 78 (Tex.App.--Austin 2004, pet. denied). "Texas courts have consistently limited the peer-review committee privileges to those documents generated by the committee as a result of the committee's deliberative processes and to those submitted to the committee at their direction and in furtherance of committee business."

*In re Osteopathic Med. Ctr.*, 16 S.W.3d 881, 883-84 (Tex.App.--Fort Worth 2000, orig. proceeding). "The essence of the medical peer review privilege is that documents made by or for a medical committee or medical peer review committee are confidential and privileged from discovery unless they are made in the regular course of business or the privilege has been waived. The

nature and extent of the medical peer review privilege is a question of law. The burden to establish the privilege is on the party seeking to preclude documents from discovery on this basis. To that end, the party has the obligation to prove, by competent evidence, that the privilege applies to the information sought. This is generally accomplished by affidavit. An affidavit filed as proof of the privilege must necessarily be descriptive enough to be persuasive.” See also *In re Belmore*, No. 05-04-01035-CV, 2004 WL 1983597 (Tex.App.--Dallas 2004, orig. proceeding) (memo op.; 9-8-04); *Goodspeed v. Street*, 747 S.W.2d 526, 528 (Tex.App.--Fort Worth 1988, no writ).

V. T. C. A., Occupations Code § 160.007, TX OCC § 160.007

Current through legislation effective May 10, 2023, of the 2023 Regular Session of the 88th Legislature. Some statute sections may be more current, but not necessarily complete through the whole Session. See credits for details.

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**E**

*See Unredacted Appendix for Text*

**F**

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**G**

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**I**





3. I am familiar with the allegations in the lawsuit filed against EPCH by David and Mariana Saucedo, and I have reviewed their Original Petition and attachments thereto. I also have reviewed Dr. Thomas C. Mayes's unsworn declaration.

4. At the time Dr. Roberto Canales applied for privileges at EPCH, the hospital was operating under the Amended and Restated Bylaws of El Paso Children's Hospital Corporation, effective October 1, 2016 (the "EPCH Bylaws"), and the El Paso Children's Hospital Medical Staff Bylaws, effective July 27, 2016 (the "Medical Staff Bylaws"). I am familiar with the manner in which these Bylaws are created and maintained by virtue of my job duties and responsibilities. Attached to my Affidavit are exact duplicates of the original records, and they are incorporated herein. It is the regular practice of EPCH's Board and Medical Staff to periodically review and amend these Bylaws. These documents were made by persons with knowledge of the matters set forth in them at the time they were made and took effect. These Bylaws are kept in the course of regularly conducted business activity of EPCH's Board and Medical Staff.

5. EPCH operates under a Board of Directors. (EPCH Bylaws, Art. 4.1). The EPCH Bylaws create certain standing committees and authorized creation of special committees to perform specific tasks. (EPCH Bylaws, Art. 7.4). The EPCH bylaws also recognize the Medical Staff, vest the authority to appoint physicians to the Medical Staff with the Board, and authorize the Medical Staff to operate under bylaws, rules and regulations, credentialing manual, and other documents. (EPCH Bylaws, Art. VIII). The EPCH bylaws delegate to the Medical Staff, among other things, responsibilities related to physician applications for hospital privileges (credentialing, recredentialing, suspension, revocation, etc.). (EPCH Bylaws, Art. 8.3).

6. The EPCH Bylaws also authorize the Medical Staff to create the Medical Executive Committee ("MEC") and to appoint members to the MEC for purposes of conducting peer review. (EPCH Bylaws, Art. 8.5). The MEC is a medical peer review committee with responsibility for,

among other things, evaluating the competence of practitioners for its Medical Staff. (Medical Staff Bylaws, Art. 9.3).

7. The Medical Staff Bylaws create the obligation of EPCH department chiefs to review applications by physicians for clinical privileges and to make recommendations to the Medical Staff Credentials Committee. (Medical Staff Bylaws, Art. 4.9, 4.10). Thus, the Chief of the Department of Pediatrics is responsible for transmitting to the MEC his recommendations concerning applications for clinical privileges for physicians in his department. (Medical Staff Bylaws, Art. 8.5.6). Once the department chief makes a recommendation, the Credentials Committee then reviews the application and makes a recommendation to the MEC, which in turn considers the application and makes a recommendation to EPCH's Board of Directors. (Medical Staff Bylaws, Art. 4.10, 4.11, 4.12, 4.3). The Board has final authority to appoint physicians to the medical staff. (Medical Staff Bylaws, Art. 4.12; EPCH Bylaws, Art. 8.1).

8. At the time of Dr. Canales's application, Dr. Mayes was Chief of the Department of Pediatrics at EPCH. The Chief of the Department of Pediatrics, as well as other department chiefs and Medical Staff leaders, are members of the MEC. (Medical Staff Bylaws, Art. 9.3.1). Dr. Jarrett Howe was a member of the MEC in 2018. The hospital's Chief Executive Officer also is an ex-officio member of all standing and special Medical Staff committees and a regular attendee and non-voting member of the MEC. (Medical Staff Bylaws, Art. 9.2.1, 9.3.1). At the time of Dr. Canales's application for hospital privileges, Cindy Stout was the CEO of EPCH.

9. The Medical Staff Bylaws also contain provisions for confidentiality. (Medical Staff Bylaws, Art. XII). Per the Bylaws, a physician who exercises clinical privileges at EPCH, including Dr. Mayes, agrees to be bound by the Bylaws. (Medical Staff Bylaws, Art. 12.1). The Bylaws provide:

Information obtained or prepared by any representative<sup>1</sup> for the purpose of evaluating or improving the quality and efficiency of patient care, reducing morbidity and mortality, or contributing to teaching or clinical research, shall, to the fullest extent permitted by law, be confidential. Such information shall only be disseminated to the extent necessary for the purposes identified above or except as otherwise specifically authorized by law. Such confidentiality shall also extend to information provided by third parties.<sup>2</sup>

(Medical Staff Bylaws, Art. 12.3). In addition, the Bylaws state:

The confidentiality and immunity provided by this Article shall apply to all information obtained or disclosures made in connection with this or any other health care facility or organization's activities concerning, but not limited to:

a) Applications for appointments, Clinical Privileges, or specified services;

\* \* \* \*

j) Other Hospital, committee, Department, or Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

(Medical Staff Bylaws, Art. 12.4).

10. Dr. Canales submitted an application for hospital credentials and privileges to EPCH on November 2, 2018. The Board approved Dr. Canales's application on December 19, 2018.

11. At the time of Dr. Canales's application, I worked for the hospital as an Administrative Director. I was Melissa Padilla at that time; I have gotten married since. I reported to the EPCH CEO. My job responsibilities included oversight of the Medical Staff Office. In such capacity, I provided administrative support for the Medical Staff, including processes that are time-sensitive like credentialing. The administrative staff of the Medical Staff Office was small at that

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<sup>1</sup> The Bylaws define "Representative" to mean "the Board of Directors and committees of the Board; the Chief Executive Officer; a Medical Staff unit; or any member, officer, Department or committee thereof; and any individual authorized by any of the foregoing to perform specific information-gathering or disseminating functions. (Medical Staff Bylaws, Art. 12.6).

<sup>2</sup> The Bylaws define "Third Parties" to mean "individuals and organizations furnishing information to a representative or Medical Staff unit or the Hospital." (Medical Staff Bylaws, Art. 12.6). "Information" means data, records, reports, recommendations, and other disclosures relating to any of the subject matter specified." (*Id.*).

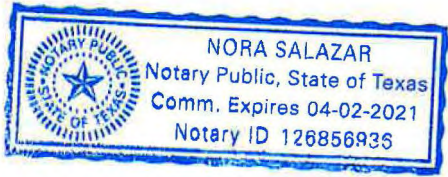
time. When needed, I was available to assist those employees with Medical Staff committee work, including gathering and preparing information, as well as preparing documents, for and at the request of various Medical Staff committees, including the Credentials Committee. It is in that capacity that I prepared and presented documents to Dr. Mayes relating to Dr. Canales's application for hospital credentials and privileges and discussed those documents with Dr. Mayes. As part of my duties and responsibilities, I also assisted with the coordination of Medical Staff meetings. I routinely attended Medical Staff meetings, including those relating to credentialing matters, at the request of, or as designee of, the CEO, who also is a member of the Credentials Committee, and I did so in connection with Dr. Canales's application for hospital credentials and privileges.

12. All of this was done as part of the normal processes of the Credentials Committee, including to facilitate the committee's decision-making process regarding Dr. Canales's application for hospital credentials and privileges. The processes involved in physician credentialing are not part of EPCH's regular course of business but, instead, are specialized and confidential processes provided for in the Medical Staff Bylaws. Any information obtained or documents generated in this process are kept confidential and segregated from routine hospital records, such as patient medical records or patient billing records. At no time did any chair, vice chair, or secretary of the Credentials Committee, MEC, or Board waive in writing any peer-review or credentialing privilege or confidentiality applicable to Dr. Canales's application for hospital credentials and privileges.

Further, affiant sayeth not.

  
\_\_\_\_\_  
**MELISSA RODRIGUEZ**

**SUBSCRIBED AND SWORN TO BEFORE ME** on this 05 day of Febway, 2021, to certify which witness my hand and official seal of office.



[SEAL]

  
\_\_\_\_\_  
**Notary Public, State of Texas**

# **EXHIBIT “1”**

**AMENDED AND RESTATED BYLAWS  
OF  
EL PASO CHILDREN'S HOSPITAL CORPORATION**

Original Effective: July 6, 2008  
Amended: Effective September 21, 2011  
Amended: Effective April 23, 2013  
Amended: Effective June 25, 2013  
Amended: Effective June 16, 2015  
Amended: Effective September 10, 2015  
Amended: Effective January 8, 2016  
Amended: Effective October 1, 2016

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## ARTICLE I – GENERAL

1.1 **Purposes.** El Paso Children’s Hospital Corporation (the “Hospital”) is a non-profit corporation organized under the laws of the State of Texas.

The principal purposes of the Hospital are to provide medical and hospital care. In furtherance of these purposes, the Hospital shall:

- (a) Operate a hospital to provide health care services for children;
- (b) Provide educational and other outreach programs designed to improve the delivery of health care services to the local community; and
- (c) Foster and promote medical education and research, as may be appropriate.

The Hospital may engage in any and all other charitable activities permitted to an organization exempt from federal income tax under 501(c)(3) of the Internal Revenue Code of 1986 or corresponding future provisions of the federal tax law. To these ends, the Hospital may do and engage in any and all lawful activities that may be incidental or reasonably necessary to any of these purposes, and it shall have and may exercise all other powers and authority now or hereafter conferred upon nonprofit corporations in the State of Texas.

No part of the net earnings of the Hospital shall inure to the benefit of any private shareholder or individual, including, but not limited to, any director, officer, manager or other related person of this Hospital, except that the Hospital shall be authorized and empowered to pay reasonable compensation for services rendered, and to make reasonable payments and distributions in furtherance of the aforementioned exempt purposes of the Hospital. The Hospital shall not engage in any activity that is prohibited by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or any corresponding future provision of the federal tax law. In accordance with the existing federal tax law, the Hospital shall not participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office. No substantial part of the activities of the Hospital shall be the carrying on of propaganda or otherwise attempting to influence legislation.

## ARTICLE II – OPERATIONS

2.1 **Offices.** The Hospital shall have and continuously maintain in the State of Texas a registered office and a registered agent (whose office shall be identical with such registered office), and may have such other offices within or without the State of Texas as the Board of Directors may from time to time determine. The registered office of the Hospital is 4845 Alameda Avenue and the initial registered agent was Sam Legate, with such registered agent to be modified from time to time as approved by the Board, with requisite notice of change filed with the Texas Secretary of State.

2.2 **Seal.** The Secretary of the Hospital shall be the custodian of the seal of the Hospital, and see that the seal of the Hospital is affixed to all documents the execution of which on behalf of the Hospital under its seal is duly authorized.

### ARTICLE III – MEMBER

3.1 **Sole Member.** El Paso County Hospital District d/b/a University Medical Center (the “Member” or “UMC”) shall be the sole corporate member of Hospital.

3.2 **Powers.** UMC as the Member shall only have those powers statutorily required to be maintained by a Member in V.T.C.A., Business Organizations Code Sec. 22.164, as it may be amended from time to time.

### ARTICLE IV – BOARD OF DIRECTORS

4.1 **Board of Directors- Number, Nomination and Election.** The affairs of the Hospital shall be governed by a board of directors (the “Board”). The Board shall consist of nine (9) members (“Board Members”), which shall be comprised of five (5) Independent Board Members (as defined below) and four (4) UMC-Appointed Board Members (as defined below):

(a) Four (4) persons nominated and appointed by the UMC Board of Managers (the “UMC-Appointed Board Members”);

(b) One (1) physician (the “Physician Board Member”) who:

(i) shall be nominated by the Medical Executive Committee of the Hospital and elected by majority vote of the Independent Board Members. If the Independent Board Members reject the first, second and third nominee presented by the Medical Executive Committee, the Medical Executive Committee shall continue to nominate a different candidate to serve as the Physician Board Member for consideration by the Independent Board Members until the Independent Board Members approve a nominated candidate;

(ii) shall at all times be a pediatric physician licensed by the State of Texas and a member of the Medical Staff of the Hospital; and

(iii) shall not be a trustee, agent or employee of, or affiliated in any way with, UMC or the CCC (as hereinafter defined); and

(c) Three (3) persons (the “Community Board Members”) who:

(i) shall be nominated and elected by majority vote of the Independent Board Members;

(ii) shall be residents of the community in which the Hospital is located; and

(iii) shall not be a trustee, agent or employee of, or affiliated in any way with, UMC or the CCC; and

(d) One person (the “Ninth Director,” who together with the Community Board Members and the Physician Board Member shall be collectively referred to herein as the “Independent Board Members”) who:

(i) shall be nominated by the Board Members and elected by a majority vote of the Board Members; and

(ii) shall not be a trustee, agent or employee of, or affiliated in any way with, UMC or the CCC.

The Board Members as of the effective date of these Amended Bylaws (“Effective Date”), and their respective initial terms, are as follows:

<u>Name</u>	<u>Initial Term</u>
<u>Independent Board Members:</u>	
1. Richard Fleager	Until the Annual Meeting in 2017
2. Amy Ross	Until the Annual Meeting in 2018
3. _____	Until the Annual Meeting in 2018
4. Stuart Kahn, M.D.	Until the Annual Meeting in 2019
5. _____	Until the Annual Meeting in 2019
<u>UMC-Appointed Board Members:</u>	
6. Ron Acton	Until the Annual Meeting in 2017
7. Ted Houghton	Until the Annual Meeting in 2018
8. Patrick Gordon	Until the Annual Meeting in 2019
9. Miguel Fernandez	Until the Annual Meeting in 2019

4.2 **Duties of the Board.** The overall authority and responsibility for management, control and administration of the Hospital is reserved to the Board. The Board shall exercise ordinary business judgment in managing the affairs of the Hospital. In acting in their official capacity as directors of this Hospital, directors shall act in good faith and take actions they reasonably believe to be in the best interest of the Hospital and that are lawful. In all other instances, the Board shall not take any action that they should reasonably believe would be opposed to the Hospital's best interests or would be unlawful. The Board shall evaluate the professional care provided by the Hospital.

4.3 **Meetings of the Board.** The Board shall hold monthly meetings, maintain an office, and keep the Hospital's books and records at such place or places within or without the State of Texas as the Board may from time to time determine. Regular meetings of the Board may be held with notice, and at such time and at such place, as shall, from time to time, be determined by the Board; provided, however, that in the absence of any such determination, such place shall be the Hospital's principal place of business in the State of Texas. The Board shall invite an

individual designated by the chair of the Board of Managers of the Member to attend meetings of the Board of the Hospital.

4.4 **Annual Meetings.** The annual meeting of the Board ("Annual Meeting") shall be held each year on the same day as the April Board meeting for the purpose of electing the Board Members and Officers and transacting such other business as may be required.

4.5 **Special Meetings.**

(a) Special Meetings of the Board shall be called by, or at the direction of, the Chairman of the Board or the Secretary, upon the written request of at least four (4) members of the Board ("Special Meetings"). Special Meetings of the Board shall be held at such time and place as shall be designated in the notice of the meeting.

(b) Emergency meetings of the Board may be called by the Chairperson of the Board, the Chief Executive Officer or the Secretary after determining that an emergency or urgent necessity warrants the meeting and the issues cannot be postponed until a special or regular meeting.

4.6 **Notice.** Notice of the agenda, time and place of any Special Meeting of the Board ("Notice") shall be delivered in writing, electronic means such as email, or fax to each Board Member at least seven (7) calendar days before the time of the meeting; The attendance of a Board Member at any meeting shall also constitute a waiver of the Notice, except where attendance at such meeting is for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Every attempt shall be made to include a complete agenda in the Notice. However other "new business" items may also be included in the agenda and may be acted upon by the Board unless prohibited by statute.

4.7 **Quorum and Voting.**

(a) At all meetings of the Board, a majority of the Independent Board Members and a majority of the UMC-Appointed Board Members shall constitute a quorum for the transaction of business at any meeting of the Board, unless otherwise specifically provided by law. If a quorum shall not be present at any meeting of the Board, the Members who are in attendance may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present.

(b) Except as (i) described in Sections 3.2 and 4.8 of these Bylaws and (ii) as otherwise provided herein regarding decreases to Hospital services or programs on or before January 8, 2019, the affirmative vote of majority of the Board Members at any meeting at which a quorum is present is required to approve any action taken by the Board.

4.8 **Actions Requiring Supermajority Board Approval.** The following actions shall require a Supermajority Vote of the Board:

(a) Approval of the Hospital's annual capital budgets;

- (b) Approval of any debt outside the normal course of business;
- (c) Approval of any Material Deviation from the Baseline Operating Budget for any Hospital fiscal year during which there is either (1) a Hospital Actual or Projected Net Operating Loss or (2) outstanding secured and unsecured amounts owed by Hospital to UMC pursuant to the Second Amended Joint Chapter 11 Plan of Reorganization entered on December 10, 2015;
- (d) Removal of the Hospital Chief Executive Officer;
- (e) Removal of the Hospital's independent accounting firm and/or auditors;
- (f) Any action by EPCH relating to bankruptcy, dissolution or receivership;
- (g) Change in the name of the organization; and
- (h) Change in tax-exempt status of the organization.

The action set forth in Section 4.8(f) above shall also require the approval of the Member to be effective.

**4.9 Executive Session.** The Board may enter executive, or closed, session after establishing a quorum and announcing that an executive, or closed, session will be held.

**4.10 Record of Meetings.** Minutes of meetings of the Board and its Committees shall document conclusions, recommendations, action, and follow-up evaluation. Minutes shall be signed by the presiding officer and approved by the Board or Committee as applicable and shall be maintained with the permanent records of the Hospital. The minutes of the meetings of the Finance and Compliance Committee, the Quality and Strategic Planning and Development Committee and the Board containing reference to peer review action regarding medical staff performance will be stamped as confidential pursuant to Chapter 160 of the Occupations Code and maintained in a confidential file.

- (a) Minutes of the meetings of the Compensation Committee shall document conclusions, recommendations, action and follow-up evaluation. Minutes shall be signed by the Chair of the Committee and approved by the Committee. Minutes of the Committee shall be maintained with the permanent records of the Hospital.
- (b) Minutes of the meetings of the Finance and Compliance Committee and the Quality and Strategic Planning and Development Committee shall document conclusions, recommendations, action and follow-up evaluation. Minutes shall be signed by the Chair of the Committee and approved by the Committee. Minutes of the Committees may be confidential and shall be maintained with the permanent records of the Hospital.
- (c) If any Board Member or Board Members in the minority on any question wishes to present a written minority opinion to the Secretary of the Board, such opinion shall be filed with the permanent records of the Hospital.

4.11 **Resignation.** Any Board Member may resign at any time by giving written notice to the Chairman of the Board of the Hospital, and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

4.12 **Removal.** Any Board Member may be removed by the Board for cause, with the affirmative vote of at least five (5) Board Members. In addition, UMC-Appointed Board Members may be removed by UMC with or without cause; the Physician Board Member may be removed by the Medical Executive Committee of the Hospital or the Independent Board Members with or without cause; and the Independent Board Members other than the Physician Board Member may be removed by the Independent Board Members with or without cause.

4.13 **Unexcused Absence.** A Board Member's unexcused absence from three (3) consecutive Board meetings or a total of four (4) Board meetings within a 12-month period is cause for removal from the Board and there shall be no right of appeal from such action.

4.14 **Vacancies.** Board Members shall serve until their successors are duly elected and qualified in accordance with these Bylaws, except in the case of their earlier death, disability, resignation, or removal from office. In the event a vacancy occurs as a result of the death, disability, resignation or removal, the vacancy shall be filled pursuant to the applicable procedures set forth in Section 4.1 above. A Board Member elected and approved to fill a vacancy other than at the end of a Board Member's term shall be elected for the unexpired term of such Board Member's predecessor in office.

4.15 **Compensation.** Board Members and other members of any Board Committees, as such, shall not receive compensation for their service. The Board, by resolution adopted by a majority of Board Members, may determine that the Members of the Board or any Board Committee may receive reasonable reimbursement for expenses incurred in attending to their authorized duties.

4.16 **Procedure.** The meetings of the Board will be conducted in accordance with Robert's Rules of Order.

4.17 **Terms.** Except as set forth in Section 4.1 and Section 4.14, Board Members shall serve for terms of three (3) years; provided, however, Board Members may be requested by the Board to serve (and in such event may serve) beyond expiration of a term until a successor is appointed. No individual may serve more than two (2) consecutive full three (3) year terms, and initial partial terms shall not count towards such term limit.

4.18 **Outside Business Ventures.** No Board Member or person who is related to a Board Member in the first degree of consanguinity or affinity shall engage in outside business ventures which would conflict with his or her duties as Board Member, including:

- (i) board membership in a competing Business Entity or health services provider or competitor hospital of the Hospital, which includes all private hospitals; or
- (ii) any physician who is employed exclusively by or who holds privileges at another hospital but not at the Hospital.

4.19 **Decreases to Hospital Services or Programs.** Until January 8, 2019, the prior approval of the El Paso County Commissioner's Court (the "CCC") shall also be required in order to decrease Hospital services or programs.

4.20 **Insolvency Events.** Upon the unlikely occurrence of one or more of the events listed below ("Insolvency Events"), the Member shall determine in its sole discretion whether (a) the Hospital commence an orderly dissolution process, (b) the Hospital shall continue operations with no change in governance, or (c) the Hospital shall continue operations but eliminating the positions of the Ninth Director and one Community Board Member (in such case, the Bylaws shall be amended automatically to reflect such modification). For purposes of these Bylaws, the Insolvency Events are the following:

(a) the Hospital's license, tax-exempt status, Medicare certification, or Medicaid provider status, or hospital accreditation status is terminated, revoked or suspended;

(b) a change in applicable law or regulation or regulatory guidance, a change in interpretation of such law or regulation by a state or federal agency, or a final determination by a court or administrative tribunal that would result in a decrease in state or federal reimbursement to Hospital of more than Five Million Dollars annually;

(c) EPCH commits a material breach of any of the Covered Agreements as defined in the First Amendment to the Master Agreement between the Hospital and UMC and (i) such material breach is not cured following notice and opportunity to cure as set forth in the Covered Agreement, (ii) such breach is not cured prior or otherwise settled between the parties; (iii) if such breach is in dispute, following completion of the dispute resolution process set forth in the Covered Agreement, and (iv) such breach (or multiple breaches of one or more Covered Agreements) results in damages in which the total amount owed to UMC is in excess of \$4 million; or

(d) the Hospital has a net operating loss determined in accordance with accounting principles generally accepted in the United States by the Hospital's independent accounting firm of either (i) Four Million Dollars or more for two consecutive years or (ii) Four Million Dollars in one year and a projected net operating loss of Four Million Dollars in the following year; provided that any net operating loss shall be decreased by (a) any decrease in Medicaid supplemental income revenue compared to Hospital's annual budget unless such decrease is caused by or is a result of action by a state or federal agency, and/or (b) any loss resulting from an incurrence of expenses created by a breach of an agreement or legal duty by UMC.

4.21 **Definitions.** For the purpose of these Bylaws, the following terms used in this Section Four shall have the following definitions:

(a) The Hospital operating expenditures budget for the fiscal year beginning October 1, 2017 shall be considered the "Baseline Operating Budget" and shall function as the operating budget for subsequent fiscal years unless and until a new Baseline Operating Budget is approved by both the Board and the Member.

(b) A "Material Deviation from the Baseline Operating Budget" shall mean any single expenditure or series of related expenditures that cause the Hospital's actual expenses in any given fiscal year to exceed the total budgeted operating expenses included in the Baseline Operating Budget for such fiscal year by more than \$250,000.00; provided, however, that the Hospital Chief Executive Officer shall have the discretion to use his or her reasonable judgment to deviate from the amount set forth in any category of expenditures within the Baseline Operating Budget so long as total expenditures do not result in a Material Deviation from the Baseline Operating Budget.

(c) A "Hospital Actual or Projected Net Operating Loss" shall mean either an actual operating loss or a projected net operating loss determined in accordance with accounting principles generally accepted in the United States by the Hospital's independent accounting firm in the first quarter of each Hospital fiscal year, the existence of which shall be immediately disclosed to the Member and the Hospital Board.

(d) A "Supermajority Vote of the Board" shall mean at least seven of the Board members then in Office

#### ARTICLE V – CONFLICTS OF INTEREST

5.1 **Preamble.** Conflicts of interests among the members of a hospital's board are not completely avoidable. The presence of a conflict of interest is often indicative of the broad experience, accomplishments and diversity of institutional decision-makers. It follows that the goal of any conflict of interest policy should be to identify potential conflicts of interest and manage those conflicts of interest which are actual and material. Nonetheless, the potential consequences of conflicts of interest shall be kept in mind by those charged with making decisions, and, in case of doubt, interests that may potentially lead to a conflict shall be disclosed.

5.2 **Purpose.** The purpose of this conflicts of interest policy is to protect the Hospital's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a person who has substantial influence over the affairs of the Hospital. This policy supplements but does not replace any applicable state laws governing conflicts of interest applicable to nonprofit corporations.

5.3 **Intent.** It is the Hospital's intent that a person's affiliation with the Hospital is based on the person's desire to act in the Hospital's best interest rather than for private gain. It is also the Hospital's intent that it does not do business with an "Interested Person."

5.4 **Definitions.** For the purpose of these Bylaws, the following definitions shall apply:

(a) "Business Entity" — A sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, or any other entity recognized by law.

(b) "Interested Person" — Any person who currently is, or at any time during the past five (5) years was, in a position to substantially influence the affairs of the Hospital, such as a director, officer, key employee, committee member, substantial contributor or family



member of any such person and who has a direct or indirect financial/personal interest (as defined below) is an interested person.

If a person is an interested person with respect to any entity in the health care system of which the organization is a part, he or she is an interested person with respect to all entities in the health care system.

(c) “Financial Interest” — A person has a financial interest if the person has, directly or indirectly, through business, investment or family:

(i) an ownership, business or investment interest in any business entity with which the Hospital has a transaction or arrangement;

(ii) a compensation arrangement with the Hospital or with any business entity or individual with which the Hospital has a transaction or arrangement; or

(iii) a potential ownership or investment interest in, or compensation arrangement with, any business entity or individual with which the Hospital is negotiating a transaction or arrangement.

(iv) compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate board or committee determines that a conflict of interest exists.

(d) **Personal Interest.** Interests which arise out of the relevant personal activities of a Board Member or candidate or his/her immediate family members. Personal interests shall be disclosed.

5.5 **Procedures.** Each Board Member shall abide by the following procedures:

5.5.1 **Duty to Disclose.** In connection with any actual or possible conflicts of interest, an interested person must disclose the existence of, and all material facts concerning, his or her financial/personal interest to the Board or Committee considering the proposed transaction or arrangement. Such disclosure will be made orally (at an adjourned board or committee meeting) and in writing (by submitting a Hospital “Conflict of Interest Certification and Acknowledgement of Conflict of Interest Policy” form) and will be recorded in the minutes of the board and/or committee as set forth in Section 4.10.

(a) **Initial Disclosures.** Candidates for election to the Board shall be afforded an opportunity, and have a duty, to disclose any actual or potential interest that a reasonable person would believe may have the potential to create a conflict in representing, advocating for or otherwise serving the Hospital. Initial disclosures shall be in writing and signed at the time of candidacy.

(b) **Subsequent Disclosures.** Subsequent written disclosures shall be required from each Board Member annually or at any material change in the member's interests. Written disclosures of interests shall be submitted to the Chair and shall be available to any Board Member.

(c) **Method of Disclosure.** Board Members shall verbally disclose all interests that could potentially constitute a conflict of interest in the course of each meeting or other event where such a disclosure may be relevant to the immediate proceeding. Disclosures of such interests shall be made to the entire Board or Committee, as appropriate. Verbal disclosures shall be recorded in the minutes of proceedings, as shall abstentions and recusals based on conflicts of interest as set forth in Section 4.10.

5.5.2 **Determining Whether a Conflict of Interest Exists.** After disclosure of the financial/personal interest and all material facts, and after any Board/Committee discussion with the interested person, he or she shall leave the Board or Committee meeting while the Board or Committee determines whether a conflict of interest exists.

5.5.3 **Procedures for Addressing the Conflict of Interest.** If the Board or Committee determines that a conflict of interest exists, it may nevertheless proceed with the proposed transaction or arrangement following the procedure set forth in this Section.

(a) The interested person may make a presentation at the Board or Committee meeting upon approval by the Board or Committee Chair. Other than this presentation, the interested person will refrain from discussing the proposed transaction or arrangement with board or committee members. After such presentation, he or she must leave the meeting during the discussion of, and the vote on, the transaction or arrangement giving rise to the conflict of interest. Even though the interested person will be excused during the discussion and vote, the excused person will be included in determining the presence of a quorum for such meeting.

(b) The Chair of the Board or Committee may, if appropriate, appoint a disinterested person or Committee to investigate alternatives to the proposed transaction or arrangement.

(c) After exercising due diligence, the Board or Committee shall determine whether the Hospital can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.

(d) If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or Committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Hospital's best interest and for its own benefit and whether the transaction is fair and reasonable to the Hospital and shall make its decision as to whether to enter into

the transaction or arrangement in conformity with such determination. In making its determination, the Board or Committee shall exercise good faith and the level of care that an ordinarily prudent person in a similar position would exercise under similar circumstances.

**5.6 Violations of the Conflicts of Interest Policy.** If the Board or Committee has reasonable cause to believe that a Member has failed to disclose actual or possible conflicts of interest, it shall notify the Member of the basis for such belief and afford the Member an opportunity to explain the alleged failure to disclose.

If, after hearing the response of the Member and making such further investigation the Board or Committee determines appropriate, the Board or Committee shall determine whether the Member in fact failed to disclose an actual or possible conflict of interest. If the Board or Committee makes such a determination, it shall take appropriate disciplinary and corrective action.

**5.7 Record of Proceedings.** The minutes of the Board and all Committees with Board delegated powers shall contain:

- (a) The names of the persons who disclosed or otherwise were found to have a financial/personal interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's or Committee's decision as to whether a conflict of interest in fact existed.
- (b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, the comparability data obtained and relied upon and how the data was obtained, and a record of any votes taken in connection therewith.
- (c) Any minutes of a proceeding recorded pursuant to this Section must be prepared before the later of the next meeting of the Board or Committee or sixty (60) days after the final action or actions of the Board or Committee are taken.

**5.8 Compensation.** A voting Member of the Board who receives compensation, directly or indirectly, from the Hospital for services shall not vote on matters pertaining to that Member's compensation nor shall he or she be present in the meeting during such vote. However, any such person may provide information to the Board regarding compensation.

A voting Member of any Committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Hospital for services shall not vote on matters pertaining to that Member's compensation nor shall he or she be present in the meeting during such vote. However, any such person may provide information to the Committee regarding compensation.

No person who receives compensation, directly or indirectly, from the Hospital, whether as an employee or independent contractor, shall serve as a Member of any Committee whose jurisdiction includes compensation matters.

Physicians who receive compensation from the Hospital, whether directly or indirectly or as employees or independent contractors, are precluded from membership on any Committee whose jurisdiction includes compensation matters. No physician, either individually or collectively, is prohibited from providing information to any Committee regarding physician compensation.

5.9 **Annual Statements.** Each director, principal officer and member of a Committee with Board delegated powers shall annually sign a statement which affirms that such person:

- (a) has received a copy of this conflicts of interest policy;
- (b) has read and understands this policy;
- (c) has agreed to comply with this policy; and
- (d) understands that the Hospital is a nonprofit organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

5.10 **Periodic Reviews.** To ensure that the Hospital operates in a manner consistent with its tax-exempt purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- (a) whether compensation arrangements and benefits are reasonable and are the results of arm's-length bargaining.
- (b) whether all Hospital transactions conform to written policies, are properly recorded, reflect reasonable payments for goods and services, further the Hospital's tax-exempt purposes and do not result in inurement or impermissible private benefit.

5.11 **Use of Outside Experts.** In conducting the periodic reviews provided for in Section 5.10, the Hospital may, but need not, use outside advisors. If outside experts are used their use shall not relieve the Board of its responsibility for ensuring that periodic reviews are conducted.

## **ARTICLE VI – OFFICERS OF THE BOARD**

6.1 **Elections.** At the first meeting following the Effective Date, and every two years thereafter, the voting members of the Board shall elect among themselves a Chairperson of the Board ("Chairperson"), Vice-Chairperson of the Board ("Vice-Chairperson"), and Secretary to serve one-year terms of office beginning immediately.

The expectation is that upon election, the incumbent Vice-Chairperson shall assume the office of Chairperson of the Board, and the elected Vice-Chairperson and Secretary shall begin their terms of office. However, the Board reserves the right to elect a member other than the incumbent Vice-Chairperson to the office of Chairperson.

6.2 **Chairperson.** The Chairperson serves as the chief officer of the Board and shall have the following responsibilities and authority for:

- (a) chairing all meetings of the Board;
- (b) assuring compliance with the plan developed by Hospital leadership to monitor the quality of care rendered by the Hospital;
- (c) serving as an ex-officio Board Member on all standing Board Committees as provided in the Bylaws;
- (d) enforcing compliance with standards of ethical conduct and professional demeanor by the, Board, medical staff, and hospital administration in their relations with each other, support staff, and the community the Hospital serves; and
- (e) appointing Board Members and the Chief Executive Officer to chair and serve on Committees formed to accomplish Board performance improvement and monitoring functions.

Should the Chairperson resign, be removed, or otherwise be unable to continue in office, the Vice-Chairperson shall assume the office of Chairperson for the remainder of the outgoing Chairperson's term.

6.3 **Vice-Chairperson.** The Vice-Chairperson shall serve as the Chairperson of the Finance Committee and shall assume the responsibilities and authority of the Chairperson in his or her temporary absence. Should the Vice-Chairperson assume the office of Chairperson, resign, be removed, or otherwise be unable to continue in office, the voting members of the Board shall designate one of their number to serve as Interim Vice-Chairperson until the next scheduled election for this office.

6.4 **Secretary.** The Secretary shall:

- (a) have overall responsibility for the adequacy and accuracy of minutes taken for the Board Meetings;
- (b) assume all of the responsibilities and authority of the Chairperson and Vice-Chairperson of the Board in their absence;
- (c) see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; and
- (d) with Board approval, may hire a person to assist him or her in these duties.

Should the Secretary, resign, be removed, or otherwise be unable to continue in office, the voting members of the Board shall designate one of their number to serve as Interim Secretary until the next scheduled election for this office.

6.5 **Removal and Resignation.** A Board Member may be removed from office by the Board pursuant to Texas law or by the Board or Member as provided herein. A Board Member may resign at any time by giving written notice to the Board, Chairperson or Secretary.

6.6 **Evaluation.** The Board shall be responsible for evaluating the Chief Executive Officer (as hereinafter defined) on an annual basis.

## ARTICLE VII – COMMITTEES

7.1 **Finance and Compliance Committee.** The Finance and Compliance Committee shall meet at least monthly to analyze revenue, expenditures, and changes in financial position of the Hospital and/or the Hospital and affiliates. In addition, the Finance and Compliance Committee shall have the responsibility to ensure the Hospital and its various affiliated entities have adopted and implemented policies and procedures which will require the Hospital and its affiliated entities and their respective employees and associates to act in full compliance with all applicable laws, regulations, applicable medical/health standards and various policies and procedures promulgated by the Hospital and other regulatory agencies and lawful authorities (“Compliance Program”).

7.2 **Quality and Strategic Planning and Development Committee.** The Quality and Strategic Planning and Development Committee shall have responsibility for development of strategic, long-range planning and development of the Hospital and/or the Hospital and affiliates and oversight of all of its quality initiatives. The Quality and Strategic Planning and Development Committee shall meet at least quarterly or as necessary. The Quality and Strategic Planning and Development Committee shall constitute a forum for discussion on matters relating to quality of care and performance improvement. These matters may be referred by the Board, the Medical Executive Committee and/or Medical Staff Quality and/or the Hospital Quality Council/Leadership Group. The Quality and Strategic Planning and Development Committee shall act on recommendations from the Medical Executive Committee, El Paso Children’s Hospital committees, performance improvement teams, and other sources as appropriate

7.3 **Compensation Committee.** The purpose of the Compensation Committee is to assist the Board in developing and implementing compensation strategies, policies, and plans that will enhance the Hospital’s ability to attract and retain skilled executive officers. The Compensation Committee shall meet as necessary and report to the Board.

7.4 **Special Committees.** Any standing Committee may elect to perform any of its designated functions by constituting any of its Board Members as a subcommittee for that purpose, reporting such action to the Board in writing. Any such subcommittee may include individuals in addition to Board Members of the standing Committee. Special ad hoc Committees may be appointed by the Chairperson to perform specific tasks. The Finance and Compliance Committee, the Quality and Strategic Planning and Development Committee, the Compensation Committee, and any special Committee shall be referred to herein collectively as “Committee.”

7.5 **Appointment and Term.** Unless otherwise provided, the chair, co-chair, and Board Members of all Committees described in the Bylaws shall be appointed by, and may be removed

by, the Chairperson, subject to approval by the Board. Unless otherwise specified, committee Board Members shall be appointed for a term of one (1) year and may be reappointed for additional one (1) year terms, and shall serve until the end of his/her term or until the Board Member's successor is appointed, unless the Board Member shall resign or be removed from the committee.

7.6 **Committee Charters.** Each Committee will be governed by a Charter that sets forth the scope of responsibilities and activity of the Committee. Each Committee shall review its Charter annually, and propose revisions if needed, to the Board for its approval.

7.7 **Representation on Committees.** Functions and responsibilities, which require participation of the Board, may be discharged by various Officers of the Board as, described in these Bylaws and related manuals on Medical Staff (as hereinafter defined) or committees established to perform such functions.

7.8 **Voting.** Committees are solely advisory in nature and do not take action on their own other than to make recommendations to the Board.

## ARTICLE VIII – MEDICAL STAFF

8.1 **Medical Staff.** The Board shall appoint a Medical Staff for the Hospital composed of allopathic and osteopathic physicians, dentists, and podiatrists who are (a) holding or eligible for unlimited licenses to practice medicine in the State of Texas, (b) board certified or board eligible and (c) privileged to attend patients in the Hospital (“Medical Staff”). The Board may, from time to time and for good cause shown, make exception to the foregoing requirements.

8.2 **Bylaws, Rules and Regulations.** The Medical Staff shall be organized into clinical departments and adopt such bylaws (“Bylaws”), rules and regulations (“Rules and Regulations”) and credentialing manuals (“Credentialing Manual”) for governance of the practice of medicine at the Hospital.

- (a) The Medical Staff shall be responsible for determining:
  - (i) categories and minimum qualifications for membership;
  - (ii) criteria for Clinical Privileges (as hereinafter defined);
  - (iii) processes for credentials review and privilege delineation;
  - (iv) criteria for the selection of department chairpersons; and
  - (v) a program to assure the quality of clinical practice and competence of each member granted Clinical Privileges. “Clinical privileges” means those diagnostic or therapeutic procedures granted to a practitioner by the Board.

8.3 **Reviews and Privileges.** Consistent with the Medical Staff Bylaws, Rules, Regulations, and/or Credentialing Manual shall include a mechanism for:

- (a) processing requests for membership and/or Clinical Privileges within the time frames set forth by Texas law;
- (b) recommending to the Board individuals for appointment, re-appointment, and/or the granting, curtailment, suspension, or revocation of Clinical Privileges;
- (c) hearing and appellate review;
- (d) insuring that only a member of the Medical Staff shall admit patients to the Hospital; and:
  - (i) that a licensed practitioner with Clinical Privileges shall be ultimately responsible for a patient's diagnosis and treatment within the area of his/her privileges;
  - (ii) that each patient's general medical condition is the responsibility of a physician member of the Medical Staff; and
  - (iii) that care rendered by members of the Medical Staff or other allied health professional is under the supervision of a physician member of the Medical Staff with appropriate Clinical Privileges.

**8.4 Allied Health Professional.**

- (a) As used herein, "Allied Health Professional" means a dependent practitioner other than a licensed physician, dentist, or podiatrist who exercises judgment within the area of his or her professional competence and the Clinical Privileges granted by the Board under the supervision or direction of a Medical Staff Member possessing privileges to provide such care in the Hospital, who may be eligible to exercise privileges and prerogatives in conformity with the rules adopted by the Board, these Bylaws, Rules, Regulations and Medical Staff policies and procedures. Allied Health Professionals are not eligible for Medical Staff membership.
- (b) The Board shall assure the establishment of guidelines for the practice of any Allied Health Professional. Allied Health Professionals are categorized as dependent practitioners and may be employees of the Hospital. Allied Health Professionals are not eligible for Medical Staff membership.

**8.5 Medical Executive Committee.** The Medical Staff shall appoint a Medical Executive Committee of the Hospital consisting of licensed physicians to conduct peer review and address discipline issues with the Medical Staff ("Medical Executive Committee"). If the Medical Executive Committee fails to investigate or take disciplinary action, contrary to the weight of the evidence, the Board may direct the Medical Executive Committee to initiate an investigation or disciplinary action, but only after consulting with the Medical Executive Committee. If the Medical Executive Committee fails to act in response to the Board direction, the Board may initiate corrective action. The Board shall inform the Medical Executive committee in writing of what it has done within seventy-two (72) hours.



## ARTICLE IX – OFFICERS

9.1 **Chief Executive Officer.** The Board shall appoint a Chief Executive Officer (“CEO”), who is qualified by training and experience to be the administrator of the Hospital. The CEO shall not be under contract with or employed by the El Paso Hospital District or University Medical Center. The CEO shall serve at the pleasure of the Board of Directors and shall be reviewed at least annually by the Board. The CEO shall be held accountable for the management of the Hospital and affiliates, in all activities within the limits prescribed by law and the policies adopted by and instructions of the Board.

9.2 **Chief Financial Officer.** The CEO shall appoint a Chief Financial Officer (“CFO”) of the Hospital. The CFO shall:

- (a) keep complete and accurate books and records of account, showing accurately at all times the financial condition of the Hospital;
- (b) be the legal custodian of all monies, notes, securities and other valuables which may from time to time come into the possession of the Hospital;
- (c) furnish at meetings of the Board, or whenever requested, a statement of the financial condition of the Hospital;
- (d) establish and be responsible for all bank accounts and investments of the Hospital; and
- (e) perform such other duties and exercise all powers incident to the office of CFO and such other duties and powers as the Board or CEO from time to time may assign or confer.

9.3 **Officers.** The CEO, CFO, and any other officer appointed by the Board shall be referred to herein as “Officer” or “Officers.”

## ARTICLE X – AUXILIARY ORGANIZATIONS AND VOLUNTEERS

10.1 **Auxiliary Organizations.** The Board shall authorize such auxiliary organizations and charitable organizations as it may deem necessary for the accomplishment of the objectives of the Hospital. The auxiliary and advisory functions for such bodies shall be clearly defined in their respective bylaws, rules and regulations and shall be subject to continuing approval of the Board. The contacts between such bodies and internal organizations of the Hospital shall be through the CEO or his or her designated representative. The Board may define the terms and conditions under which individuals, who are not members of the official auxiliary organizations, may serve the Hospital.

## ARTICLE XI – PUBLIC STATEMENTS AND PRONOUNCEMENTS

11.1 **Public Statements.** Policy and statements of official positions of the Board will be made only after concurrence by a majority vote of the Board, and shall be issued through the Chairperson of the Board or his or her designee.

## ARTICLE XII – INDEMNITY AND INSURANCE

12.1 **Indemnification.** The Hospital shall indemnify and/or defend any Board Member, member of a committee having and exercising the authority of the Board, any officer of the Hospital, and may indemnify and/or defend any employee of the Hospital from any claim, cause of action, proceeding, expense, attorney's fees, or other loss as, upon such conditions, and to the extent determined by the Hospital and allowed by Texas law.

12.2 **Insurance.** The Hospital shall acquire liability or errors and omissions insurance that, among other things provide indemnity and/or defense of any Board Member, for claims or expenses, to the extent allowed by Texas law.

12.3 **No Indemnification for Certain Matters.** No Board Member shall be defended or indemnified in respect of any claim, issue or matter as follows:

- (a) If the Board Member has been adjudged liable for misconduct in the performance of any duty to the Hospital unless, and only to the extent that the court in which the suit was brought shall determine upon application, that despite the adjudication but in view of all of the circumstances, the person is fairly and reasonably entitled to indemnify for such expense as the Court shall deem proper; or
- (b) For any claim which the Hospital makes against the Board Member unless the Board Member is successful on the merits.

The term "misconduct" includes acts of fraud or dishonesty, gaining personal profit or advantage to which the Board Member is not legally entitled, and the willful violation of any penal statute.

12.4 **Indemnification Amounts.** If the past or present Board Member is entitled to defense and indemnity, it shall be for amounts actually and reasonably incurred by the Board Member in connection with the defense or settlement of an action suit or proceeding as:

- (a) Expenses, including court costs and attorney's fees;
- (b) Amounts paid in settlement; and
- (c) Judgments.

12.5 **Indemnification Not Exclusive.** The defense and indemnity provided by the Hospital shall not be exclusive of any other rights to which a person may be entitled by law, bylaw, agreement, or otherwise.

12.6 **Indemnification of Heirs, Executors and Administrators.** The defense and indemnity provided shall continue as to a person who has ceased to be a Board Member and shall inure to that person's heirs, executors, and administrators.

12.7 **Defense.** The defense furnished by the Hospital shall be by counsel for the Hospital unless there is a conflict of interest or other reason approved by the Board, in which case the

defense for the particular Board Member for which the conflict of interest exists shall be referred to other counsel acceptable to the Board Member and to the Hospital's counsel.

### ARTICLE XIII – CONFLICT OF BYLAWS

13.1 **Conflict of Bylaws.** If any provision of these Bylaws is now or hereinafter in conflict with any statute or any other law of the State of Texas or any other state or governmental entity relating to the operation of the Hospital, such statute or other law, as long as it is in effect, shall take precedence over these Bylaws.

### ARTICLE XIV – AMENDMENTS AND ALTERATIONS TO BYLAWS

14.1 **Review and Revision of Bylaws.** The Chairperson shall appoint a Committee which shall review these Bylaws as necessary. Proposed revisions shall be submitted to the Board seven (7) working days prior to the meeting at which a vote is scheduled. The submitted revisions must be in writing and include the exact wording of the existing Bylaws language, if any, and the proposed change(s).

14.2 **Vote Required for Bylaws Change.** Alteration, amendment or repeal of these Bylaws or adoption of new Bylaws shall require approval of the majority of the Board Members then in office and approval of the Member.

### ARTICLE XV – MEDICAL STAFF BYLAWS MODIFICATIONS

15.1 **Medical Staff Bylaws Modifications.** In the event that the Board believes there should be changes in the Medical Staff Bylaws, Rules and Regulations, or Credentialing Manual, it shall submit such suggested changes to the Medical Staff. The Medical Staff shall promptly consider and submit to the Board its recommendations regarding the proposed changes. If the Medical Staff fails to approve such suggestions or fails to respond to such suggestions within sixty (60) days from receipt of the suggestion and such action or failure to act is (i) unethical; (ii) creates a risk or harm to patients; or (iii) is a potential violation of state or federal law or regulations (including, but not limited to antitrust and fraud and abuse laws and regulations), the Board may make such changes as are deemed necessary.

15.2 **Conflict with Bylaws.** In the event of conflicts between the provision of the Medical Staff Bylaws and these Bylaws, the Board and the Medical Executive Committee shall resolve such conflict by submitting the issues presented by such conflict to the Quality and Strategic Planning and Development Committee for final determination.

### ARTICLE XVI – ADOPTION

16.1 **Adoption of Bylaws.** These Bylaws shall become effective immediately upon their acceptance and adoption as indicated in the Secretary's Certificate.

### ARTICLE XVII – MISCELLANEOUS

17.1 **Contracts.** The Board may authorize any Officer or agent of the Hospital, in addition to the Officers so authorized by these Bylaws, to enter into any contract or execute any instrument

in the name of and on behalf of the Hospital, and such authority may be general or confined to specific instances.

17.2 **Checks, Drafts, Etc.** All checks, drafts, or other orders for the payment of money, and all notes or other evidence of indebtedness issued in the name of the Hospital shall be signed by such Officer or Officers, agent or agents of the Hospital and in such manner as shall from time to time be determined by resolution of the Board. In the absence of such determination by the Board, such instruments shall be signed by the CEO and countersigned by the CFO.

17.3 **Deposits.** All funds of the Hospital shall be deposited from time to time for the credit of the Hospital in accounts maintained with such financial institutions, trust companies, or other depositories as the Board may determine, from time to time.

17.4 **Books and Records.** The Hospital shall keep correct and complete books and records of account and the minutes of the proceedings of the Board and the Board Committees; records shall be open to inspection by the Board Members at any reasonable time and the right to make such inspection shall include the right to make copies.

17.5 **Fiscal Year.** The fiscal year of the Hospital shall be as the Board may determine.

17.6 **Notices.**

(a) **Effective Date.** Any notice required or permitted to be given pursuant to the provisions of the Texas Business Organizations Code, the Articles of Incorporation, or these Bylaws, shall be effective as of the date personally delivered, faxed, emailed, or, if sent by mail, on the date deposited with the United States Postal Service, prepaid and addressed to the intended recipient at his/her last known address as shown in the records of the Hospital.

(b) **Waiver of Notice.** Whenever any notice is required to be given pursuant to the provisions of the Act, the Articles of Incorporation, or these Bylaws, a waiver thereof in writing signed by the persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

17.7 **Gifts.** The Board may accept, solely on behalf of the Hospital, any contribution, gift, bequest, or devise for the general purposes or for any special purpose of the Hospital. The Board may make gifts and give charitable contributions that are not prohibited by the Act, the Bylaws, the Articles of Incorporation, state law, and any requirements for maintaining the Hospital's federal and state tax status.

17.8 **Loans to Board Prohibited.** No loans shall be made by the Hospital to the Officers or other Board Members. The Officers or Board Members who vote for or assent to the making of a loan to an Officer or Board Member, and any Officer or other Board Member participating in the making of such loan, shall be jointly and severally liable to the Hospital for the amount of such loan until the repayment thereof.

17.9 **Revocation of Authorizations.** No authorization, assignment, referral, or delegation of authority by the Board to any Committee, officer, or agent shall preclude the Board from

exercising the authority required to meet its responsibility for the conduct of the Hospital. The Board shall retain the right to rescind any authorization, assignment, referral, or delegation.

17.10 **Regulation.** The Board may adopt, amend, or repeal regulations (not inconsistent with these Bylaws) for the management of the internal affairs of the Hospital and the governance of its Officers, agents, employees, and Committees.

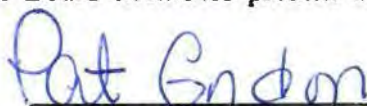
17.11 **Procedures Manual.** The Board may adopt, amend, and/or repeal a Procedures Manual containing provisions applicable to the operations of the Hospital which, unless otherwise specified, shall be deemed to be binding.

17.12 **Vote by Presiding Officer.** The person acting as presiding officer at any meeting held pursuant to these Bylaws shall, if a voting officer or Board Member, be entitled to vote on the same basis as if not acting as presiding officer.

17.13 **Articles and Other Headings.** The Articles and other headings contained in these Bylaws are for reference purposes only and shall not affect the meaning or interpretation of these Bylaws.

**SECRETARY'S CERTIFICATE**

THE UNDERSIGNED, duly elected Secretary of the Board, HEREBY CERTIFIES that the foregoing Amended and Restated Bylaws of the Hospital were adopted this 15 day of September, 2016 by a unanimous vote of the Board Members present at a meeting at which a quorum was present.

  
\_\_\_\_\_  
Patrick Gordon, Secretary

**UMC CERTIFICATE**

THE UNDERSIGNED, Chair of the Board of Managers of UMC, HEREBY CERTIFIES that the foregoing Amended and Restated Bylaws of the Hospital were approved by UMC on this 29<sup>th</sup> day of August, 2016, in its capacity of the Member.

  
\_\_\_\_\_  
J. Stephen DeGroat

# **EXHIBIT “2”**

**TABLE OF CONTENTS**

	<b>Page</b>
<b>DEFINITIONS</b> .....	5
<b>PREAMBLE</b> .....	8
<b>ARTICLE I      NAME AND PURPOSES</b> .....	8
1.1      Name .....	8
1.2      Purposes .....	8
<b>ARTICLE II     MEDICAL STAFF MEMBERSHIP</b> .....	9
2.1      General Qualifications .....	9
2.2      Basic Obligations of Individual Staff Membership .....	11
2.3      Term of Appointment .....	12
2.4      Practitioners Providing Contractual Professional Services by Contract or Employment .....	12
2.5      Administrative Remedies .....	13
2.6      Limitation of Damages .....	13
<b>ARTICLE III    CATEGORIES OF MEMBERSHIP</b> .....	13
3.1      Categories .....	13
3.2      Provisional Status .....	13
3.3      Administrative Staff .....	14
3.4      Affiliate Staff .....	15
3.5      Active Staff .....	15
3.6      Courtesy Staff .....	16
3.7      House Staff Status .....	17
3.8      Voting Members of the Organized Medical Staff .....	18
<b>ARTICLE IV     APPOINTMENT AND REAPPOINTMENT</b> .....	18
4.1      General .....	18
4.2      Burden of Producing Information .....	18
4.3      Appointment Authority .....	19
4.4      Duration of Appointment and Reappointment .....	19
4.5      Application for Initial Appointment and Reappointment .....	19
4.6      Effect of Application .....	21
4.7      Verification of Information on Initial Application .....	22
4.8      Rejection of Incomplete Application .....	23
4.9      Department Action .....	23
4.10     Credentials Committee Action .....	24
4.11     Medical Executive Committee .....	24
4.12     Board of Directors .....	28
4.13     Expedited Board of Directors Approval Process .....	25
4.14     Notification of Final Action .....	25
4.15     Denial for Hospital's Inability to Accommodate Applicant .....	25



4.16	Timely Processing of Applications .....	26
4.17	Reappointment Process.....	26
4.18	Ongoing Professional Practice Evaluation .....	28
4.19	Application .....	28
4.20	Standards and Procedure for Review .....	29
4.21	Failure to File Reappointment Application .....	29
4.22	Requests for Modification of Appointment/Reappointment .....	29
4.23	Decision to Grant or Deny Appointment/Reappointment .....	29
4.24	Reapplication After Adverse Appointment Decision.....	29
4.25	Leave of Absence .....	29
4.26	Termination of Membership .....	29
<b>ARTICLE V</b>	<b>CLINICAL PRIVILEGES.....</b>	<b>30</b>
5.1	Exercise of Privileges.....	31
5.2	Delineation of Privileges in General.....	31
5.3	Procedure .....	31
5.4	Focused Professional Practice Evaluation.....	31
5.5	Limited Licensure Practitioners.....	31
5.6	History and Physicals.....	32
5.7	Limited Temporary Privileges.....	33
5.8	Emergency Privileges.....	34
5.9	Disaster Privileges.....	34
5.10	Modification of Clinical Privileges or Department Assignment.....	34
5.11	Telemedicine.....	35
<b>ARTICLE VI</b>	<b>CORRECTIVE ACTION.....</b>	<b>35</b>
6.1	Corrective Action.....	35
6.2	Summary Restriction or Suspension.....	38
6.3	Automatic Suspension or Limitation.....	40
<b>ARTICLE VII</b>	<b>MEDICAL STAFF OFFICERS.....</b>	<b>43</b>
7.1	Officers of the Medical Staff.....	43
7.2	Qualifications of Officers.....	43
7.3	Election of Officers.....	43
7.4	Term of Office.....	44
7.5	Vacancies in Office.....	44
7.6	Duties of Officers.....	44
7.7	Removal of Medical Staff Officers .....	45
<b>ARTICLE VII</b>	<b>CLINICAL DEPARTMENTS.....</b>	<b>45</b>
8.1	Organization of Clinical Departments .....	45
8.2	Departments.....	46
8.3	Assignment of Departments.....	46
8.4	Functions of Departments.....	46
8.5	Department Officers .....	47
8.6	Vice-Chief.....	49

<b>ARTICLE IX</b>	<b>COMMITTEES.....</b>	<b>49</b>
9.1	Designation.....	49
9.2.	General Provisions.....	49
9.3	Medical Executive Committee.....	50
9.4	Medical Staff Quality Committee.....	52
9.5	Credentials Committee.....	53
9.6	Bylaws Committee.....	54
9.7	Nominating Committee.....	54
9.8	Practitioner Health Committee.....	54
9.9	Pharmacy & Therapeutics / Blood Usage Committee.....	55
9.10	Infection Control Committee.....	56
9.11	Ethics Committee.....	56
9.12	Cancer Committee.....	57
9.13	Management of Information Committee.....	57
9.14	Medical Informatics Committee.....	58
9.15	Research Committee.....	59
9.16	Provider Risk Management Committee.....	59
9.17	Special Committees of the Staff.....	60
<b>ARTICLE X</b>	<b>MEETINGS AND ATTENDANCE.....</b>	<b>61</b>
10.1	Medical Staff Meetings.....	61
10.2	Meetings of Departments and Committees.....	62
<b>ARTICLE XI</b>	<b>MEDICAL STAFF RELATIONSHIPS.....</b>	<b>63</b>
11.1	Medical Staff Services.....	63
11.2	Institutional Review Board.....	63
11.3	Graduate Medical Education Office.....	63
11.4	Continuing Medical Education Office.....	63
<b>ARTICLE XII</b>	<b>CONFIDENTIALITY, IMMUNITY AND RELEASES.....</b>	<b>64</b>
12.1	Authorizations and Conditions.....	64
12.2	Organized Health Care Arrangement.....	64
12.3	Confidentiality of Information.....	65
12.4	Activities Covered.....	65
12.5	Releases.....	65
12.6	Special Definitions.....	65
<b>ARTICLE XIII</b>	<b>GENERAL PROVISIONS.....</b>	<b>65</b>
13.1	Medical Staff Rules and Regulations.....	66
13.2	Construction of Terms and Headings.....	66
13.3	Authority to Act.....	66
13.4	Special Notice.....	66
13.5	Parliamentary Procedure.....	67
<b>ARTICLE XIV</b>	<b>ALLIED HEALTH PROFESSIONALS.....</b>	<b>67</b>
14.1	Allied Health Professional Defined.....	67
14.2	Categories of Allied Health Professionals Currently Credentialed by	

	the Medical Staff and Authorized to Function in the Hospital.....	67
14.3	Qualifications of Allied Health Professionals.....	67
14.4	Prerogatives of Allied Health Professionals.....	68
14.5	Obligations of Allied Health Professionals.....	68
14.6	Terms and Conditions of Affiliation.....	68
14.7	Definition of Scope of Service.....	68
14.8	Procedure for Credentialing.....	68
<b>ARTICLE XV</b>	<b>FAIR HEARING PLAN.....</b>	<b>69</b>
15.1	Fair Hearing Plan.....	69
15.2	Definitions.....	69
15.3	Duty to Exhaust Remedies .....	70
15.4	Grounds for Fair Hearing .....	70
15.5	Fair Hearing and Appeal Rights Not Available .....	71
15.6	Mediation .....	72
15.7	Notice of Proposed Action.....	73
15.8	Notice of Hearing.....	73
15.9	Conduct of Hearing.....	74
15.10	Decision of the Hospital.....	76
15.11	Appeal.....	76
15.12	Reporting of Adverse Actions.....	77
<b>ARTICLE XVI</b>	<b>ADOPTION AND AMENDMENT OF BYLAWS</b>	<b>77</b>
16.1	Organized Medical Staff Authority and Responsibility.....	77
16.2	Bylaws Committee Responsibility.....	77
16.3	Adoption and Amendment of Bylaws.....	77
16.4	Board of Directors Action.....	77
16.5	Conflict Management.....	78
16.6	Adoption and Amendment of Credentialing Manual, Policies/Procedures and Rules and Regulations.....	79
16.7	Urgent Amendments of Rules/Regulations and Policies .....	79

## DEFINITIONS

Throughout these Bylaws, the following definitions apply to the identified terms whether or not the terms are capitalized, plural, singular, masculine, or feminine, unless the context of the applicable provision indicates otherwise.

1. **ALLIED HEALTH PRACTITIONERS (AHPs)** refers to individuals who practice under the supervision and direction of or in collaboration with a duly licensed Practitioner with relevant Clinical Privileges. AHPs are not eligible for Medical Staff Membership.
2. **ATTENDING PHYSICIAN** means a patient's physician of record and the individual responsible for the supervision of a patient's general medical care.
3. **BOARD OF DIRECTORS OR THE BOARD** means the governing body of the El Paso Children's Hospital.
4. **CHIEF EXECUTIVE OFFICER** means the individual appointed by the Board of Directors to act on its behalf in the management of the El Paso Children's Hospital.
5. **CHIEF OF STAFF** means the chief officer of the Medical Staff elected by the voting members of the Organized Medical Staff.
6. **CLINICAL PRIVILEGES or PRIVILEGES** means the authorization granted by the Board of Directors to a Practitioner to provide specific care services in the organization within well-defined limits, based on the following factors, as applicable: license, education, training, experience, competence, health status, and judgment.
7. **CREDENTIALING** means the process of obtaining, verifying, and assessing the ongoing qualifications and competence of a health care practitioner to provide patient care services in the organization.
8. **CREDENTIALING MANUAL** refers to the manual that describes the process for privileging and re-privileging applicant practitioners and Practitioners and the process for credentialing and re-credentialing applicant practitioners and Practitioners adopted in accordance with these Bylaws.
9. **DATE OF RECEIPT** means the date any notice, special notice, or other communication was delivered personally; or if such notice, special notice, or communication was sent by mail, it shall mean seventy-two (72) hours after the notice, special notice, or communication was deposited, postage prepaid, in the United States mail.
10. **DEPARTMENT CHIEF** means the professional head of a Clinical Department.
11. **EX OFFICIO** means membership by virtue of an office or position held. An Ex Officio appointment is without vote unless specified otherwise.

12. **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)** means a time-limited period during which the Hospital evaluates the competence of a Practitioner, including for initially requested privileges or issues affecting the provision of safe patient care.
13. **HOSPITAL** means El Paso Children's Hospital Corporation d/b/a El Paso Children's Hospital, El Paso Children's Hospital, or EPCH.
14. **HOUSE STAFF STATUS** means a medical school graduate and a resident or fellow in an approved training program conducted by the TTUHSC Paul L. Foster School of Medicine, who participates in patient care under the supervision of Practitioners who possess Clinical Privileges for the services provided by the House Staff. The Medical Staff's Bylaws and the Rules/Regulations and Policies of the Medical Staff will apply to them as appropriate; however, residents and fellows with House Staff Status are not members of the Medical Staff.
15. **MEDICAL DIRECTOR** means a Practitioner appointed by the Board of Directors to serve as a liaison between the Organized Medical Staff and the Administration.
16. **MEDICAL EXECUTIVE COMMITTEE (MEC)** means the Executive Committee of the Organized Medical Staff, which shall constitute the governing body of the Medical Staff pursuant to the terms of these Bylaws.
17. **MEDICAL STAFF** refers to the group of all Medical Staff Members privileged through the OMS process that is subject to the Medical Staff Bylaws. This group may include others, such as retired practitioners who no longer practice in the organization but who wish to continue their membership in the group.
18. **MEDICAL STAFF BYLAWS** means a document or group of documents adopted by the voting members of the OMS and approved by the governing body that defines the rights, responsibilities, and accountability of the Medical Staff and various officers, persons, and groups within the structure of the OMS; the self-governance functions of the OMS; and the working relationship with and accountability to the governing body of the OMS.
19. **MEDICAL STAFF MEMBER** means a Practitioner who has been appointed to the Medical Staff.
20. **MEDICAL STAFF YEAR** means a twelve (12) month period ending September 30 of each calendar year.
21. **NOTICE** means a written communication delivered personally to the addressee or sent by United States mail, first-class postage prepaid, addressed to the addressee at the last address as it appears in the official records of the Organized Medical Staff of El Paso Children's Hospital.
22. **ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)** refers to the ongoing evaluation of a Practitioner's competence.

23. **ORGANIZED MEDICAL STAFF (OMS)** means a self-governing entity accountable to the Board of Directors that operates under a set of bylaws, rules and regulations, and policies developed and adopted by the voting members of the OMS and approved by the Board of Directors. The OMS is comprised of doctors of medicine and osteopathy, and, in accordance with the Medical Staff Bylaws, may include other practitioners.
24. **PEER REVIEW** means the focused and ongoing evaluation of practitioner performance for all areas of competency using multiple sources of data and evaluating the areas of general competencies including: patient care, medical/clinical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.
25. **PHYSICIAN**, when used in connection with the performance of any function or action, means a doctor of medicine or doctor of osteopathy legally authorized to practice by the state in which he performs such functions or action.
26. **PRACTITIONER** means an individual permitted by law and by the Hospital to provide care, treatment and services without direct supervision and includes Physicians, dentists, podiatrists, optometrists, and oral/maxillofacial surgeons. A Practitioner operates within the scope of his or her license, consistent with individually granted Clinical Privileges.
27. **PREROGATIVE** means a right, granted to a Practitioner by virtue of Medical Staff category otherwise, exercisable subject to the conditions and limitations imposed in these Bylaws.
28. **RULES/REGULATIONS AND POLICIES OF THE MEDICAL STAFF** means documents other than Medical Staff Bylaws. When adopted by the OMS and approved by the Board of Directors, these documents have the force and effect of the Medical Staff Bylaws. However, in the event of any inconsistency between these other documents and the Medical Staff Bylaws, the Medical Staff Bylaws shall control.
29. **PRIVILEGING** means the process whereby a specific scope and content of patient care services (Clinical Privileges) are authorized for a health care Practitioner or AHP by the Hospital based on evaluation of the Practitioner's or AHP's credentials and competence.
30. **SUPERVISION** refers to the direct or collaborative management of a patient's care by a Practitioner and an AHP or member of the House Staff, as required by law.
31. **VOTING MEMBERS OF THE OMS** – refers to the members of the OMS who have the right to vote on adopting and amending Medical Staff Bylaws and Rules/Regulations and Policies of the Medical Staff.

## PREAMBLE

The Bylaws are adopted to provide a framework of self-governance for the Organized Medical Staff of El Paso Children's Hospital. This framework permits the Organized Medical Staff to discharge its responsibilities in matters involving the quality of medical care; to govern the orderly resolution of issues; conduct Medical Staff functions supportive of those purposes; and to account to the Board of Directors for the effective performance of Medical Staff responsibilities. These Bylaws provide the structure for organized Medical Staff operations, organized Medical Staff relations with the Board of Directors, and relations with applicants to and Members of the Medical Staff.

The Medical Staff Bylaws, Credentialing Manual, and Rules/Regulations and Policies of the Medical Staff shall be applicable to all Members of the Organized Medical Staff and other individuals who have been granted Clinical Privileges. All manuals, policies/procedures and rules/regulations shall be considered an integral part of the Medical Staff Bylaws, subject to the amendment and adoption provisions contained in these Bylaws. The Hospital's Governing Body has the ultimate authority and responsibility for the oversight and delivery of healthcare rendered at the Hospital. The Organized Medical Staff is accountable to the Governing Body for the quality of care provided at the Hospital.

## ARTICLE I: NAME AND PURPOSES

### 1.1 NAME

The name of the Medical Staff shall be the "Organized Medical Staff of El Paso Children's Hospital".

### 1.2 PURPOSES

The purposes of this Organized Medical Staff are:

- a) To oversee the quality of care, treatment, and services provided by practitioners who are credentialed and privileged;
- b) To provide a uniform standard of quality patient care, treatment and services;
- c) To organize the Medical Staff and provide a framework within which Medical Staff Members can act with a reasonable degree of freedom and confidence regarding the parameters that govern their conduct within the Hospital;
- d) To establish a process for reviewing and evaluating practitioner applications to join the Medical Staff and for granting Privileges and for the ongoing evaluation of the competency of Practitioners who are Privileged;
- e) To monitor the care for all patients admitted to, or treated in any Department or service of the Hospital, to assure that the care is appropriate and provided in a manner that meets or exceeds the applicable standard of care and that each member of the Medical Staff conducts himself in a professional and ethical manner;
- f) To engage in a systematic and continuous review, evaluation and improvement of patient care and the processes by which patient care is delivered by the Medical Staff and others in the Hospital;

- g) To provide a means by which the Medical Staff reports to the Board of Directors and the Chief Executive Officer regarding the discharge of its responsibility to provide appropriate patient care and to support the operation of the Hospital; and
- h) To assure Medical Staff representation and participation in any Hospital deliberation affecting the discharge of Medical Staff responsibilities.

**ARTICLE II:  
MEDICAL STAFF MEMBERSHIP**

**2.1 GENERAL QUALIFICATIONS**

Medical staff appointment or privileges at another health care facility or in another practice setting, including University Medical Center of El Paso and Texas Tech University Health Sciences Center, is not a requirement for Membership in the Medical Staff of EPCH. No applicant practitioner shall be entitled to Membership in the Medical Staff or to exercise specific Clinical Privileges by virtue that he is licensed to practice medicine or dentistry in this or any other State, is a member of a professional organization or that he has, or has had, such privileges at this or another hospital. Every applicant practitioner who seeks Medical Staff Membership must, at the time of application and continuously thereafter, demonstrate, to the satisfaction of the Medical Staff and Board of Directors, the following qualifications and any additional qualifications and procedural requirements as are set forth in these Bylaws or in department rules and regulations.

**2.1.1 LICENSURE**

Evidence of a current valid license issued by the State of Texas to practice medicine, podiatry or dentistry.

**2.1.2 PROFESSIONAL EDUCATION AND TRAINING**

- a) Graduation from an approved medical, osteopathic, podiatric or dental school; or certification by the Educational Council for Foreign Medical Graduates.
- b) For purposes of this Section 2.1.2, an "approved" school, university or postgraduate training program is one that was fully accredited during the time of the practitioner's attendance by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Commission on Dental Accreditation, or the Council on Podiatric Medical Education of the American Podiatric Medical Association.



- c) Board certification or board certification eligibility in a recognized specialty and/or subspecialty as recognized by the American Board of Medical Specialties or from a Member Board of Certification of the Bureau of Osteopathic specialists or from the American Board of Podiatric Surgery if the applicant is a podiatrist or from the American Board of Oral / Maxillofacial Surgeons if the applicant is an oral surgeon or from the American Board of Dental Surgery if the applicant is a dentist. Details regarding board certification requirements may be set forth in policies adopted by the Medical Staff.

**2.1.3 CLINICAL PERFORMANCE**

Current experience, clinical results, and utilization patterns documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency.

**2.1.4 COOPERATIVENESS**

Demonstrated ability to work with and relate to others in a cooperative, professional manner that is essential for maintaining an environment appropriate to quality and efficient patient care. It is the policy of the Hospital and this Medical Staff that all individuals within its facilities be treated courteously, respectfully, and with dignity. To that end, all Medical Staff Members and other Practitioners must conduct themselves in a professional and cooperative manner. Failure to do so may constitute disruptive behavior. Disruptive behavior by a Practitioner against any individual (e.g., against another Medical Staff Member, Hospital employee or patient) shall not be tolerated. If a Practitioner fails to conduct himself appropriately, corrective action, including summary suspension, may be taken (See Article VI Corrective Action).

**2.1.5 SATISFACTION OF MEMBERSHIP OBLIGATIONS**

Satisfactory compliance with the basic obligations accompanying appointment to the Medical Staff and equitable participation, as determined by Medical Staff and Board of Directors, in the discharge of staff obligations specific to Medical Staff category (See Article III Categories of Membership).

**2.1.6 SATISFACTION OF CRITERIA FOR PRIVILEGES**

Evidence of satisfaction of the criteria for the granting of Clinical Privileges in at least one Department (See Article V Clinical Privileges).

**2.1.7 PROFESSIONAL ETHICS AND CONDUCT**

Demonstrated high moral character and adherence to generally recognized standards of medical and professional ethics, which include refraining from: paying or accepting commissions or referral fees for professional services; delegating the responsibility of diagnosis or care to a Practitioner or Allied Health Professional not qualified to undertake that responsibility; failing to seek appropriate consultation when medically indicated; failing to provide or arrange for appropriate and timely medical coverage and care for patients for whom the Practitioner is responsible; and failing to obtain appropriate informed patient consent to treatments.

**2.1.8 FITNESS TO PRACTICE**

Freedom from or adequate control of any significant physical or mental health impairment and freedom from impairment due to use of any type of substance or chemical that may affect cognitive, motor, or communication ability in a manner that interferes with the ability to provide quality patient care or the other qualifications for Medical Staff Membership.

**2.1.9 VERBAL AND WRITTEN COMMUNICATION SKILLS**

Ability to read and understand the English language, to communicate in writing and verbally in the English language in an intelligent manner, and to prepare medical record entries and other required documentation in a legible manner.

**2.1.10 PROFESSIONAL LIABILITY INSURANCE**

Evidence of professional liability insurance of not less than \$100,000 each incident and \$300,000 per occurrence, or, for employees of a governmental unit, the equivalent.

**2.1.11 EFFECTS OF OTHER AFFILIATIONS**

Staff appointment or privileges at another health care facility or in another practice setting, including University Medical Center and Texas Tech University Health Sciences Center, is not a requirement for Membership in the Medical Staff of EPCH. No applicant practitioner or Practitioner shall be entitled to appointment, reappointment, or the exercise of particular Clinical Privileges merely because of:

- a) licensure of practice;
- b) certification by any clinical board;
- c) membership on a medical school faculty;
- d) staff appointment or privileges at another health care facility or in another practice setting; or
- e) prior staff appointment of any particular privileges at this Hospital.

**2.1.12 NON-DISCRIMINATION**

No applicant for Membership in the Medical Staff or Clinical Privileges shall be discriminated against on the basis of age, sex, race, creed, color, sexual orientation, religion, ethnic background, language, disability, national origin or handicap unrelated to the ability to fulfill patient care and required staff obligations.

**2.2 BASIC OBLIGATIONS OF INDIVIDUAL STAFF MEMBERSHIP**

Each Medical Staff Member, regardless of assigned staff category, and each Practitioner exercising limited temporary privileges under these Bylaws, shall:

- a) Provide patients with continuous care at the level of quality and efficiency generally recognized as appropriate;
- b) Abide by these Bylaws, Medical Staff and Department rules and regulations, and all other standards and policies of the Medical Staff and Hospital;
- c) Discharge such staff, committee, Department, and Hospital functions for which he is responsible;
- d) Prepare and complete in timely fashion, according to these Bylaws and to Hospital policies, the medical and other required records for all patients to whom the

- Practitioner provides care in the Hospital, or within its facilities, services, or Departments;
- e) Arrange for appropriate and timely medical coverage and care for patients for whom he is responsible and obtain consultation when necessary for those patients;
  - f) Participate in emergency service coverage for the emergency Department as prescribed by the Board of Directors and consultation or reading panels as may be determined by the appropriate Departments;
  - g) Use confidential information only as necessary to provide patient care or to perform Medical Staff responsibilities. For purposes of these Bylaws, confidential information means patient information, peer review information, and Hospital's business information designated as confidential by the Hospital or its representatives before disclosure;
  - h) Refrain from unauthorized disclosure of confidential information;
  - i) Protect access codes and computer passwords and ensure confidential information is not disclosed; and
  - j) Complete and document medical histories and physical examinations in accordance with Section 4.11 of the Rules/Regulations and Policies of the Medical Staff.

### **2.3 TERM OF APPOINTMENT**

Appointments to the Medical Staff and granting of Clinical Privileges are for a period of two (2) years, except that:

- a) New Members of the Medical Staff are subject to an initial Provisional Status period as required under Section 3.2 of these Bylaws. Upon satisfactory conclusion of that period, new Medical Staff Members are placed in the appropriate reappointment cycle as determined by the Hospital's system of staggered reappointment as indicated under Section 4.4 of these Bylaws; and
- b) The Board, after considering the recommendations of the Medical Executive Committee, may set a more frequent reappointment period for the exercise of particular Clinical Privileges in general or for a Medical Staff Member who has an identified impairing disability or has been the subject of disciplinary action and placed on a Focused Professional Practice Evaluation under Section 5.4 of the Bylaws.

#### **2.3.1 EXPIRATION**

The appointment of each Medical Staff Member shall expire every two (2) years on the Practitioner's birthday (See Section 4.4).

### **2.4 PRACTITIONERS PROVIDING CONTRACTUAL PROFESSIONAL SERVICES BY CONTRACT OR EMPLOYMENT**

#### **2.4.1 QUALIFICATIONS AND SELECTION**

A Practitioner, who is or who will be providing specified professional services pursuant to a contract or employment with the Hospital, must meet the same appointment qualifications; must be evaluated for appointment, reappointment, and clinical privileges in the same manner; and must fulfill all of the obligations of the assigned category as any other Medical Staff Member.

- a) Practitioners rendering administrative services pursuant to employment or contracts with the Hospital shall be required to maintain Medical Staff Membership and Clinical Privileges.
- b) Unless otherwise provided in the contract for professional services, termination of such employment or contracts shall result in automatic termination of Medical Staff Membership and Privileges. Such automatic termination does not result in fair hearing rights under the Bylaws or Fair Hearing Plan (Article XV) for the affected Practitioner.

## **2.5 ADMINISTRATIVE REMEDIES**

Every applicant practitioner and Member of the Medical Staff agrees that when corrective action is initiated or taken, or when a recommendation is made by any committee or any person acting on its behalf, the effect of which is to deny, revoke, or otherwise limit the Clinical Privileges or Membership of the applicant practitioner or Medical Staff Member, such applicant or Medical Staff Member shall exhaust the administrative remedies afforded by these Bylaws and Fair Hearing Plan (Article XV) prior to initiating litigation.

## **2.6 LIMITATION OF DAMAGES**

Every applicant practitioner to and Member of the Medical Staff agrees that his sole remedy for any adverse or corrective action for failure to comply with these Bylaws shall be the right to seek injunctive relief. An alleged breach of any provision of these Bylaws and/or Fair Hearing Plan (Article XV) shall provide no right to monetary relief from the applicant practitioner, Medical Staff, the Hospital or any third party, including any employee, agent or Member of the Medical Staff or the Hospital and any person engaged in peer review activities.

# **ARTICLE III: CATEGORIES OF MEMBERSHIP**

## **3.1 CATEGORIES**

The Medical Staff categories shall include Administrative, Affiliate, Active, and Courtesy. The Medical Staff Member's staff category shall be determined at the time of appointment or reappointment. A Medical Staff Member in the Active or Courtesy category may have Provisional Status assigned to him.

## **3.2 PROVISIONAL STATUS**

### **3.2.1 QUALIFICATIONS FOR PROVISIONAL STATUS**

Provisional Status shall consist of Practitioners who:

- a) Have met the qualifications for Medical Staff Membership in Article IV.
- b) Have been appointed to the Medical Staff by the Board of Directors for a period of twelve (12) months.

### **3.2.2 DUTIES AND PREROGATIVES OF PROVISIONAL STATUS MEMBERS**

The Provisional Status Medical Staff member may:

- a) Exercise all Clinical Privileges granted by the Board of Directors;
- b) Attend meetings of the Medical Staff and Department of which he is a member;
- c) Exercise the rights and comply with the duties of the Medical Staff category assigned to the Practitioner; and
- d) May vote on matters presented at department and committees of which they are members of
- e) May not hold office in the Medical Staff organization

### **3.2.3 REQUIREMENTS**

- a) All initial appointments to the Medical Staff, except Affiliate and Administrative staff, are assigned Provisional Status for a period of twelve (12) months;
- b) Must meet Focused Professional Practice Evaluation requirements (See Section 5.4);
- c) If Department supervisory and FPPE requirements have not been met by the end of the twelve (12) month Provisional Status period, the Medical Staff Member may request an extension of Provisional Status from the Department;
- d) In no event shall an extension of Provisional Status exceed twelve (12) months nor shall more than one extension of Provisional Status be granted. The decision to extend Provisional Status shall be made at the sole discretion of the Board of Directors; and
- e) Based on the need of specialty and the sole discretion of the Board of Directors, the Practitioner that has not met Department supervisory or FPPE requirements may be taken off Provisional Status and placed on one hundred percent (100%) FPPE review or may apply for Affiliate Medical Staff Category.

## **3.3 ADMINISTRATIVE STAFF**

### **3.3.1 QUALIFICATIONS FOR ADMINISTRATIVE STAFF**

The Administrative Medical Staff shall consist of Practitioners who:

- a) Are retained by the Hospital specifically to perform quality improvement activities or other administrative duties;
- b) Are charged with assisting the Medical Staff in carrying out quality improvement functions (or other such duties);
- c) Document their current licensure, adequate experience, education and training and current professional competence; good judgment; and physical and mental health status so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent to exercise their duties; and
- d) Are determined to adhere to the ethics of their respective professions; to be able to work cooperatively with others so as not to adversely affect their judgment in carrying out the quality improvement functions; and be willing to participate in and properly discharge those responsibilities determined by the Medical Staff.

### **3.3.2 DUTIES AND PREROGATIVES OF ADMINISTRATIVE STAFF**

An Administrative Medical Staff Member may:

- a) Attend meetings of the Medical Staff and various departments, including open committee meetings and educational programs;
- b) Have the right to vote at Medical Staff meetings, the department, sections and committees of which he is a member; and
- c) May not admit patients and/or exercise Clinical Privileges.

## **3.4 AFFILIATE STAFF**

### **3.4.1 QUALIFICATIONS FOR AFFILIATE STAFF**

The Affiliate Staff shall consist of Practitioners who:

- a) Desire to maintain Medical Staff Membership in order to refer their patients to other Medical Staff Members with admitting Clinical Privileges, but do not wish to exercise Clinical Privileges themselves;
- b) Want to meet managed care organization requirements for Hospital affiliation;
- c) Wish to participate in continuing medical education and other Medical Staff activities; and
- d) Demonstrate a genuine concern, interest, and activity in the Hospital through substantial involvement in the affairs of the Medical Staff.

### **3.4.2 DUTIES AND PREROGATIVES OF AFFILIATE STATUS**

An Affiliate Staff Member may:

- a) Refer his patients to other Medical Staff Members with admitting Clinical Privileges;
- b) Will not treat or admit patients and exercise Clinical Privileges or write orders, but prefer to follow and visit their patients in the hospital while under the care of the attending;
- c) Have the right to vote at general and special meetings and Department meetings, and meetings of any committees of which he is a member; and
- d) Hold office at any level in the Medical Staff organization and serve as Department Chief or Committee Chair provided the specific qualifications for the position involved are met and except otherwise provided in these Bylaws.

## **3.5 ACTIVE STAFF**

### **3.5.1 QUALIFICATIONS FOR ACTIVE STAFF**

The Active Staff shall consist of Practitioners who:

- a) Demonstrate a genuine concern, interest, and activity in the Hospital through substantial involvement in the affairs of the Medical Staff; and
- b) Admit, consult on, or treat at least twenty (20) patients in a twenty-four (24) month period beginning on the first day of their current appointment period.

### **3.5.2 DUTIES AND PREROGATIVES OF ACTIVE STAFF**

An Active Staff Member may:

- a) Admit patients, except as set forth in Department rules and regulations and Hospital admission policies;
- b) Exercise such Clinical Privileges as are granted by the Board;
- c) Vote on all matters presented at general and special meetings of the Medical Staff and of the Department and committees of which he is a member; and
- d) Hold office at any level in the Medical Staff organization and serve as Department Chief or Committee Chair provided the specific qualifications for the position involved are met and except as otherwise provided in these Bylaws.

### **3.5.3 OBLIGATIONS OF ACTIVE STAFF**

An Active Staff Member must, in addition to meeting the basic obligations set forth in Section 2.2:

- a) Contribute to the organizational, administrative and medico-administrative, quality review, and utilization management activities of the Medical Staff; serve in Medical Staff and Department offices and on Hospital and Medical Staff committees, including faithfully performing the duties of any office of position to which elected or appointed; and
- b) Participate equitably and appropriately in the discharge of Medical Staff functions such as training and continuing education programs; serve when necessary on the on-call roster for charity or unassigned patients and provide emergency Department coverage; review and supervise the performance of other Practitioners; and fulfill such other Medical Staff functions as may be reasonably required.

### **3.5.4 FAILURE TO SATISFY QUALIFICATIONS**

Failure of an Active Medical Staff Member to satisfy the qualifications or obligations of the Active Medical Staff category for any reappointment period may result in reassignment to another Medical Staff category or corrective action where appropriate. A Practitioner who feels he has been unjustly moved from the Active Medical Staff category may request reconsideration of the change by the Medical Executive Committee.

## **3.6 COURTESY STAFF**

### **3.6.1 QUALIFICATIONS FOR COURTESY STAFF**

The Courtesy Staff shall consist of Practitioners who may admit, consult, or treat no more than twenty (20) patients in a twenty-four (24) month period beginning on the first day of their current appointment period.

### **3.6.2 DUTIES AND PREROGATIVES OF COURTESY STAFF**

A Courtesy Staff Member may:

- a) Admit and consult on patients, except as set forth in the Department rules and regulations and Hospital admission policies;
- b) Exercise such Clinical Privileges as have been granted by the Board;
- c) Be appointed to committees unless otherwise provided by these Bylaws;

- d) Serve as committee chair of committees provided the specific qualifications for the position involved are met and except as otherwise provided in these Bylaws;
- e) Vote on matters presented at general and special committees of the Medical Staff and of the Department and committees of which he is a member; and
- f) Hold office at any level in the Medical Staff organization and serve as Department chief or committee chair provided the specific qualifications for the position involved are met and except as otherwise provided in these Bylaws.

### **3.6.3 OBLIGATIONS OF COURTESY STAFF**

A Courtesy Medical Staff Member must, in addition to meeting basic obligations set forth in Section 2.2, serve, when necessary, on the on-call roster for charity and unassigned patients and provide emergency Department coverage.

### **3.6.4 CHANGE IN STAFF CATEGORY**

Courtesy Medical Staff Members may be advanced to the Active Medical Staff category at the time of reappointment if the qualifications set forth in Section 3.5 are satisfied. If a Practitioner desires more than twenty (20) patient contacts in a twenty-four (24) month period, he shall apply for the Active Medical Staff category. If a Practitioner has no patient contacts during the twenty-four (24) month period, the Practitioner shall not be eligible for reappointment to the Courtesy Staff and may apply for the Affiliate Medical Staff category.

## **3.7 HOUSE STAFF STATUS**

### **3.7.1 QUALIFICATIONS FOR HOUSE STAFF STATUS**

Residents and fellows are eligible to provide services under House Staff Status while participating in graduate education programs delineated by an approved affiliation agreement between the host institution and El Paso Children's Hospital.

### **3.7.2 PREROGATIVES OF HOUSE STAFF STATUS**

- a) A resident or fellow with House Staff Status may exercise Clinical Privileges to treat any patients under the direct supervision of Medical Staff Members who are Practitioners with appropriate Clinical Privileges at El Paso Children's Hospital.
- b) The residents and fellows with House Staff Status shall abide by the Bylaws and Rules/Regulations and Policies of the Medical Staff. Failure of a Practitioner with House Staff Status to perform his duties or abide by the Medical Staff Bylaws or Rules/Regulations and Policies of the Medical Staff shall be reported to the Department Chief for appropriate corrective action.
- c) Residents and fellows with House Staff Status are not Members of the Medical Staff and do not have any rights under the Fair Hearing Plan (Article XV). Upon termination of their participation in an approved graduate education program, their Clinical Privileges shall automatically terminate. Should a resident or fellow with House Staff Status desire to practice at the



Hospital outside of the approved graduate education program (i.e. "moonlight"), he must apply for and receive Medical Staff Membership.

**3.8 VOTING MEMBERS OF THE ORGANIZED MEDICAL STAFF**

All Members of the Medical Staff, except House Staff, shall be able to vote on all matters including amendments to new Bylaws, Rules/Regulations and Policies and Procedures of the Medical Staff, and election of officers and to participate in conflict management procedures.

**ARTICLE IV:  
APPOINTMENT AND REAPPOINTMENT**

**4.1 GENERAL**

Except as otherwise specified herein, no person (including persons engaged by the Hospital in administratively responsible positions) shall exercise Clinical Privileges in the Hospital unless and until he applies for and receives appointment to the Medical Staff as set forth in these Bylaws. By applying to the Medical Staff for appointment or reappointment, the applicant practitioner or Practitioner, as applicable, acknowledges responsibility to first review these Bylaws and agrees that throughout any period of Membership he will comply with the responsibilities of Medical Staff Membership and with the Bylaws and Rules/Regulations and Policies of the Medical Staff as they exist and as they may be modified from time to time. Appointment to the Medical Staff shall confer on the appointee only such Clinical Privileges as have been granted in accordance with these Bylaws.

**4.2 BURDEN OF PRODUCING INFORMATION**

In connection with all applications for appointment, reappointment, advancement or transfer, the applicant practitioner or Practitioner, as applicable, shall have the burden of producing information for an adequate evaluation of applicant practitioner's or Practitioner's qualifications and suitability for the Clinical Privileges and Medical Staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant practitioner's or Practitioner's failure to sustain this burden shall be deemed a voluntary withdrawal of the application, which shall not entitle the applicant practitioner or Practitioner to Fair Hearing rights under these Bylaws or the Fair Hearing Plan (Article XV). This burden may include submission to a physical, cognitive, and/or psychological examination at the applicant practitioner's or Practitioner's expense, if deemed appropriate by the Medical Executive Committee, which may select the examining physician.

**4.3 APPOINTMENT AUTHORITY**

Appointments, denials and revocations of appointments and reappointments of the Medical Staff shall be made as set forth in these Bylaws, but only after there has been a recommendation from the Credentials Committee.

**4.4 DURATION OF APPOINTMENT AND REAPPOINTMENT**

Except as otherwise provided in these Bylaws, initial appointments to the Medical Staff shall be for a period of twelve (12) months and may include assignment of Provisional Status. Reappointments, other than for those Medical Staff Members those placed on Provisional Status, shall be for a period of up to two (2) years from the month of applicant's date of birth, but in no event shall be more than two (2) years from previous appointment date (e.g., May 31, 2016 to May 31, 2018).

## **4.5 APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT**

### **4.5.1 PRE-APPLICATION PROCESS FOR INITIAL APPOINTMENT**

Upon receipt of a request to apply for Medical Staff Membership and Clinical Privileges, the Medical Staff Office shall screen the applicant practitioner before an application is sent. The applicant practitioner requesting Medical Staff Membership and Clinical Privileges shall be asked to supply documentation used to determine eligibility. The following information is required:

- a) Type of practitioner (e.g., physician, podiatrist, dentist);
- b) Appropriate educational and training credentials;
- c) Current appropriate license to practice in the State of Texas;
- d) Current controlled substance registration, if prescribing medications;
- e) Proof of professional liability insurance in the amount required by the Governing Body;
- f) National Provider Identifier Number (NPI); and
- g) Board Certification applicable to specialty.

An applicant practitioner will automatically be ineligible to receive an application, if the following information has been indicated:

- a) Restricted license to practice in any state
- b) History of a felony within the last 10 years
- c) Debarment of sanction under any state or federal health care program

If the applicant practitioner is eligible and able to provide the above listed evidence of qualifications, he shall be provided with an application form. Failure to provide the above listed evidence shall result in ineligibility to apply for Medical Staff Membership and Clinical Privileges. It shall not be considered an adverse action, and the applicant practitioner shall not be entitled to any hearing or appeal rights under these Bylaws and/or the Fair Hearing Plan (Article XV). Such determination will not result in the filing of a report with the State professional licensing board or with the National Practitioner Data Bank.

### **4.5.2 APPLICATION FORM FOR INITIAL APPOINTMENT**

Each application for initial appointment to the Medical Staff shall be in writing, submitted on the prescribed form (the Texas Standardized Credentialing Application) with all provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant practitioner. When an applicant practitioner requests an application form, he shall be given a copy of these

Bylaws, the Rules/Regulations and Policies of the Medical Staff, and summaries of other applicable policies relating to clinical practice in the Hospital, if any. A separate record is maintained for each applicant practitioner requesting Medical Staff Membership or Clinical Privileges. An application form shall include the following:

- a) Personal information to include Social Security number, NPI if available, Medicare and Medicaid numbers, date of birth, home and office addresses, and contact telephone numbers;
- b) Undergraduate and medical education, internship, residency, and/or fellowship training, including the name of each institution, degrees granted, programs completed, dates attended, and the name of individuals able to personally verify and comment on the applicant practitioner's performance during training;
- c) Activities and time frames from date of graduation from medical school to the date of application;
- d) Employed faculty positions and academic affiliations;
- e) Staff membership, health maintenance organization membership(s), independent physician association membership(s), and patient/provider organization membership(s);
- f) Proof of current professional licensure by the State of Texas and certifications, including federal and state controlled substance registration permits, with the expiration date and number of each;
- g) Proof of current professional malpractice insurance and any evidence of professional liability actions resulting in a final judgement against the applicant practitioner during past five years;
- h) Publications and professional activities;
- i) Military service history;
- j) A statement indicating if any physical or mental health conditions exist that affect, or are likely to affect, the applicant practitioner's ability to perform professional or Medical Staff duties;
- k) Any history of alcohol or drug dependency and treatment;
- l) Any felony criminal charges;
- m) Any challenges to current medical licensure or Drug Enforcement Agency (DEA) or Texas Department of Public Safety (DPS) registration, or voluntary/involuntary relinquishment of such license or registration in any jurisdiction;
- n) Any investigations and results of any disciplinary or professional peer review actions such as admonition, reprimand, censure, probation, non-provisional supervision, suspension, voluntary/involuntary limitation, termination, revocation, reduction or loss of clinical privileges by any medical staff, professional organization, or licensing authority including the Texas Medical Board;
- o) Any voluntary/involuntary termination of medical staff membership by any medical staff, medical society, professional society, or managed care organization;
- p) Any voluntary/involuntary withdrawal of application or resignation from the staff of any hospital or medical organization in lieu of being denied

- membership or privileges or being subject to professional or peer review or disciplinary action; and
- q) Any suspension, sanctions, exclusions or other restrictions from participating in private, federal, or state health insurance programs including investigations concerning participation.

#### **4.6 EFFECT OF APPLICATION**

In addition to the matters set forth in Section 4.1, by applying for appointment to the Medical Staff each applicant practitioner or Practitioner:

- a) Signifies his willingness to appear for interviews in regard to the application;
- b) Consents to undergo a physical, cognitive, or psychological examination, at the applicant practitioner's or Practitioner's expense, and authorizes the release of the results of and related information to the Credentials Committee and the MEC;
- c) Authorizes consultation with others who have been associated with him and who may have information bearing on his competence, qualifications and ability to carry out Clinical Privileges requested, and authorizes such individuals and organizations to candidly provide all such information;
- d) Consents to inspection of records and documents that may be material to an evaluation of his qualifications and ability to carry out Clinical Privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
- e) Releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
- f) Consents to the disclosure of other hospitals, medical associations, and licensing boards, and to similar organizations as required by law, any information regarding his professional or ethical standing that the Hospital or Medical Staff may have, and releases the Medical Staff and Hospital from liability for doing to the fullest extent permitted by law;
- g) Pledges to provide for continuous quality care for his patients;
- h) Pledges to maintain an ethical practice, free from illegal inducements for patient referrals refrain from providing "ghost" surgical or medical services, and refrain from delegating patient care responsibility to non-qualified or inadequately supervised practitioners; and
- i) Consents to all provisions of the Medical Staff Bylaws and recognizes that applicant practitioner or Practitioner has no procedural or Fair Hearing rights in connections with an application rejected for incompleteness.

#### **4.7 VERIFICATION OF INFORMATION ON INITIAL APPLICATIONS**

The applicant practitioner shall submit a Completed Application and related information to the Medical Staff Office.

**4.7.1** Upon receipt of the application, the Medical Staff Office will:

- 4.7.1.1** Determine whether all the requested information was supplied. If not, the applicant practitioner will be notified by mail, email or fax that the application

is not a Completed Application and inform the applicant practitioner of the missing information.

“Completed Application” means an application for appointment or reappointment that requires no follow-up with the applicant practitioner or Practitioner because (i) all questions have been answered and all documentation and verifications are provided and (ii) the Medical Staff Office has received all other necessary documentation and verifications solicited by the Hospital. No application shall be considered a Completed Application until the applicable Department Chief, the Credentials Committee, and the MEC have each reviewed the application and determined that no further documentation or information is required to permit evaluation of the application.

**4.7.1.2** Determine whether the applicant practitioner meets all the minimum qualifications. If the applicant practitioner does not meet minimum qualifications, he will be notified via certified mail.

**4.7.2** Processing the Completed Application will include primary source verification, as appropriate, by fax, mail, telephone, email, online services, and reliable secondary sources or designated equivalent source. Such verifications will review the following:

- a) Appropriate State licensing authority;
- b) Past and present professional liability insurance carrier(s) to include proof of current coverage and claims history;
- c) National Practitioner Data Bank;
- d) American Medical Association/American Osteopathic Association/American Dental Association Master Physician Profile or letters from professional schools and post graduate education (to obtain primary verification of Medical School completion, internship completion, residency completion, and/or fellowship completion);
- e) Federation of State Medical Boards;
- f) Office of Inspector General;
- g) Excluded Parties Listing System;
- h) American Board of Medical Specialties;
- i) Education Commission of Foreign Medical Graduates, as applicable;
- j) Any additional sources deemed necessary based on information supplied by the applicant practitioner;
- k) A minimum of three (3) peer recommendations from practitioners in the same professional discipline as the applicant practitioner. The recommendations should include information regarding the applicant practitioner's current:
  - 1) Medical/clinical knowledge,
  - 2) Technical and clinical skills,
  - 3) Clinical judgement,
  - 4) Interpersonal skills,
  - 5) Communication skills, and
  - 6) Professionalism;

- l) All past and present hospital affiliations;
- m) Verification of applicant practitioner's identity via a current picture identification card or valid picture identification issued by a state or federal agency (e.g. driver's license or passport); and
- n) Criminal background checks to include: positive identification of Social Security Number, criminal background, sex offender registry, and criminal court search.

#### **4.8 REJECTION OF INCOMPLETE APPLICATION**

At any time during the review process, if the application is not a Completed Application, or if all references and other information required to process the application are not received within thirty (30) days from the date the application was first submitted, the application is automatically deemed to be incomplete and rejected for that reason. Rejection of an application under this subsection shall be considered a voluntary withdrawal of the application and shall not entitle the applicant practitioner or Practitioner to Fair Hearing or appeal rights. The Medical Staff Office shall notify the affected applicant practitioner or Practitioner of the same via certified mail.

In the event the application is rejected for this reason, the procedures set forth in the Fair Hearing Plan (Article XV) shall not apply and the applicant practitioner is to be notified in writing by certified mail as to why application was deemed incomplete.

#### **4.9 DEPARTMENT ACTION**

After review of the application by the Medical Staff Office, the applicable Department Chief shall review the application, the applicant provider's or Practitioner's qualifications, competence and supporting documentation, and may conduct a personal interview with the applicant practitioner or Practitioner at his discretion. The Department Chief shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant practitioner's or Practitioner's provision of services within the scope of Clinical Privileges requested.

The Department Chief's recommendation shall be forwarded to the Credentials Committee regarding appointment, and, if appointment is recommended, as to Medical Staff Membership category, Department affiliation, Clinical Privileges to be granted, and any special conditions to be attached. The Department Chief may also determine the application is not a Completed Application and return the application to the Medical Staff Office.

#### **4.10 CREDENTIALS COMMITTEE ACTION**

The Credentials Committee shall review and analyze the application; evaluate competence and qualifications; and verify the supporting documentation, the Department Chief's recommendations, and other relevant information. The Credentials Committee may elect to interview the applicant practitioner or Practitioner and seek additional information if necessary. As soon as practicable, the Credentials Committee shall forward their recommendations to the Medical Executive Committee as to appointment and, if appointment is recommended, as to Medical Staff Membership category, Department

affiliation, Clinical Privileges to be granted, and any special conditions to be attached. The Credentials Committee may also determine the application is not a Complete Application and return the application to the Medical Staff Office.

#### **4.11 MEDICAL EXECUTIVE COMMITTEE**

At its regular meeting after receipt of the Credentials Committee recommendations, the Medical Executive Committee shall consider the application, recommendations, and any other relevant information. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant practitioner or Practitioner. The Medical Executive Committee shall forward to the Board a written report with their recommendations as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff Membership category, Department affiliation, Clinical Privileges to be granted, and any special conditions to be attached to the appointment. The MEC may also determine the application is not a Complete Application and return the application to the Medical Staff Office.

##### **4.11.1 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION**

- a) **Deferral:** The Medical Executive Committee may defer action on an application where the deferral is not solely for the purpose of causing delay. Action by the Medical Executive Committee to defer the application for further consideration must be followed up within thirty (30) days with a recommendation for either appointment to the Medical Staff with Provisional Status and/or specified Clinical Privileges or for rejection of Medical Staff Membership.
- b) **Favorable Recommendation:** When the recommendation of the Medical Executive Committee is favorable to the applicant practitioner or Practitioner in total or in part, it shall be promptly forwarded, together with all supporting documentation, to the Board for final action. "All supporting documentation" includes the application form and accompanying information along with reports and recommendations of the Department Chief, Credentialing Committee, and MEC.
- c) **Adverse Recommendation:** When a final recommendation of the Medical Executive Committee is adverse to the applicant practitioner or Practitioner, the Board shall be promptly informed by written notice by the Chief Executive Officer.

#### **4.12 BOARD OF DIRECTORS**

The Board of Directors has the final authority for granting, renewing, or denying Clinical Privileges.

#### **4.13 EXPEDITED BOARD OF DIRECTORS APPROVAL PROCESS**

The expedited process for granting Clinical Privileges may be used for initial appointments, reappointments, or modification of Clinical Privileges that have met all requirements as specified in these Bylaws. The Board of Directors may delegate the authority to two (2)

voting members of the Board to render decisions through an expedited process. This process will consist of the Medical Executive Committee forwarding to the Board a written report with their recommendations as to Medical Staff appointments/reappointments, membership category, department affiliation, and clinical privileges to include any special conditions.

The expedited process may not be used if any of the following have at any time occurred:

- a) The applicant practitioner or Practitioner submits an incomplete application;
- b) The Medical Executive Committee makes a final recommendation that is adverse or has limitations;
- c) There is a current challenge or a previously successful challenge to the applicant practitioner's or Practitioner's licensure or registration;
- d) The applicant practitioner or Practitioner has received an involuntary termination or medical staff membership at any hospital;
- e) The applicant practitioner or Practitioner has received an involuntary limitation or reduction, denial, or loss of clinical privileges at any hospital; or
- f) The Hospital determines that there has been either an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgement against an applicant practitioner or Practitioner.

#### **4.14 NOTIFICATION OF FINAL ACTION**

- a) Upon appointment to the Medical Staff or denial of the applicant practitioner's or Practitioner's application, the applicant practitioner or Practitioner shall be notified in writing within twenty (20) days of the Board of Directors' action. In the case of a denial, the applicant practitioner or Practitioner is informed of the reason for denial and is informed regarding due process rights under these Bylaws and the Fair Hearing Plan (Article XV).
- b) Upon appointment of a Member to the Medical Staff, the Medical Staff Office will place a copy of the Practitioner's delineation of Clinical Privileges and dates of approval on the El Paso Children's Hospital Intranet Site and notify all Nursing, Surgery Staff and Physician Staff.

#### **4.15 DENIAL FOR HOSPITAL'S INABILITY TO ACCOMMODATE APPLICANT**

No applicant practitioner or Practitioner shall be appointed to the Medical Staff or shall be granted Clinical Privileges if the Hospital is unable to provide essential resources, equipment, and types of personnel necessary to support the requested privileges. The Board may decline to accept, or have the Credentials Committee review requests for Medical Staff Membership and/or particular privileges in connection with appointment, reappointment or otherwise on the basis of any of the following:

- a) **Availability of Facilities/Support Services:** Clinical Privileges shall be granted only for the provision of care that is within the scope of services, capacity, capabilities, and business plan of the Hospital;
- b) **Exclusive Contracts:** The Board may determine, in the interests of quality of patient care and as a matter of policy, that certain Hospital clinical facilities may be used only on an exclusive basis in accordance with written contracts between the Hospital and qualified Practitioners; or



- c) **Medical Staff Development Plan:** The Board may decline to accept applications based on the requirements or limitations in the Hospital's Medical Staff development plan, which shall be based on identification by the Hospital of the patient care needs within the population served.

#### **4.15.1 EFFECTS OF DECLINATION:**

Refusal to accept or review requests for Medical Staff Membership or Clinical Privileges based upon Hospital need and ability to accommodate, as described in this Section, shall not constitute a denial of Medical Staff Membership or Clinical Privileges and shall not entitle the applicant practitioner or Practitioner to any procedural rights of a Fair Hearing or appeal. Any portion of the application which is accepted (e.g. requests for Clinical Privileges that are not subject to a limitation) shall be processed according with these Bylaws.

#### **4.16 TIMELY PROCESSING OF APPLICATIONS**

Applications for Medical Staff appointments shall be considered in a timely manner by all persons and committees required by these Bylaws and shall be processed within the time periods specified in this Section.

- a) The Credentials Committee must take action on the Completed Application for Medical Staff Membership or Clinical Privileges within ninety (90) days of receipt of a Completed Application.
- b) The Medical Executive Committee shall review the application and the recommendation of the Credentials Committee and make its recommendations to the Board of Directors within thirty (30) days.
- c) The Board of Directors shall take a final action on the Completed Application no later than sixty (60) days following the recommendation of the Credentials Committee.

#### **4.17 REAPPOINTMENT PROCESS**

##### **4.17.1 PROCESS FOR REAPPOINTMENT**

Reappointments will be for two (2) years and in no event may be for more than two (2) years from the Practitioner's previous appointment.

- a) The Medical Staff Office shall, at least ninety (90) days prior to the expiration date of the present Medical Staff appointment of each Medical Staff Member, provide such Medical Staff Member with a reappointment application and delineation of privilege form for use in considering reappointment.
- b) Each Medical Staff Member who desires reappointment shall, at least sixty (60) days prior to the expiration date of Practitioner's present appointment, return the completed application and delineation of privilege form to the Medical Staff Office.
- c) Failure to timely return the reappointment application shall result in automatic termination of Medical Staff Membership at the expiration of the Member's current term.

##### **4.17.2 CONTENT OF REAPPOINTMENT APPLICATION**

The reappointment application shall include a Texas Standardized Credentialing Application, the delineation of privileges form, and information necessary to maintain the Medical Staff file. This reappointment application shall include without limitation, the following:

- a) Updated personal information to include changes in home and/or office addresses, telephone number, email address, and cell phone number;
- b) Continuing medical education, to include clinical training, and/or experience that qualifies the Medical Staff Member for the Clinical Privileges sought on reappointment, within the last two (2) years;
- c) Hospital or health care affiliations including health maintenance organization membership and independent physician association memberships;
- d) The number of professional liability actions resulting in final judgment against the Practitioner during the preceding appointment period;
- e) A statement indicating if any physical or mental health conditions in the preceding period of an appointment that may affect, or are likely to affect, the Practitioner's ability to perform professional or Medical Staff duties;
- f) Alcohol or drug dependency conditions and/or treatment in the preceding period of appointment;
- g) Any felony criminal charges in the last two (2) years;
- h) Any challenges to current medical licensure or DEA/DPS registration, or voluntary/involuntary relinquishment of such license or registration in any jurisdiction in the last two (2) years;
- i) Any investigations and results of any disciplinary or professional peer review actions such as admonition, reprimand, censure, probation, non-provisional supervision, suspension, voluntary/involuntary limitation, termination, revocation, reduction or loss of clinical privileges by any medical staff, professional staff, professional organization, or licensing authority including the Texas Medical Board within the last two (2) years;
- j) Any voluntary/involuntary termination of medical staff membership by any medical staff, medical society, professional society, or managed care organization(s) in the last two (2) years;
- k) Any voluntary/involuntary withdrawal of application or resignation from the staff of any hospital or medical organization in lieu of being denied membership or privileges or being subject to professional or peer review or disciplinary action in the last two (2) years;
- l) Any specific requests for new Clinical Privileges with supporting documentation; and
- m) Requests for change in Medical Staff category or Department assignment.

#### **4.17.3 VERIFICATION OF INFORMATION**

Upon receipt of a reappointment application, the Medical Staff Office will determine whether all the requested information was supplied and if the reappointment application will be considered a Completed Application by the Medical Staff Office. If not, the Practitioner will be notified via mail, email, fax, telephone or via website, if applicable, of the missing information, which may include:

- a) State licensing authority;
- b) Past and present professional liability insurance carrier(s);

- c) National Practitioner Data Bank;
- d) Federation of State Medical Boards;
- e) Office of Inspector General;
- f) Excluded Parties Listing System;
- g) American Board of Specialties;
- h) Peer References from three (3) providers within the same specialty/discipline regarding:
  - 1) Medical and clinical skills,
  - 2) Clinical judgement,
  - 3) Interpersonal skills,
  - 4) Communication skills, and
  - 5) Professionalism;
- i) Present Hospital Affiliations or within the last two (2) years; and
- j) Any additional sources deemed necessary based upon information supplied by the Practitioner.

#### **4.18 ONGOING PROFESSIONAL PRACTICE EVALUATION**

Ongoing Professional Practice Evaluations will be conducted on Practitioners to identify professional practice trends that impact on quality of care and patient safety. OPPE reviews are to be conducted every eight (8) months and are to be considered during decisions regarding a Practitioner's existing Clinical Privileges, the modification or revocation of existing Clinical Privileges, and the renewal of existing Clinical Privileges. Information used in the OPPE process may be acquired through any of the following:

- a) Periodic chart reviews;
- b) Direct observation;
- c) Monitoring of diagnostic and treatment techniques;
- d) Discussion with other individuals involved in the care of each patient including consulting physician, assistants at surgery, nursing and administrative personnel; and
- e) Monitoring applicable databases.

#### **4.19 APPLICATION**

The application for reappointment or modification of Medical Staff status and/or Clinical Privileges shall contain the same information as set forth in Section 4.5.2.

#### **4.20 STANDARDS AND PROCEDURE FOR REVIEW**

When a Medical Staff Member submits an application for reappointment or when the Medical Staff Member submits an application for modification of Medical Staff category or Clinical Privileges, the applicant shall be subject to an in-depth review.

#### **4.21 FAILURE TO FILE REAPPOINTMENT APPLICATION**

Failure without cause, as determined by the Medical Executive Committee, to timely file a Completed Application for reappointment shall result in the automatic termination of the Medical Staff Member's Clinical Privileges at the end of the current Medical Staff

appointment. If the Medical Staff Member fails to submit a Completed Application for reappointment within thirty (30) days before the expiration of the then-current appointment period, the Medical Staff Member shall be deemed to have resigned his Membership in the Medical Staff. Such termination is not considered an adverse privileging action and, therefore, the procedures set forth in the Fair Hearing Plan (Article XV) shall not apply. If Membership in the Medical Staff is terminated under this Section, the Practitioner must submit an application for initial appointment to obtain Medical Staff Membership and Clinical Privileges.

**4.22 REQUESTS FOR MODIFICATION OF APPOINTMENT/REAPPOINTMENT**

A Medical Staff Member may, either in connection with reappointment or at any other time, request modification of his Medical Staff category, Departmental assignment or Clinical Privileges by submitting a written request. Such application shall be processed in substantially the same manner as provided in Article 4 regarding reappointment. No Medical Staff Member may seek modification of previously denied Clinical Privileges, Medical Staff category or Department assignment unless the application is supported by additional training and experience as stated in Section 5.2.

**4.23 DECISION TO GRANT OR DENY APPOINTMENT/REAPPOINTMENT**

Any decision to grant or deny initial appointment to the Medical Staff, grant or deny reappointment to the Medical Staff, or to reduce, restrict, suspend, revoke or fail to renew or increase any applicant practitioner's or Practitioner's Clinical Privileges shall be made in the reasonable belief that the action is furtherance of quality health care.

**4.24 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION**

An adverse decision is defined as when a practitioner is entitled to a fair hearing or has been reported to the National Practitioner Data Bank. An applicant practitioner or Practitioner who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of two (2) years from the date of the adverse decision. Any such reapplication shall be processed as an initial application, and the applicant practitioner or Practitioner shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse decision no longer exists.

**4.25 LEAVE OF ABSENCE**

A Medical Staff Member may request a voluntary leave of absence by giving written notice to the Credentials Committee and the Chief of Staff. The notice shall indicate the time period for the requested leave of absence, which may not to exceed two (2) years or go past the Practitioner's current reappointment cycle, whichever is shorter. During the leave, the Practitioner will not be able to exercise Clinical Privileges at the Hospital. Liability insurance, including tail coverage, must be maintained during the leave of absence unless such requirement is waived by the Credentials Committee and Chief of Staff. The Practitioner must request reinstatement of Clinical Privileges at least thirty (30) days prior to the expiration of the leave of absence or at any earlier time. Such request must be made in writing to the Credentials Committee and shall include a summary of the Practitioner's activities during the leave.

In the event the leave of absence was requested for personal health reasons, the Practitioner must submit documentation acceptable to the Credentials Committee verifying that no health problems exist that would interfere with Practitioner's exercise of Clinical Privileges. The Credentials Committee must make a recommendation to the MEC and the Board regarding the reinstatement. Thereafter, the procedures regarding reappointment shall be followed.

Practitioners returning after more than one (1) year on leave shall be subject to FPPE for a period determined by the Credentials Committee and approved by the MEC and Board.

Failure to request reinstatement or provide required documentation with a request for reinstatement shall be considered a voluntary resignation from the Medical Staff. Fair Hearing rights shall not apply. Any subsequent request from such a practitioner for Medical Staff Membership and Clinical Privileges shall be considered an initial application.

#### **4.26 TERMINATION OF MEMBERSHIP**

Upon retirement or relocation, or any time a Practitioner desires to terminate Medical Staff Membership, the Practitioner shall provide written notification to the Credentials Committee or Chief of Staff stating the effective date of termination of Medical Staff Membership. If no request is made and it has been determined that the Practitioner no longer has a medical practice in El Paso, Texas, then all Clinical Privileges will be automatically terminated and such Practitioner shall not be entitled to a Fair Hearing.

### **ARTICLE V: CLINICAL PRIVILEGES**

#### **5.1 EXERCISE OF PRIVILEGES**

Except as otherwise provided in these Bylaws, a Medical Staff Member providing clinical services at this Hospital shall be entitled to exercise only those Clinical Privileges specifically granted. Said Clinical Privileges and services must be Hospital specific, within the scope of any license authorizing practice in this State and consistent with any restrictions, and shall be subject to the Rules and Regulations of the clinical Departments and the authority of the Department Chief and the Medical Staff. Medical Staff Membership and Clinical Privileges may be granted, continued, modified, or terminated by the Board of Directors of this Hospital only upon recommendation of the Medical Staff, only for reasons directly related to quality of care, and as otherwise authorized by the Medical Staff Bylaws, and only following the procedures outlined by these Bylaws.

#### **5.2 DELINEATION OF PRIVILEGES IN GENERAL**

##### **5.2.1 REQUESTS**

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the applicant practitioner or Practitioner. A request by a Medical Staff Member for a modification of Clinical Privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

### **5.2.2 BASIS FOR PRIVILEGES DETERMINATION**

Requests for Clinical Privileges shall be evaluated on the basis of the Medical Staff Member's education, training, board certification status, experience, demonstrated professional competence and judgment, clinical performance, and the documented results of patient care and other quality review and proctoring which the Medical Staff deems appropriate. Clinical Privilege determinations are to be based on demonstrated education and training and pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a Medical Staff Member exercises Clinical Privileges. This information shall be added to and maintained in the Medical Staff file established for a Medical Staff Member.

### **5.3 PROCEDURE**

All requests for Clinical Privileges shall be evaluated and granted, modified or denied pursuant to, and as part of, the procedures outlined in Article IV.

### **5.4 FOCUSED PROFESSIONAL PRACTICE EVALUATION**

Focused Professional Practice Evaluation is a process whereby the Hospital evaluates the Privilege-specific competence of the Practitioner who does not have documented evidence of competently performing the requested Clinical Privilege at the Hospital. FPPE may also be used when a question arises regarding a currently privileged Practitioner's ability to provide safe, high quality patient care and is used to review all Practitioners with Provisional Status. This process is time limited, but may be extended if necessary and appropriate. It is also integrated into the performance improvement activities.

The Hospital will notify the Practitioner of any instance of FPPE that qualifies as an investigation as defined by NPDB and is considered reportable by NPDB.

### **5.5 LIMITED LICENSURE PRACTITIONERS**

Requests for Clinical Privileges from limited licensure Practitioners (e.g., dentists, podiatrists, and oral and maxillofacial surgeons) shall be processed in the manner and based on the same conditions as for any applicant practitioner for Clinical Privileges. Due to the limitations imposed by the Practitioner's license, a licensed Physician Practitioner is required to be responsible for the care of a patient admitted by a limited licensure Practitioner with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization and that is not specifically within the scope of practice of the limited licensure Practitioner, as defined by the Medical Staff and as permitted by state law.

### **5.6 HISTORY AND PHYSICALS**

All patients admitted to the Hospital shall have a history and physical examination completed by a Physician no more than thirty (30) days prior to or twenty-four (24) hours after admission that must be completed prior to surgery or a procedure requiring anesthesia. In the event the history and physical is completed prior to admission, an updated exam for any changes in the patient's condition must be completed and documented within twenty-four (24) hours after admission. A limited licensure Practitioner must secure a licensed Physician Practitioner to provide any needed medical or psychiatric care to the patient during hospitalization, should the need arise. The limited licensure

Practitioner shall be responsible for securing the services of a Physician before the admission of the patient and shall supply the name of the Physician to the Hospital. The limited licensure Practitioner shall be responsible for performing the part of the history and physical examination related to the care he will provide:

**5.6.1 DENTISTS:** Dentists are responsible for the part of their patients' history and physical examination that relates to dentistry.

**5.6.2 PODIATRISTS:** Podiatrists are responsible for the part of their patients' history and physical examination that relates to podiatry.

**5.6.3 ORAL AND MAXILLOFACIAL SURGEONS:** An oral and maxillofacial surgeon who has successfully completed a postgraduate program in oral and maxillofacial surgery accredited by a nationally recognized accrediting body approved by the U.S. Department of Education, and who has been determined by the Medical Staff to be currently competent to perform a history and physical examination, may be granted the Clinical Privilege to perform the medical history and physical examination.

**5.6.4 APPROVED PRACTITIONERS TO PERFORM HISTORY AND PHYSICALS**

The Organized Medical Staff designates the Medical Executive Committee to recommend Practitioners for Clinical Privileges to perform histories and physicals; the Board of Directors approves such Clinical Privileges. Practitioners, limited licensure Practitioners, and AHPs may perform medical history and physical examinations if permitted by law, but any history and physical performed by an AHP must be countersigned by a Practitioner or limited licensure Practitioner.

**5.6.5 CONTENT OF THE MEDICAL HISTORIES AND PHYSICAL EXAMINATION**

All inpatient and outpatient medical records shall include a history and physical and must contain the following elements:

- a) Chief complaint;
- b) History of past and present illnesses;
- c) History of medications and allergies;
- d) Social and family history, including known adverse directives;
- e) Review of systems;
- f) Initial assessment (to include physical exam, psychological status, learning needs) to diagnosis to treatment; and
- g) Plan of care.

**5.6.6 MONITORING OF MEDICAL HISTORIES AND PHYSICAL EXAMINATIONS**

The Medical Staff is designated by the Organized Medical Staff and the Medical Executive Committee to monitor the quality of the medical history and physicals to ensure that the examinations are completed within thirty (30) days prior to admission or within twenty-four (24) hours of admission and are placed in the medical record. The Medical Staff shall ensure that histories and physicals completed prior to admission are updated to document any changes in the patient's condition within twenty-four (24) hours after admission. Histories and physicals must be completed and/or updated as appropriate prior to surgery or a procedure requiring anesthesia

services, unless in the event of an emergency. In the event of an emergency where it is not feasible to perform a history and physical prior to surgery, the Practitioner must note this in the patient's medical record.

## **5.7 LIMITED TEMPORARY PRIVILEGES**

Temporary Clinical Privileges are granted by the Department Chief, Chief of Staff and the Chief Executive Officer, or authorized designee of the Board of Directors. Temporary Clinical Privileges may be granted for no more than one hundred twenty (120) days. The circumstances for which the granting of temporary Clinical Privileges may be acceptable are:

- 5.7.1** To fulfill an important patient care, treatment and service need;
- 5.7.2** When an applicant practitioner for new Clinical Privileges with a Complete Application that raises no concerns is awaiting review and approval by the Medical Executive Committee and the Board of Directors;
- 5.7.3** Temporary Clinical Privileges for applicant practitioners with new Clinical Privileges may be granted while awaiting review and approval by the Organized Medical Staff upon verification by the Medical Staff Office of the following:
  - a) Current licensure;
  - b) Relevant training or experience;
  - c) Current competence;
  - d) Ability to perform the Clinical Privileges requested;
  - e) Other criteria required by the medical staff bylaws;
  - f) A query and evaluation from the NPDB;
  - g) Complete Application;
  - h) No current or previously successful challenge to licensure or registration;
  - i) No subjection to involuntary termination of medical staff membership at another organization; and
  - j) No subjection to involuntary limitation, reduction, denial, or loss of Clinical Privileges.
- 5.7.4** A Practitioner shall not be entitled to the procedural rights afforded by these Bylaws because of his inability to obtain limited temporary Clinical Privileges or because of the expiration of limited temporary Clinical Privileges that were awarded with no opportunity for renewal.

## **5.8 EMERGENCY PRIVILEGES**

**5.8.1 EMERGENCY.** For purposes of this Section, an emergency is a situation as reasonably perceived by the Practitioner in which there is an immediate danger of loss of life or of a permanent or serious disability and in which any delay in treatment might increase that danger.

**5.8.2 PRIVILEGES IN AN EMERGENCY.** In the case of an emergency, any Member of the Medical Staff with Clinical Privileges, to the degree permitted by his license and scope of care, regardless of Department, Medical Staff Status, or Clinical Privileges, shall be permitted to provide any type of patient care, treatment, and service



necessary as a lifesaving measure or to prevent serious harm. The Medical Staff Member shall make every reasonable effort to communicate promptly with the appropriate Department Chief concerning the need for emergency care and assistance by Members of the Medical Staff with appropriate Clinical Privileges, and once the emergency has passed or assistance has been made available, shall defer to the Department Chief with respect to further care of the patient at the Hospital.

#### **5.9 DISASTER PRIVILEGES**

Disaster Privileges will be granted only when the following conditions are present: 1) the Hospital Emergency Disaster Response Plan has been activated, and 2) the Hospital is unable to meet immediate patient care needs. The Hospital may grant disaster privileges to volunteers eligible to be licensed independent practitioners. The Chief Executive Officer and the Chief of Staff (or their authorized designee) is authorized to grant disaster privileges to Licensed Independent Practitioners and Allied Health Professionals, and is based on a case by case basis.

#### **5.10 MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT**

Upon recommendation or pursuant to a request or recommendation made by the appropriate Hospital or Medical Staff committee, the Medical Executive Committee may recommend a change in the Clinical Privileges or Department assignment of a Member of the Medical Staff. The Medical Executive Committee may also recommend that the granting of additional Clinical Privileges to a current Medical Staff Member be made subject to proctoring, education or external review and Focused Professional Practice Evaluation (see Section 5.4). If such actions result in a restriction of Clinical Privileges reportable to the NPDB, the Medical Executive Committee shall notify the affected Medical Staff Member.

**5.10.1** If a Medical Staff Member requesting a modification of Clinical Privileges or Department assignment fails to timely furnish the information necessary to evaluate the request, the application shall automatically lapse, and the Medical Staff Member shall not be entitled to his rights under the Fair Hearing Plan (Article XV).

#### **5.11 TELEMEDICINE PRIVILEGES**

Licensed Independent Providers who are responsible for the care, treatment, and services of EPCH patients via telemedicine links are subject to the Hospitals credentialing and privileging process as specified in these Bylaws in-order to provide services through telecommunications systems, including but not limited to providing official readings of images, tracings, or specimens (interpretative services).

### **ARTICLE VI: CORRECTIVE ACTION**

#### **6.1 CORRECTIVE ACTION**

##### **6.1.1 CRITERIA FOR INITIATION**

Any person may provide information to the Medical Staff about the conduct, performance, or competence of Practitioners with Clinical Privileges.

#### **6.1.2 INITIAL INQUIRY**

When reliable information indicates that an individual may have exhibited acts, demeanor, conduct or professional performance likely to be (1) detrimental to patient safety or to the delivery of quality of patient care within the Hospital, (2) unethical, (3) disruptive or harassing, (as defined in these Bylaws and in Hospital policies, including sexual harassment), (4) contrary to the Medical Staff Bylaws or Rules/Regulations and Policies of the Medical Staff, or (5) below applicable professional standards, the Chief of Staff, appropriate Department Chief, Credentials Committee Chairperson, or Chief Executive Officer shall make sufficient inquiry to determine whether the concern raised is credible.

#### **6.1.3 REFERRAL OPTIONS**

If the concern is determined to be credible, a decision will then be made as to whether to refer the matter to the Medical Executive Committee or to deal with the matter in accordance with the relevant Medical Staff policy. If it is determined to direct the matter to the Medical Executive Committee, a written request for investigation shall be prepared, making specific reference to the performance information, activity or conduct that gave rise to the request. The investigation shall be conducted pursuant to the peer review provisions in these Bylaws. Whether or not the matter is referred to the MEC, the Practitioner will be notified if he is under investigation as that term is defined in federal law and by NPDB.

#### **6.1.4 ALTERNATIVES TO FORMAL CORRECTIVE ACTION**

When appropriate, initial collegial efforts may be made before resorting to formal corrective action. Except as otherwise provided in these Bylaws, such collegial interventions on the part of Medical Staff leaders in addressing the conduct or performance of Practitioner shall not constitute corrective action. Therefore, such intervention shall not afford the Practitioner the right to invoke the Fair Hearing Plan (Article XV) and shall not require reporting to the state licensure board or NPDB.

Alternatives to corrective action may include:

- a) Informal discussions or formal meetings regarding the concerns raised about conduct or performance;
- b) Written letters of guidance, reprimand or warning regarding the concerns about conduct or performance;
- c) Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;
- d) Suggestions that the Practitioner seek continuing education, consultations, or other assistance in improving performance;
- e) Warnings regarding the potential consequences of failure to improve conduct or performance; and/or
- f) Requirements to seek assistance for impairment.

#### **6.1.5 FORMAL INVESTIGATION**

If the Medical Executive Committee concludes an investigation is warranted, it shall direct an investigation to be undertaken. The Medical Executive Committee may conduct the investigation itself, or may assign the task to an appropriate Medical Staff officer, Medical Staff department, committee of the Medical Staff, or appropriate expert(s) outside the Medical Staff.

**6.1.5.1** The Medical Staff Member shall be notified that an investigation is being conducted and the general nature and subject matter of the investigation. The Medical Staff Member shall be given a reasonable opportunity to provide information. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved. However, such investigation shall not constitute a "hearing" as that term is used in the Fair Hearing Plan (Article XV), nor shall the procedural rules with respect to Fair Hearings or appeals apply.

**6.1.5.2** Failure of the Medical Staff Member to cooperate with an investigation or accept an external review shall be grounds for termination of Medical Staff Membership without appeal rights under the Fair Hearing Plan (Article XV).

**6.1.5.3** The investigation, whether delegated to a Medical Staff officer, Medical Staff committee, Medical Executive Committee, or external review, shall be accomplished in a prompt manner and a written report shall be forwarded to the Medical Executive Committee as soon as practicable. The report may include recommendations for appropriate corrective action.

**6.1.5.4** Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action. The investigation shall be concluded within thirty (30) days unless there are extenuating circumstances which are documented in writing.

**6.1.6 MEDICAL EXECUTIVE COMMITTEE ACTION**

As soon as practicable after the conclusion of the investigation, the Medical Executive Committee shall meet. The Medical Staff Member under investigation shall be given reasonable written notice of date, time, and place of the meeting, as well as grounds for any contemplated action, and shall have time to prepare a response before the meeting is held. Any action taken will be based on the reasonable belief that the action is in the furtherance of quality health care. The Medical Executive Committee shall take action that may include, without limitation:

- a) Determining no corrective action is necessary and, if the Medical Executive Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information in the member's file;
- b) Formally closing the investigation;
- c) Deferring action for a reasonable time where circumstances warrant;
- d) Issuing letters of admonition, censure, reprimand or warning, although nothing herein shall be deemed to preclude Department Chiefs from issuing

informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected Medical Staff Member may make a written response that shall be placed in the Member's file.

- e) Recommending the imposition of terms of probation or special limitations upon continued Medical Staff Membership or exercise of Clinical Privileges, including, without limitation, requirements for co-admission, mandatory consultation, or proctoring;
- f) Recommending reduction, modification, suspension or revocation of Clinical Privileges;
- g) Recommending reduction of Membership status or limitation of any Clinical Privileges directly related to the Medical Staff Member's delivery of patient care;
- h) Requiring additional training and/or continuing education;
- i) Requiring the Practitioner to enter into a contractual agreement with the MEC that outlines the terms for continuance of the Practitioner's Medical Staff Membership and Clinical Privileges;
- j) Imposition of FPPE;
- k) Recommending suspension or revocation of probation of Medical Staff Membership or Clinical Privileges; and/or
- l) Taking other actions deemed appropriate under the circumstances.

#### **6.1.7 SUBSEQUENT ACTION**

If corrective action taken or recommended by the Medical Executive Committee, the Board of Directors shall be notified. When the MEC recommends adverse corrective action that is reportable to the NPDB, the Board will take final action on the recommendation after the affected Practitioner or Practitioner waives or exhausts his due process rights under these Bylaws.

#### **6.1.8 INITIATION BY THE BOARD OF DIRECTORS**

If the Medical Executive Committee fails to investigate or take disciplinary action, contrary to the weight of evidence, the Board of Directors may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the Medical Executive Committee fails to take action in response to the Board of Directors direction, the Board of Directors may initiate corrective action. The Board shall inform the Medical Executive Committee in writing of initiation of corrective action within seventy-two (72) hours, but this corrective action must comply with this Article VI and the Fair Hearing Plan (Article XV).

### **6.2 SUMMARY RESTRICTION OR SUSPENSION**

#### **6.2.1 CRITERIA FOR INITIATION**

Whenever a Practitioner's conduct or physical, emotional or psychological condition, including, but not limited to, impairment due to the consumption of alcohol or chemicals, requires that immediate action be taken to protect the health, safety or well-being of any patient or where the failure to take immediate action may result in

imminent danger to the health of any individual, the Chief of the Medical Staff, the Chief of Staff-Elect of the Medical Staff, or the immediate Past Chief of Staff of the Medical Staff, together with either a member of the Board of Directors or the Chief Executive Officer acting in his capacity as an agent of the Board of Directors, shall conjointly have the authority to summarily restrict or suspend the Practitioner's Clinical Privileges and such summary restriction or suspension shall become effective immediately.

**6.2.1.1 WRITTEN NOTICE TO LEADERSHIP**

The person or body responsible for making the decision to summarily restrict or suspend the Practitioner's Clinical Privileges shall promptly give written notice to the affected Practitioner, the Board of Directors, the Medical Executive Committee, and the Chief Executive Officer.

**6.2.1.2 DURATION**

The summary suspension shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the Practitioner's patients shall be promptly assigned to another Practitioner by the Department Chief or by the Chief of Staff, considering where feasible the wishes of the patient in the choice of a substitute provider.

**6.2.2 WRITTEN NOTICE OF SUMMARY SUSPENSION TO PRACTITIONER**

Within one (1) working day of imposition of the summary suspension, the affected Practitioner shall be provided with written notice of such suspension. The notice shall include a summary of the facts giving rise to the suspension. This initial notice shall not substitute for, but is in addition to, the notice required under the Fair Hearing Plan (Article XV) (which applies in all cases where the Medical Executive Committee may supplement the initial notice provided under this Section by including any additional relevant facts supporting the need for summary restriction or suspension).

**6.2.3 MEDICAL EXECUTIVE COMMITTEE ACTION**

Within thirty (30) days after such summary restriction or suspension has been imposed, a meeting of the Medical Executive Committee shall be convened to review and consider the action. The Practitioner shall be given notice of the meeting, as well as of the grounds for the summary restriction or suspension, and shall have time to prepare a response before the meeting is held. Upon request, the Practitioner may attend the meeting and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose, although in no event shall any meeting of the Medical Executive Committee, with or without the Practitioner's presence, constitute a "hearing" within the meaning of Fair Hearing Plan (Article XV), nor shall any procedural rules apply. The Medical Executive Committee may modify, continue, or terminate the summary restriction or suspension, but in any event, it shall furnish the Practitioner with written notice of its decision promptly.

#### **6.2.4 PROCEDURAL RIGHTS**

Unless the Medical Executive Committee terminates the summary restriction or suspension before it becomes reportable to the Practitioner's licensing board or the NPDB, the Practitioner shall be entitled to the procedural rights afforded by the Fair Hearing Plan (Article XV).

#### **6.2.5 INITIATION BY BOARD OF DIRECTORS**

If the Chief of Staff, members of the Medical Executive Committee and the Department Chief for the Department in which the Practitioner holds Clinical Privileges are not available to summarily restrict or suspend the Practitioner's Medical Staff Membership or Clinical Privileges, the Board of Directors may immediately suspend a Practitioner's privileges if a failure to summarily restrict or suspend Clinical Privileges may result in imminent danger to the health, safety or well being of any patient or other person, provided that the Board of Directors shall make a reasonable attempt to contact the Chief of Staff, members of the Medical Executive Committee and the Department Chief before the restriction or suspension takes effect. Such restriction or suspension is subject to ratification of the Medical Executive Committee. If the Medical Executive Committee does not ratify the summary suspension within two (2) working days, excluding weekends and holidays, the summary suspension shall terminate automatically without prejudice to further action. If the Medical Executive Committee ratifies the summary restriction or suspension, all other provisions under this Section 6.2 of these Bylaws will apply. In the event of ratification, the date of imposition of the summary suspension shall be considered the date of ratification by the Medical Executive Committee for purposes of compliance with the Fair Hearing Plan (Article XV).

### **6.3 AUTOMATIC SUSPENSION OR LIMITATION**

#### **6.3.1 AUTHORITY**

All or portion of the Practitioner's Clinical Privileges shall be automatically suspended or limited for the administrative reasons outlined in this Section. Such suspensions or limitations are not the result of Professional Review Actions and do not trigger the rights afforded under the Fair Hearing Plan (Article XV).

#### **6.3.2 AUTHORIZED PERSONS**

The following persons are authorized by the Organized Medical Staff to automatically suspend or limit a Practitioner's Clinical Privileges: the Chief of Staff, the Department Chief or Medical Executive Committee. When no person referenced above is available to impose a suspension or limitation, the Chief Executive Officer, Physician-in-Chief or the Board of Directors, or its designee, may take action. Prior to exercising this authority, the CEO, Physician-in-Chief, or Board of Directors or its designee, as applicable, must make reasonable attempts to contact the Chief of Staff as the designee of the Organized Medical Staff, another Medical Staff Officer or Department Chief of the affected Practitioner's clinical department. Automatic suspensions or limitations that are not ratified by the Chief of Staff, the Department Chief, or the MEC within (2) working days after the imposition, excluding weekends

and holidays, shall terminate automatically without prejudice to further action as warranted by the circumstances.

### **6.3.3 EFFECTIVE DATE AND NOTICE**

Automatic suspension or limitation shall become effective immediately upon imposition and, if practical, an oral and a written notice of the suspension or limitations shall promptly be given to the affected Practitioner, stating by whom it was imposed and for what reason. A copy of the letter shall promptly be delivered to the Chief Executive Officer, the Medical Executive Committee, and the Board of Directors.

### **6.3.4 GROUNDS FOR AUTOMATIC SUSPENSION OR LIMITATION**

In the following instances, the Practitioner's Clinical Privileges or Medical Staff Membership shall be suspended or limited in accordance with Section 6.3 of these Bylaws, which action shall be final without a right to a Fair Hearing or further review, except where a bona fide dispute exists as to whether the circumstances have occurred.

#### **6.3.4.1 LICENSURE**

- (a) Revocation and Suspension:** Whenever a Practitioner's license or other legal credential authorizing practice in this State is revoked or suspended, Medical Staff Membership and/or Clinical Privileges shall be automatically revoked as of the date such revocation or suspension becomes effective.
- (b) Restriction:** Whenever a Practitioner's license or other legal credential authorizing practice in this State is limited or restricted by the applicable licensing or certifying authority, Medical Staff Membership and any Clinical Privileges which the Practitioner has been granted at the Hospital that are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such restriction becomes effective and throughout its term.
- (c) Probation:** Whenever a Practitioner is placed on probation by the applicable licensing or certifying authority, his Medical Staff Membership status and Clinical Privileges shall automatically become subject to the same terms and conditions of the probation as of the date such probation becomes effective and throughout its term.
- (d) Exclusion:** If a Practitioner is excluded from participating in any federally funded health plan, including Medicare and Medicaid, his membership in the Medical Staff and Clinical Privileges shall be revoked as of the date of such exclusion.
- (e) Surrendered:** Whenever a Practitioner's license or other legal credential authorizing practice in this state is surrendered, the Practitioner's Medical Staff Membership and Clinical Privileges shall be automatically revoked as of the date such surrender becomes effective.

**6.3.4.2 CONTROLLED SUBSTANCE**

- (a) Whenever a Practitioner's right to prescribe or obtain controlled substances or medication is revoked, limited, suspended, expired, or otherwise restricted, the Practitioner shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.
- (b) Whenever a Practitioner's DEA certificate is subject to probation, the Practitioner's right to prescribe such medication shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

**6.3.4.3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT**

Failure of a Practitioner, without good cause, to appear and satisfy the requirements of Section 10.2.5 shall be basis for automatic suspension.

**6.3.4.4 MEDICAL RECORDS**

A medical record is considered delinquent when it has not been completed for any reason within thirty (30) calendar days following a patient's discharge, or such time as the Board of Directors requires, or upon the recommendation of the Medical Executive Committee. Medical records that the Practitioner fails to complete within the required period will be considered delinquent. Medical Records Department will send a written notice to a Practitioner who has incomplete medical records near delinquent status (15 days after discharge). This notice shall be sent either by personal delivery, mail or email, and shall remind Practitioner that Clinical Privileges will be automatically suspended if such records are not completed within thirty (30) days, or after the date specified by the Board of Directors. If a Practitioner does not complete the records within the time provided, then an automatic suspension of all Clinical Privileges may be imposed by the Chief of Staff or his designee, with regard to whether the delinquency is based upon a disciplinary cause or reason. Such suspension shall be effective upon date of the suspension notice and shall continue until the medical records in issue are satisfactorily completed.

The automatic suspension may be terminated by the Chief of Staff, or his designee, if it is determined that failure to timely complete records was justified (e.g. illness or other circumstances beyond the control of the affected Practitioner) or, upon the request of the affected Practitioner, the Chief of Staff or designee may temporarily lift the suspension only if it is determined that a bona fide emergency exists, in which the health and safety of any patient will be jeopardized by failure to allow the Practitioner to treat the patient. Unverified emergency admissions shall not be used to bypass such suspension.

Three (3) suspensions within a twelve (12) month period will be deemed a voluntary resignation from the Medical Staff and voluntary relinquishment



of all Clinical Privileges. Practitioners whose Clinical Privileges are automatically suspended or who have been deemed to have voluntarily resigned from the staff pursuant to this Section shall not be entitled to Fair Hearing or appeal rights. Such affected Practitioners may petition the Medical Executive Committee in writing for the sole purpose of establishing good cause for failure to complete medical records. The decision of the Medical Executive Committee shall be final.

**6.3.4.5 PROFESSIONAL LIABILITY INSURANCE**

Failure to maintain professional liability insurance in the amounts required by the Board, including tail coverage, or failure to provide proof of such coverage upon request shall be grounds for immediate suspension of Practitioner's Medical Staff Membership and Clinical Privileges. If within seven (7) days from the date of suspension, the Practitioner does not provide evidence of required professional liability insurance, the Practitioner's Medical Staff Membership and Clinical Privileges shall be automatically terminated until satisfactory evidence of coverage is provided to the Medical Staff Office.

**6.3.4.6 MISREPRESENTATION**

If a Practitioner makes a material misrepresentation or omission in answering the questions on an application for Medical Staff Membership or Clinical Privileges or in answering interview queries, the Practitioner's Medical Staff Membership and Clinical Privileges shall be subject to termination. If the Medical Staff Membership is terminated, the Practitioner may not re-apply for Medical Staff Membership until twenty-four (24) months from the date of termination have passed.

**6.3.4.7 FAILURE TO EXECUTE RELEASES AND/OR PROVIDE DOCUMENTS**

A Practitioner who fails to execute a general or specific release and/or provide documents, during a term of appointment when requested by the Chief of Staff, department chief, or designee shall have his Medical Staff Membership and Clinical Privileges automatically be suspended. If the release is executed and/or documents provided within thirty (30) calendar days of the notice of suspension, the Practitioner's Medical Staff Membership and Clinical Privileges shall be automatically reinstated. If the release is not executed and/or documents provided within thirty (30) calendar days of the notice of suspension, such Practitioner shall be deemed to have resigned voluntarily from the Medical Staff and must reapply for Medical Staff Membership and Clinical Privileges.

**ARTICLE VII:  
MEDICAL STAFF OFFICERS**

**7.1 OFFICERS OF THE MEDICAL STAFF**

The officers of the Medical Staff shall be (1) Chief of Staff; (2) Chief of Staff-Elect; (3) Secretary; and (4) Immediate Past Chief of Staff.

## **7.2 QUALIFICATIONS OF OFFICERS**

Officers must be Members of the Active Medical Staff at the time of nomination and election and must remain Members in good standing during their term of office. Failure to maintain such status shall result in a forfeiture of office and a successor shall be nominated by the Nominating Committee and elected by majority of the Medical Executive Committee. Podiatrists, dentists, and oral/maxillofacial surgeons are not eligible to be officers of the Medical Staff.

## **7.3 ELECTION OF OFFICERS**

- a) Officers shall be elected at the annual meeting of the Medical Staff. Medical Staff Members shall be eligible to vote. The vote shall be by secret ballot, and there shall be successive balloting as necessary until one candidate receives an absolute majority of those present and voting. Successive balloting shall occur, with the name of the candidate receiving the fewest votes being omitted from each successive slate until one candidate obtains a majority vote.
- b) The Nominating Committee as defined in Section 9.7 shall meet at least sixty (60) days before the annual meeting of the Medical Staff.
- c) Nominations may also be made by petition from Medical Staff Members, provided that the name of the candidate is submitted in writing to the Chairman of the Nominating Committee, is endorsed by the signature of at least ten percent (10%) of the Medical Staff Members, and bears the candidate's written consent. These nominations shall be delivered to the Chairman of the Nominating Committee as soon as reasonably practicable, but at least twenty (20) days before the date of election. If any nominations are made in this manner, the voting members of the Medical Staff shall be advised by notice, delivered or mailed at least ten (10) days prior to the meeting.
- d) Nominations from the floor will be recognized if the nominee is present, consents, and is seconded by ten percent (10%) of the Medical Staff present.

## **7.4 TERM OF OFFICE**

- a) All officers shall serve a two (2) year term from their election date or until a successor is elected, whichever is later. Officers shall take office on the first day of October following the election. At the end of his term, the Chief of Staff shall automatically assume the office of Immediate Past Chief of Staff and the Chief of Staff-Elect shall automatically assume the office of Chief of Staff.
- b) In the event a two-thirds (2/3) majority of the Medical Staff votes to retain the Chief of Staff for an additional term, both the Chief of Staff and the Chief of Staff-Elect will remain in office an additional year in their then-current offices.

## **7.5 VACANCIES IN OFFICE**

The Executive Committee of the Medical Staff shall fill vacancies in office during the Medical Staff Year, except for the Chief of Staff. If there is a vacancy in the office of the Chief of Staff, the Chief of Staff-Elect shall serve out the remaining term plus his full term as Chief of Staff the ensuing Medical Staff year. He shall immediately request the

Nominating Committee to nominate a candidate for the office of Chief of Staff-Elect. Such nominee shall be reported to the Medical Executive Committee and to the Medical Staff. A special election to fill the position shall occur at the next regular Medical Staff meeting.

If there is a vacancy in the office of Chief of Staff-Elect, the Nominating Committee shall promptly report a nominee for the office of Chief of Staff-Elect to the Medical Executive Committee and the Medical Staff. A special election to fill the position shall occur at the next regular Medical Staff meeting. At that time nominations from the floor shall be recognized as outlined in Section 7.3(d).

## **7.6 DUTIES OF OFFICERS**

### **7.6.1 CHIEF OF STAFF**

The Chief of Staff shall serve as the highest elected officer of the Medical Staff to:

- a) Enforce the Bylaws and implement sanctions where indicated;
- b) Call, preside at, and be responsible for the agenda of all general Medical Staff meetings and meetings of the Medical Executive Committee;
- c) Serve as an ex officio member of all other staff committees without vote. If membership in a particular committee is specified by these Bylaws, he shall have a vote;
- d) Appoint, with the consultation of the Medical Executive Committee, members for standing and special medical staff or multi-disciplinary committees, and designate the chairman of these committees;
- e) Interact with the CEO and the Board in all matters of mutual concern within the Hospital;
- f) Represent the views and policies of the Medical Staff to the Board and to the Chief Executive Officer;
- g) Be a spokesman for the Medical Staff in external professional affairs; and
- h) Perform such other functions as may be assigned to him by these Bylaws, by the Medical Staff, or by the Medical Executive Committee.

### **7.6.2 CHIEF OF STAFF-ELECT**

The Chief of Staff-Elect shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Chief of Staff-Elect shall be a member of the Medical Executive Committee and be responsible for the Bylaws, and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these Bylaws, or by the Medical Executive Committee. The Chief of Staff-Elect shall be designated as the Co-Chair of the Medical Staff Quality Committee.

### **7.6.3 SECRETARY**

The Secretary shall be a member of the Medical Executive Committee and Chairman of the Credentials Committee. He shall be custodian of all records and papers belonging to the Medical Staff. At the end of each year, he shall make certain that all amendments to the Bylaws and Rules/Regulations and Policies of the Medical Staff that have been made during the year were added to the Bylaws and Rules/Regulations and Policies of the Medical Staff.

#### **7.6.4 IMMEDIATE PAST CHIEF OF STAFF**

The Immediate Past Chief of Staff shall be a member of the Medical Executive Committee and shall perform such other advisory duties as are assigned by the Chief of Staff, Medical Executive Committee, or the Board of Directors.

#### **7.7 REMOVAL OF MEDICAL STAFF OFFICERS**

On the occasion that a Medical Staff Officer is subject to routine corrective action, summary suspension, or the Officer is not carrying out his duties of office (as determined by a two-thirds (2/3) majority vote of the Medical Executive Committee and approval of the Board of Directors), such Officer may be removed from office by decision of the Medical Executive Committee and Board of Directors. The vacancy shall be filled in accordance with Section 7.5.

### **ARTICLE VIII: CLINICAL DEPARTMENTS**

#### **8.1 ORGANIZATION OF CLINICAL DEPARTMENTS**

The Medical Staff shall be divided into clinical Departments. Each Department shall be organized as a separate component of the Medical Staff and shall have a Chief selected and entrusted with the authority, duties and responsibilities specified in Section 8.5. When appropriate, the Medical Executive Committee may recommend to the Medical Staff the creation, elimination, modification, or combination of Departments. Clinical Departments shall meet quarterly.

#### **8.2 DEPARTMENTS**

The Departments shall include:

- a) Department of Surgery;
- b) Department of Pediatrics;
- c) Department of Diagnostic and Interventional Services; and
- d) Department of Anesthesia.

#### **8.3 ASSIGNMENT OF DEPARTMENTS**

Each Medical Staff Member shall be assigned Membership in one Department, but also may be granted Membership and/or Clinical Privileges in other Departments consistent with his practice and Clinical Privileges granted.

#### **8.4 FUNCTIONS OF DEPARTMENTS**

The general functions of each Department shall include:

- a) Providing leadership for the process measurement, assessment and improvement activities provided by Practitioners with Clinical Privileges in the Department and make recommendations based on the results of these reviews. These processes include, although are not limited to:
  - Medical assessment and treatment of patients,
  - Use of medications,
  - Use of blood and blood components,
  - Use of operative and other procedure(s),

- Efficiency of clinical practice patterns, and
- Significant departures from established patterns of clinical practice;
- b) Developing recommendations for the qualifications appropriate to obtain and maintain Clinical Privileges in the Department;
- c) Establishing and implementing clinical policies and procedures, and monitor the Department members' adherence to them;
- d) Adopting its own rules and regulations to clarify or expand these Bylaws to meet the needs of its particular area of practice. Department rules and regulations shall not conflict with these Bylaws and shall be subject to approval by the Medical Executive Committee and the Board. They shall be appended to the Rules/Regulations and Policies of the Medical Staff. The Chief of Staff shall approve any rule, regulation or policy that may be temporarily adopted on an emergency basis;
- e) Meeting at least quarterly to consider the results of the review for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matter of concern to its members;
- f) Coordinating the professional services of its members with those of other departments and with Hospital nursing and support services;
- g) Reporting recommendations regarding clinical, quality review, and administrative activities to the Medical Executive Committee;
- h) Participating in budgetary planning pertaining to Department activities with Hospital administration; and
- i) Establishing a Department committee and any subcommittees as are necessary to perform functions required of it. The composition and method of selection of the Department committee and subcommittee members shall be defined within the Department rules and regulations.

## **8.5 DEPARTMENT OFFICERS**

### **8.5.1 QUALIFICATIONS**

Each Department shall have a Chief and Vice-Chief, who shall be Members of the Medical Staff and shall be qualified by training, experience, and demonstrated ability in at least one of the clinical areas covered by the Department. Department Chiefs must be certified by an appropriate specialty board or shall affirmatively establish through the Clinical Privilege delineation process that he possess comparable competence.

### **8.5.2 SELECTION**

The Department Chief and Vice-Chief shall be appointed by the Physician-in-Chief.

### **8.5.3 TERM OF OFFICE**

Each Department Chief and Vice-Chief shall serve two (2) year terms which coincide with the Medical Staff Year unless they shall sooner resign, are removed from office, or lose their Medical Staff Membership or Clinical Privileges in that Department. Department officers shall be eligible to succeed themselves. No person may serve in the same position for more than two (2) consecutive terms without the approval of the Board of Directors.

### **8.5.4 RESIGNATION**

Any Department officer may resign at any time by giving written notice to the Medical Executive Committee and the acceptance of such resignation shall not be necessary to make it effective.

#### **8.5.5 REMOVAL**

Any Department officer may be removed from office for cause. Removal shall occur with the majority vote of the Medical Executive Committee as to whether sufficient evidence exists for grounds for removal, with approval by a two-thirds (2/3) majority vote of the Medical Executive Committee and approval of the Board of Director. Grounds for removal may include any one or more of the following causes, without limitation:

- a) Failure to perform the duties of office;
- b) Failure to comply with or support the enforcement of these Bylaws or Rules/Regulations and Policies of the Medical Staff;
- c) Failure to support the compliance of the Hospital and the Medical Staff to applicable Federal and State laws and regulations, and the standards or other requirements of any regulatory or accrediting agency having jurisdiction over the Hospital or any of its services;
- d) Failure to maintain qualifications for office, specifically, failure to maintain Medical Staff status in good standing and/or failure to maintain specialty Board certification or comparable competence; or
- e) Failure to adhere to professional ethics or any other action(s) deemed injurious to the reputation of, or inconsistent with, the best interest of the Hospital or the Medical Staff.

#### **8.5.6 DUTIES**

Each Department Chief shall have the authority, duties, and responsibilities listed below:

- a) Act as presiding officer at Department meetings;
- b) Account to the Medical Executive Committee for all professional administrative, and clinically related activities of the Department;
- c) Monitor and evaluate the quality and appropriateness of patient care and professional performance rendered by all Practitioners with Clinical Privileges in the Department;
- d) Recommend to the Medical Executive Committee and implement Department rules and regulations, criteria for credentials review and Clinical Privileges delineation, orientation programs and continuing education, and improvement in quality of care and utilization management;
- e) Be a member of the Medical Executive Committee where so designated in Section 9.3.1, give guidance on overall medical policies of the Hospital, and make specific recommendations regarding the Department;
- f) Transmit to the Medical Executive Committee the Department's recommendations concerning the Clinical Privileges and Medical Staff Membership category of Practitioners who are members of or are applying to the Department, and corrective action specific to Practitioners with Clinical Privileges within the Department;

- g) Assess and recommend to the relevant Hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization;
- h) Enforce the Bylaws, rules and regulations, and policies of the Department and the Hospital;
- i) Integrate the Department into the primary functions of the Hospital and coordinate and integrate interdepartmental and intradepartmental services;
- j) Determine the qualifications and competence of Department personnel who are not Practitioners or AHPs and who provide care, treatment or services;
- k) Conduct assessment and improvement activities regarding the quality of care, treatment and services;
- l) Maintain quality control programs, as appropriate;
- m) Conduct and/or arrange for orientation and continuing education of all persons in the Department;
- n) Implement, within the Department, actions directed by the Medical Executive Committee or the Board;
- o) Participate in every phase of administration of the Department, including cooperation with the nursing service and Hospital administration;
- p) Appoint such committees as are necessary to conduct the functions of the department;
- q) Appoint department committee members as required by these Bylaws and department rules and regulations;
- r) Make recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- s) Recommend space and other resources needed by the department or service; and
- t) Perform such other duties as may, from time to time, be reasonably requested by the Chief of Staff or the Medical Executive Committee.

#### **8.6 VICE-CHIEF**

The Department Vice-Chief shall assume all duties and authority of the Department Chief in his absence. The Vice-Chief shall also be a member of the Medical Executive Committee at the request of the Department Chief and shall perform such other advisory duties as are assigned to him by the Department Chief, Chief of Staff, Medical Executive Committee, or the Board of Directors.

### **ARTICLE IX: COMMITTEES**

#### **9.1 DESIGNATION**

The committees described in this Article shall be standing committee of the Medical Staff. Special committees may be created by the Medical Executive Committee to perform specified tasks, including but not limited to, the evaluation of the quality of medical and health care services provided and the Practitioner's competence and conduct. Unless otherwise specified, the Chief and members of all committees shall be voting members. The Chief and members of each committee shall be appointed by and may be removed by the Chief of Staff. Medical Staff committees shall be responsible to the Medical Executive

Committee. Committees shall meet as specified herein or at more or less frequent intervals, if so directed by the Medical Executive Committee.

## **9.2 GENERAL PROVISIONS**

### **9.2.1 EX OFFICIO MEMBERS**

The Chief of Staff and CEO or their respective designees are ex officio members of all standing and special committees of the Medical Staff.

### **9.2.2 SUBCOMMITTEES**

Any standing committee may elect to perform any of its specifically designated functions by appointing a subcommittee, which reports its recommendations to the full standing committee. Any such subcommittee may include individuals appointed by the committee chief who are not members of the standing committee.

### **9.2.3 APPOINTMENT OF MEMBERS AND CHAIRMEN**

Except as otherwise provided, the Chief of Staff shall appoint, in consultation with the Medical Executive Committee, the members and Chief of any Medical Staff committee formed to accomplish Medical Staff functions. The Chiefs of all standing committees shall be Members of the Medical Staff. Chiefs of special committees may be appointed from the Active, Courtesy, or Affiliated Medical Staff.

### **9.2.4 TERM, PRIOR REMOVAL AND VACANCIES**

- a) Except as otherwise provided, committee members and chairs shall be appointed by the Chief of Staff for a term of two (2) years which shall coincide with the term of the Chief of Staff or until the member's successor is appointed, whichever is later, unless such member or chair sooner resigns or is removed from the committee.
- b) A Medical Staff Member serving on a committee, except one serving ex officio, may be removed by the Chief of Staff from the committee for failure to remain as a Member of the Medical Staff in good standing, for failure to satisfy the attendance requirements specified in Section 10.2.3 or by action of the Medical Executive Committee. A committee member removed by Medical Executive Committee action shall have the right to an appearance before the Medical Executive Committee to request reconsideration of the removal.
- c) A vacancy in any committee will be filled for the unexpired portion of the term in the same manner in which the original appointment was made.

### **9.2.5 VOTING RIGHTS**

Each Medical Staff Member serving on a committee shall be entitled to one (1) vote on committee matters. Hospital personnel assisting the Medical Staff in performance of the functions of the committee shall have no voting rights.

## **9.3 MEDICAL EXECUTIVE COMMITTEE**

The Medical Executive Committee is empowered by the Board of Directors and authorized by the Organized Medical Staff to act for the Medical Staff. However, the authority



delegated to the MEC may be removed at any time through an amendment to these Bylaws.

The Medical Executive Committee is a medical peer review committee. Its purpose is to evaluate and improve the quality of medical care provided by El Paso Children's Hospital and to provide quality medical and health care services to and for the protection of the El Paso Children's Hospital's patients, as well as to evaluate the competence of Practitioners for its Medical Staff. All Members of the Organized Medical Staff, of any discipline or specialty, are eligible for membership on the Medical Executive Committee. However, the majority of MEC members must be licensed physicians (M.D. or D.O) and must be Active Medical Staff Members.

### **9.3.1 COMPOSITION**

The Medical Executive Committee shall consist of the officers of the Medical Staff and the Department Chief of each clinical Department as follows:

- a) Chief of Staff;
- b) Chief of Staff-Elect;
- c) Secretary;
- d) Chief of Department of Surgery;
- e) Chief of Department of Pediatrics;
- f) Chief of the Department of Diagnostic and Interventional Services;
- g) Chief of the Department of Anesthesia;
- h) Chair of the Medical Staff Quality Committee; and
- i) Immediate Past Chief of Staff.

Regular attendees of the Medical Executive Committee, without vote, shall be as follows:

- a) CEO of the Hospital;
- b) Physician in Chief;
- c) Chief Nursing Officer;
- d) Quality Management Director; and
- e) Legal Counsel.

Committee Chairs, the Compliance Officer, and/or the Patient Safety Officer may attend Medical Executive Committee meetings as ex-officio members without vote when their presence is requested by the MEC. Other persons and/or staff members may be invited to attend Medical Executive Committee meetings by the Chief of Staff.

### **9.3.2 DUTIES**

The duties and authority of the Medical Executive Committee shall include, but not be limited to:

- a) Act on all matters of the Organized Medical Staff business, except for the election or removal of Medical Staff officers;
- b) Act on behalf of the Medical Staff between meetings of the Organized Medical Staff, within the scope of its responsibilities;
- c) Recommend Medical Staff Membership termination;

- d) Request evaluations of Medical Staff Members in instances where there is doubt about an applicant practitioner or Practitioner's ability to perform the Clinical Privileges requested;
- e) Review actions on reports of Medical Staff Departments and committees and other assigned activity groups.
- f) Coordinate and implement the professional and organizational activities and policies of the Organized Medical Staff;
- g) Make recommendations directly to the Board of Directors on Medical Staff Membership, the Medical Staff's structure and the process used to review credentials and delineate Clinical Privileges;
- h) Make recommendations directly to the Board of Directors on the delineation of privileges for each Practitioner privileged through the Medical Staff process;
- i) Make recommendations to the Board of Directors regarding the review and action on report of Medical Staff committees, Departments, and other activities;
- j) Review the qualifications, credentials, performance, and professional competence and character of Medical Staff applicant practitioners and Practitioners and make recommendations to the Board regarding such matters;
- k) Account to the Board for the quality and efficiency of medical care provided to patients in the Hospital, including a summary of specific findings, actions, and results and including an assessment of the quality of services rendered;
- l) Take reasonable steps to insure professionally ethical conduct and competent clinical performance on the part of Medical Staff Members;
- m) Designate such committees as may be appropriate to assist in carrying out duties and responsibilities of the Organized Medical Staff and provide consultation to the Chief of Staff in the appointment of Medical Staff Members to such committees; and
- n) Assist in obtaining and maintaining accreditation of the Hospital.

### **9.3.3 MEETINGS**

The Medical Executive Committee shall meet as often as necessary, but at least six (6) times a year, and shall maintain a record of its proceedings and actions.

### **9.3.4 ATTENDANCE REQUIREMENTS**

All members of the Medical Executive Committee are required to attend a minimum of fifty percent (50%) of the Medical Executive Committee meetings held during their term. If a Member's attendance does not meet the minimum requirement, the Chief of Staff may appoint a replacement.

### **9.3.5 QUORUM REQUIREMENTS**

At least five (5) of the Medical Executive Committee members shall constitute as a quorum.

## **9.4 MEDICAL STAFF QUALITY COMMITTEE**

#### **9.4.1 COMPOSITION**

The Medical Staff Quality Committee will consist of the Physician-in-Chief, Chief of Staff-Elect, Medical Directors as assigned, and Members of the Medical Staff appointed by the Chief of Staff to assure representation of each Department and the Medical Staff at large. The purpose of the Medical Staff Quality Committee is to assume a leadership role in performance improvement through the monitoring and evaluation of Hospital-wide functions. This is accomplished through the Medical Staff Quality Committee's active role in improving organizational performance, organizational planning, integration of services, directing departments and through its role in quality review sessions.

#### **9.4.2 DUTIES**

##### **Medical Staff Quality Committee Leadership Functions:**

- a) Function as a multidisciplinary team that oversees all aspects of the Continuous Quality Improvement (CQI) effort throughout the Hospital;
- b) Implement CQI process;
- c) Provide oversight to guide, facilitate, and charter CQI teams;
- d) Receive recommendations from various sources regarding quality improvement efforts; and
- e) Act on reports from process improvement team activities.

##### **Medical Staff Quality Committee Review Functions:**

- a) Review charts to evaluate compliance with the standard of care;
- b) Make recommendations to send to applicable Practitioners for charts;
- c) Make recommendations to the Medical Executive Committee and Board of Directors for corrective action where appropriate; and
- d) After a quality review, send outcome to Medical Staff Departments for quality education.

#### **9.4.3 MEETINGS**

The Medical Staff Quality Committee will meet monthly or at least ten (10) times a year. The Committee shall maintain a permanent record of its proceedings and actions and shall report to the Medical Executive Committee.

### **9.5 CREDENTIALS COMMITTEE**

#### **9.5.1 COMPOSITION**

The Medical Staff Secretary shall serve as the Credentials Committee Chair. Other committee members shall include the following: members of the Medical Staff appointed by the Chief of Staff to assure representation of each Department and a representative of Hospital administration.

#### **9.5.2 DUTIES**

The duties of the Credentials Committee shall be:

- a) To review and verify the credentials of all applicant practitioners and Practitioners and consider the recommendations from the Departments in which the applicant practitioner or Practitioner requests Clinical Privileges;

- b) To make recommendations for Medical Staff Membership to the Medical Executive Committee;
- c) To recommend approval of Clinical Privileges;
- d) To review periodically all information available regarding the competency of Medical Staff Members, and
- e) To make recommendations to the Medical Executive Committee concerning reappointments of Practitioners.

### **9.5.3 MEETINGS AND REPORTING**

The Credentials Committee shall meet monthly or at least ten (10) times a year and maintain a permanent record of its proceedings and actions. The committee shall report to the Medical Executive Committee.

## **9.6 BYLAWS COMMITTEE**

### **9.6.1. COMPOSITION**

The Chief of Staff-Elect is the Chairman of the Bylaws Committee and four (4) members shall be appointed by the Chief of Staff in consultation with the Chairman of the Bylaws Committee.

### **9.6.2. DUTIES**

The duties of the Bylaws Committee shall be to make recommendations on the adoption, amendment or repeal of Bylaws and Rules/Regulations and Policies of the Medical Staff.

### **9.6.3. MEETINGS**

The Bylaws Committee will meet as needed to review recommended changes to the Bylaws, but will meet at least once every year.

## **9.7 NOMINATING COMMITTEE**

### **9.7.1 COMPOSITION**

The Nominating Committee of the Medical Staff shall be composed of voting members who are Medical Staff Members in good standing. The voting membership shall include the Chief of Staff; Chief of Staff-Elect; Immediate Past Chief of Staff; Secretary; and one Medical Staff Member from each Department. The Chief of Staff and Chief of Staff-Elect will serve as co-chairs. The CEO shall serve as an ex-officio member without vote. No candidate for election may serve as a member of the Nominating Committee.

### **9.7.2 DUTIES**

The Nominating Committee shall perform under the oversight and direction of the Medical Executive Committee. The Nominating Committee shall solicit and accept nominations for elected Medical Staff officer positions, consult with the nominees

concerning their qualifications and willingness to serve, prepare ballots, and supervise the election of officers.

### **9.7.3 MEETINGS**

The Nominating Committee shall meet at least every two (2) years and shall report their recommendations and activities to the Medical Executive Committee.

## **9.8 PRACTITIONER HEALTH COMMITTEE**

The purpose of the Practitioner Health Committee is to facilitate rehabilitation, rather than discipline, by assisting a Practitioner to retain and to regain optimal professional functioning that is consistent with the protection of patients. If, at any time, it has been indicated that a Practitioner is unable to safely perform the Clinical Privileges that have been granted, the matter will be forwarded for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements.

### **9.8.1 COMPOSITION**

The Practitioner Health Committee shall consist of members appointed by the Chief of Staff

### **9.8.2 DUTIES**

- a) Establishes a process to educate about licensed independent practitioner health and self-referral.
- b) Establishes a process to address prevention of physical and psychiatric or emotional illness.
- b) Establishes and facilitates confidential diagnosis, treatment and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition.
- c) Establishes to identify and manage and monitor matters of individual health for licensed independent practitioners.

### **9.8.3 MEETINGS**

The Practitioner Health Committee shall meet on a quarterly or an as needed basis and recommendations are to be reported up to the Medical Executive Committee.

## **9.9 PHARMACY & THERAPEUTICS / BLOOD USAGE COMMITTEE**

### **9.9.1 COMPOSITION**

The Pharmacy and Therapeutics / Blood Usage Committee shall consist of members appointed by the Chief of Staff, who shall ensure a broad spectrum of sub-specialty representation. In addition to Hospital staff, the committee shall include pharmacy, lab, surgery and nursing staff.

### **9.9.2 DUTIES**

- a) Will be involved in continuing improvement in the delivery of overall health care in the Hospital;
- b) Monitor outcomes of pharmacy services and therapy delivered in the Hospital;
- c) Review the use and appropriateness of medications and therapies;
- d) Provide oversight and guidance for the pharmacy and therapeutic practices throughout the organization;
- e) Advise and help in the development of a therapeutic formulary;
- f) Foster an environment throughout the Hospital by which all medications are utilized in an appropriate and safe manner; and
- g) Formulate policies regarding evaluation, selection, and therapeutic use of drugs, including proactive prevention of medication errors and monitoring of blood and blood component usage, operative and other invasive procedures.

### **9.9.3 MEETINGS**

The Pharmacy & Therapeutics / Blood Usage Committee shall meet on a monthly basis and shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## **9.10 INFECTION CONTROL COMMITTEE**

### **9.10.1 COMPOSITION**

The Infection Control Committee shall consist of members appointed by the Chief of Staff, who shall ensure a broad spectrum of sub-specialty representation. In addition to Hospital staff, the committee shall include an Infection Control Practitioner, as well as a pharmacy, quality, lab, surgery and nursing staff representative.

### **9.10.2 DUTIES**

- a) Assess infection control activities, such as surveillance of nosocomial infections;
- b) Identify risks and trends relating to infection control;
- c) Provide direction to these activities and works on decreasing the Hospital's overall incidence of infection;
- d) Provide guidance to clinicians for management of complicated infections, including management of multi-organism or unusual and uncommon organisms; and
- e) Institute any appropriate control measures or studies when it is reasonably believed there may be danger to patients or personnel from an infectious source.

### **9.10.3 MEETINGS**

The Infection Control Committee shall meet on a monthly basis and shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## 9.11 ETHICS COMMITTEE

### 9.11.1.1 Composition

The Ethics Committee shall consist of Members of Medical Staff appointed by the Chief of Staff and Chief of Staff-Elect who shall ensure broad sub-specialty representation. In addition, the Committee may contain members from Hospital administration, nursing, social services, risk management, pastoral care, quality management, social services, case management, and the community.

### 9.11.1.2 Duties

- a) Work to make improvements in the understanding and implementation of medical and organizational ethics;
- b) Assist in the development and maintenance of a Code of Ethics for the Hospital;
- c) Review trends in patient grievances;
- d) Ensure patient, family and staff rights are protected;
- e) Review organ donation, investigational protocols, and the rights of research participants; and
- f) Permit Medical Staff Members to refer patients and families to the Ethics Committee with questions, conflicts or other dilemmas requiring resolution, such as situations involving resuscitative services or forgoing or withdrawing life sustaining treatment.

### 9.11.1.3 Meetings

The Ethics Committee shall meet at least twice a year and on as needed basis and shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## 9.12 CANCER COMMITTEE

### 9.12.1 COMPOSITION

The Cancer Committee shall consist of the Cancer Liaison Physician and Board certified or equivalently competent Members of the Medical Staff appointed by the Chief of Staff who shall ensure representation of the Surgery, Medical Oncology, Diagnostic Radiology, Radiation Oncology and Pathology Departments, as well as Hospital Administration, nursing, social services, quality management and cancer registry.

### 9.12.2 DUTIES

The Cancer Committee is responsible for the oversight of the cancer program at El Paso Children's Hospital.

Duties of the Cancer Committee include planning, initiating, promoting and assessing cancer program activities in the Hospital. The committee shall review quality and performance improvement activities, outcomes and formats, and note

deficiencies in the results. The Cancer Committee shall also institute corrective actions and monitoring activities.

### **9.12.3 MEETINGS**

The Cancer Committee shall meet at least quarterly and shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## **9.13 MANAGEMENT OF INFORMATION COMMITTEE**

### **9.13.1 COMPOSITION**

The Management of Information Committee provides physician-based oversight of the acquisition, implementation and use of information technology matters which affect the Medical Staff of El Paso Children's Hospital. The Management of Information Committee shall consist of physicians, nurses, other health care professionals and information technology employees appointed by the Chief of Staff and shall operate by authorizing a set of working sub-committees to focus on specific areas of concern. These sub-committees will report to the Management of Information Committee on a regular basis.

### **9.13.2 DUTIES**

The committee is accountable to the Medical Executive Committee and serves as a forum to identify important health information management and technology issues, note deficiencies in the results, and institute corrective actions and monitoring activities.

### **9.13.3 MEETINGS**

The Management of Information Committee shall meet at least quarterly and shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## **9.14 MEDICAL INFORMATICS COMMITTEE**

### **9.14.1 COMPOSITION**

The Medical Informatics Committee (MIC) will mainly consist of physicians from various specialties and the Nursing Systems Analyst appointed by the Chief of Staff. The committee will also encourage the participation of specialized nursing staff from different service areas of the Hospital.

The committee will have a chair and a vice-chair. The committee members should represent each division of the Pediatric Department (i.e. NICU, PICU, Hospitalist, et cetera), Surgery Department, Radiology Department, and Pathology Department. The Nursing Systems Analyst is of vital importance to the committee and a vacancy in this position may warrant the dissolution of the Medical Informatics Committee as determined by the Chief of Staff.

### **9.14.2 DUTIES**



The main objective of MIC is to enhance and facilitate Practitioners' and Hospital staff's experience with the Electronic Medical Record (EMR) without compromising patient safety.

Other duties for the MIC include:

- a) Create and modify power plans for patient care;
- b) Ensure ease of access for in-house and outside providers to EMR;
- c) Ensure an adequate and timely education to EMR changes to its users;
- d) Create, contribute, analyze, and approve changes to EMR for quality, efficiency, and patient safety;
- e) Participate in EMR education for medical students and residents;
- f) Provide department representation in case of any modification and changes to EMR; and
- g) Complete any tasks assigned from MEC or the EPCH administration in a timely manner.

### **9.14.3 MEETINGS**

The Medical Informatics Committee shall meet once a month. The committee can meet twice a month if there are important projects that need to be completed and with previous approval from the committee members. MIC shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## **9.15 RESEARCH COMMITTEE**

### **9.15.1 COMPOSITION**

The Research Committee Chair shall be appointed by the Chief of Staff. Members are selected from across the Hospital, based on their areas of expertise, in order to maintain diversity in the group. Each member is a voting member and membership shall be reviewed on an annual basis. A quorum must consist of one-half of the committee's membership. Items passed must be approved by a majority of the voting members present.

### **9.15.2 DUTIES**

The Research Committee shall be charged with the coordination and implementation of programs related to any and all research that is to be conducted at El Paso Children's Hospital. The committee shall be responsible for reviewing and approving all research requests. In addition, the committee shall:

- a) Promote staff awareness of and communication about research;
- b) Establish a process for requesting approval on research projects at EPCH;
- c) Provide institutional oversight and direction for staff and faculty education related to research;
- d) Evaluate and oversee research projects; and
- e) Provide regular feed back to the Medical Staff Quality Committee and the Board of Directors.

### **9.15.3 MEETINGS**

The Research Committee shall meet on a monthly basis or as otherwise deemed necessary by the Chair, but not less than quarterly, and shall report their recommendations and activities to the Medical Staff Quality Committee and to the Medical Executive Committee.

## **9.16 PROVIDER RISK MANAGEMENT COMMITTEE**

### **9.16.1 COMPOSITION**

The Chairperson, Co-Chairperson and the members of the Provider Risk Management Committee shall be designated by the Chief of Staff and approved by the Medical Executive Committee. Members shall consist of Pediatric Specialty Department Vice-Chief, Surgery Department Vice-Chief, Diagnostic and Interventional Services Vice-Chief, Neonatology Physician, Hospitalist Physician and the Medical Staff Quality Committee Chair. Each member is a voting member and membership shall automatically end at the end of the Chief of Staff's term (two years).

### **9.16.2 DUTIES**

The Provider Risk Management Committee is charged with the coordination and implementation of a process for ensuring that any issues related to the Members of the Medical Staff and AHPs at El Paso Children's Hospital are addressed appropriately and consistently. The committee will be responsible for reviewing a full range of issues related to the Medical Staff that will include complaints, concerns, physician occurrences, suspected deviation from standard of clinical care, and chart reviews. The committee will review the information submitted and make a determination of the urgency and will make appropriate actions necessary to improve patient care throughout EPCH. The committee will also be responsible for keeping track of and trending all the information that was reviewed. Information obtained will be filed in the appropriate provider's Performance Improvement File.

In addition, the committee shall perform the following functions:

- Review information regarding Practitioner behavior or patient safety concerns in relation to a Medical Staff Member or AHP;
- Determine if there is an urgency to address the issue immediately, including if there is a concern regarding patient safety;
- Immediately report any urgent concerns to the CEO and the Medical Executive Committee;
- Assist in reviewing medical charts and creating a timeline of events if necessary;
- Establish a process for awareness and promoting communication to the Medical Staff;
- Recommend performance improvement projects to the Medical Staff Quality Committee;
- Provide a monthly report of recommendations to the Medical Executive Committee; and
- Track and trend information received and shall provide an annual report to the Medical Executive Committee.

**9.16.3 MEETINGS**

A quorum consists of three (3) members of the committee and at least nine (9) meetings a year are required, although the committee may meet as deemed necessary to review any urgent concerns.

**9.17 SPECIAL COMMITTEES OF THE STAFF**

**9.17.1 COMPOSITION AND APPOINTMENT:**

A Special Staff Committee may be established by the Medical Executive Committee to perform one or more special staff functions. It shall be composed of Members of the Medical Staff and may include, as appropriate, representation from Hospital administration, nursing service, medical records service, pharmaceutical service, social service and such other Hospital departments as are appropriate to the function(s) to be discharged. The Chief of Staff shall appoint the Medical Staff Members and the chairman, and the CEO shall appoint the administrative staff members.

**9.17.2 TERM AND PRIOR REMOVAL:**

Unless otherwise specifically provided, a special committee member shall continue, as such until the end of his normal period of staff appointment and until his successor is appointed. A committee member, other than one serving ex-officio, may be removed by a majority vote of the committee members.

**9.17.3 VACANCIES:**

Unless otherwise specifically provided, vacancies on any staff committee shall be filled in the same manner in which original appointment to such committee is made.

**9.17.4 MEETINGS:**

A special committee established to perform one or more special function(s) should meet as often as is necessary to discharge assigned duties.

**9.17.5 REPRESENTATION ON INTERDISCIPLINARY COMMITTEES**

Staff functions and responsibilities requiring liaison with the Board of Directors and/or Hospital administration may be discharged by the appointment of one or more Medical Staff Members to the appropriate committees. The Chief of Staff shall make these appointments as and when appropriate.

**ARTICLE X:  
MEETINGS AND ATTENDANCE**

**10.1 MEDICAL STAFF MEETINGS**

**10.1.1 REGULAR MEETINGS**

An annual general Medical Staff meeting shall be held at least thirty (30) days before the end of the Medical Staff Year. The agenda for such meeting shall include reports of review and evaluation of the work done in the clinical Departments and the performance of required Medical Staff functions. If the Medical Staff chooses, they may conduct regular meetings on a more frequent basis.

### **10.1.2 SPECIAL MEETINGS**

The Chief of Staff or the Medical Executive Committee may call a special meeting of the Medical Staff at any time. The Chief of Staff shall call a special meeting within fifteen (15) days after receiving a written request for same, signed by not less than one-fourth (1/4) of the Active Members of the Medical Staff and stating the purpose of such meeting. The Chief of Staff shall designate the time and place of any special meeting, after consultation with the Medical Executive Committee. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered either personally, by mail, or by email to each Member of the Medical Staff not less than one week nor more than one month before the day of such meeting by, or at the direction of, the Chief of Staff or other persons authorized to call the meetings.

### **10.1.3 QUORUM**

The presence of at least three (3) of the Medical Staff Members at any regular or special Medical Staff meeting shall constitute a quorum.

### **10.1.4 VOTING**

For regular and special Medical Staff meetings, Medical Staff Members entitled to vote may do so either in person or by written proxy executed by the Medical Staff Member and filed with the Medical Staff Office, provided, however, that no voting Medical Staff Member shall enter into a proxy agreement with any person other than another licensed physician entitled to vote.

## **10.2 MEETINGS OF DEPARTMENTS AND COMMITTEES**

### **10.2.1 SPECIAL MEETINGS**

Special meetings may be called in addition to the regular meetings as provided in the Bylaws. A special meeting of any Department or committee may be called by or at the request of the Chairman, or by one-third (1/3) of the members, but not by less than two (2) members. Notice of such meeting shall be provided as above for the Medical Staff meeting notices.

### **10.2.2 QUORUM**

At least two (2) of the Medical Staff members of the committee or Department shall constitute a quorum at any meeting.

Persons serving under these Bylaws as ex-officio members of a committee have all rights and privileges of regular members except that they shall not be counted in determining the existence of a quorum and shall have no vote.

### **10.2.3 ATTENDANCE REQUIREMENTS**

There are no specified attendance requirements set for Medical Staff Committee or Department meetings.

### **10.2.4 MINUTES**

Minutes of each regular or special meetings of a committee or Department shall be prepared and shall include a record of attendance of members and the vote taken on the matter. The minutes shall be completed within two (2) weeks of the date of the meeting by the Medical Staff Office and a copy of minutes shall be reviewed and signed by the committee chair.

#### **10.2.5 REQUIRED ATTENDANCE BY A MEDICAL STAFF MEMBER**

At the discretion of the Chairman, when a Medical Staff Member's practice or conduct is scheduled for discussion at a regular Department or committee meeting, the Practitioner may be requested to attend. However, any meeting held under this Section where a Practitioner is requested to attend shall be an informal meeting and the affected Practitioner shall not have any appeal or Fair Hearing rights during the meeting. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least seven (7) days prior to the meeting and shall include the time and place of the meeting and a general indication of the issue involved. Failure of the affected Practitioner to appear at any meeting with respect to which he was given such notice, unless excused by the Medical Executive Committee upon a showing of good cause, shall be a basis for corrective action.

### **ARTICLE XI: MEDICAL STAFF RELATIONSHIPS**

#### **11.1 MEDICAL STAFF SERVICES**

El Paso Children's Hospital shall employ or contract with qualified Medical Staff services personnel to assist the Medical Staff in performing its functions and assigned responsibilities. The Chief of Staff shall be involved in the selection and evaluation of these individuals, who shall report to him in matters relating to Medical Staff responsibilities.

#### **11.2 INSTITUTIONAL REVIEW BOARD**

All institutional studies, research projects, or clinical trials conducted on patients must be reviewed by the Research Committee and approved by the Institutional Review Board of TTUHSC Paul L. Foster School of Medicine. The Institutional Review Board is responsible for assuring that the rules and regulations of the Federal Office for Protection from Research Related Risks are followed.

#### **11.3 GRADUATE MEDICAL EDUCATION OFFICE**

The Graduate Medical Education Office of the TTUHSC Paul L. Foster School of Medicine is responsible for verifying the education, training, and professional liability insurance of House Staff Physicians; registering House Staff Physicians with the Texas Medical Board; ensuring that House Staff Physicians meet the El Paso Children's Hospital health screening requirements; providing current House Staff job descriptions to El Paso Children's Hospital; and maintaining semi-annual House Staff Physician evaluations.

#### **11.4 CONTINUING MEDICAL EDUCATION OFFICE**

Because the Medical Staff recognizes continuing education as necessary to maintaining clinical skill and current competence, all Practitioners with Clinical Privileges shall participate in continuing education. In supporting high quality patient care, the Hospital and

the Medical Staff shall sponsor educational activities that are consistent with the Hospital's mission, the patient population served, and the patient care services provided within the limits of applicable Federal law and Hospital policy. The Medical Staff shall develop educational programs for Medical Staff Members and others with Clinical Privileges related in part to:

- a) The type of care offered by the Hospital;
- b) The findings of performance improvement activities; and
- c) Ongoing Maintenance of Certification requirements by the appropriate American Board of Medical Specialties.

Additionally, the Medical Staff will support-for the continuing professional development of physicians and other health professionals is provided by the Continuing Medical Education Office of the TTUHSC Paul L. Foster School of Medicine.

## **ARTICLE XII: CONFIDENTIALITY, IMMUNITY AND RELEASES**

### **12.1 AUTHORIZATIONS AND CONDITIONS**

By submitting an application for Medical Staff appointment or reappointment or by applying for or exercising Clinical Privileges or providing specified patient care services at the Hospital, an applicant practitioner or Practitioner:

- a) Authorizes representatives of the Hospital and the Medical Staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the applicant practitioner's or Practitioner's professional ability and qualifications;
- b) Agrees to be bound by these Bylaws regardless of whether Medical Staff Membership or Clinical Privileges are granted or are subsequently limited;
- c) Acknowledges that the provisions of this Article are express conditions to an application for, or acceptance of, Medical Staff Membership, and the continuation of such Membership and the exercise of Clinical Privileges or provision of specified patient care services at the Hospital;
- d) Agrees to release from legal liability and hold harmless the Hospital, Medical Staff, Medical Staff committees and all persons engaged in peer review activities, which include, but are not limited to, those activities in Article XII of these Bylaws as well as any other Medical Staff functions provided for or permitted by the Bylaws or any applicable federal or state statute or regulation, provided such activities are conducted in good faith and without malice;
- e) Agrees to release from legal liability and hold harmless any individual or entity that provides information regarding the applicant practitioner or Practitioner to the Hospital or its representatives; and
- f) Authorizes the release of information about the applicant practitioner or Practitioner to other healthcare facilities where the applicant practitioner or Practitioner has or requests membership or privileges.

### **12.2 ORGANIZED HEALTH CARE ARRANGEMENT**

The Hospital, together with its staff, workforce, all Members of the Medical Staff, AHPs, and other non-physician health care providers that provide health care services to patients

at the Hospital, collectively, the "Hospital Staff," shall constitute an Organized Health Care Arrangement under the Health Insurance Portability and Accountability Act. Accordingly, the Hospital and the Hospital Staff shall issue a joint notice of privacy practices, and each member of the Hospital Staff shall abide by the terms of this joint notice with respect to protected health information received in connection with the delivery of services at the Hospital. The Hospital and Hospital Staff may share protected health information with each other as necessary to carry out treatment, payment, or healthcare operations functions relating to the Organized Health Care Arrangement.

The Hospital may revise the Organized Health Care Arrangement's joint notice of privacy practices in its reasonable discretion upon thirty (30) days' notice of revision to the MEC with a copy of the revised notice, unless the compliance date of the law necessitates a shorter notice period. The revised joint notice shall be effective and binding upon the end of the notice period unless objected to in writing by the MEC before the end of the notice period.

### **12.3 CONFIDENTIALITY OF INFORMATION**

Information obtained or prepared by any representative for the purpose of evaluating or improving the quality and efficiency of patient care, reducing morbidity and mortality, or contributing to teaching or clinical research, shall, to the fullest extent permitted by law, be confidential. Such information shall only be disseminated to the extent necessary for the purposes identified above or except as otherwise specifically authorized by law. Such confidentiality shall also extend to information provided by third parties.

### **12.4 ACTIVITIES COVERED**

The confidentiality and immunity provided by this Article shall apply to all information obtained or disclosures made in connection with this or any other health care facility or organization's activities concerning, but not limited to:

- a) Applications for appointments, Clinical Privileges, or specified services;
- b) Periodic reappraisals for reappointment, Clinical Privileges, or specified services;
- c) Corrective or disciplinary actions;
- d) Hearings and appellate reviews;
- e) Quality review program activities;
- f) Utilization review and management activities;
- g) Claims reviews;
- h) Profile and profile analysis;
- i) Risk management activities; and
- j) Other Hospital, committee, Department, or staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

### **12.5 RELEASES**

Each applicant practitioner and Practitioner shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this Article. Execution of such releases is not a prerequisite to the effectiveness of this Article. Failure to execute such releases shall result in an application for appointment, reappointment, or Clinical Privileges being deemed voluntarily withdrawn, and it shall not be further processed and shall not give rise to any appeal or Fair Hearing rights. Failure to execute

such releases upon request during a term of appointment to the staff shall result in automatic suspension as provided in Section 6.3.4.7.

## **12.6 SPECIAL DEFINITIONS**

In this Article, the following terms shall have the meanings set forth:

**Information** means data, records, reports, recommendations, and other disclosures relating to any of the subject matter specified.

**Malice** means the dissemination of information with knowledge that it is false or with reckless disregard of its truth or falsity.

**Representative** means the Board of Directors and committees of the Board; the Chief Executive Officer; a Medical Staff unit; or any member, officer, Department or committee thereof; and any individual authorized by any of the foregoing to perform specific information-gathering or disseminating functions.

**Third Parties** means individuals and organizations furnishing information to a representative or Medical Staff unit or the Hospital.

## **ARTICLE XIII: GENERAL PROVISIONS**

### **13.1 MEDICAL STAFF RULES AND REGULATIONS**

Subject to approval by the Board of Directors, the Medical Executive Committee may act for the Organized Medical Staff in adopting or amending the Rules/Regulations and Policies of the Medical Staff as may be necessary to implement the general principles found in these Bylaws. However, the MEC must first communicate the proposed rule, regulation, or amendment to the Medical Staff, and, prior to adopting a policy or amendment thereto, the MEC must communicate the same to the Medical Staff. Such rules and regulations and any amendments thereto shall be consistent with these Bylaws and Hospital policies. The Organized Medical Staff may propose Medical Staff Bylaws, Rules/Regulations and Policies of the Medical Staff, and amendments thereto to the Board of Directors.

### **13.2 CONSTRUCTION OF TERMS AND HEADINGS**

The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope of or affect any provision of the Bylaws. These Bylaws apply with equal force to both sexes wherever either term is used.

### **13.3 AUTHORITY TO ACT**

Any Member or Members who act in the name of this Medical Staff without proper authority shall be subject to such disciplinary action as the Medical Executive Committee may deem appropriate.



#### **13.4 SPECIAL NOTICE**

When special notice is required, the Medical Staff Office shall send such notice by certified registered mail, return receipt requested to the address provided by the applicant practitioner or Practitioner. If the post office indicates that the letter has been refused, such notice shall be deemed to be delivered on the date delivery was first attempted. If the post office indicates the letter is undeliverable, the Medical Staff Office shall attempt to contact the applicant practitioner or Practitioner at the location last identified by him. If such attempt is unsuccessful, notice shall be deemed to be delivered on the date delivery was first attempted.

#### **13.5 PARLIAMENTARY PROCEDURE**

The rules contained in the current edition of Robert's Rules of Order shall govern the Medical Staff in all cases to which they are applicable and in all cases in which they are not inconsistent with these Bylaws. The Medical Staff may also adopt special rules of order.

### **ARTICLE XIV: ALLIED HEALTH PROFESSIONALS**

#### **14.1 ALLIED HEALTH PROFESSIONALS DEFINED**

Allied health professionals (AHPs) are licensed individuals who provide care under the supervision of a Practitioner who:

- d) Exercise judgment within the area of their professional competence and Clinical Privileges granted by the Board under the supervision or direction of a Medical Staff Member possessing Clinical Privileges to provide such care in the Hospital;
- e) Function in a medical support role to Practitioners who have agreed to be responsible for such AHPs;
- f) Provide care that involves making medical diagnoses and treatment decisions; and
- g) Are not eligible for Medical Staff Membership, are qualified by training, experience, and current competence in a discipline, and are permitted to practice in the Hospital.

#### **14.2 CATEGORIES OF ALLIED HEALTH PROFESSIONALS CURRENTLY CREDENTIALLED BY THE MEDICAL STAFF AND AUTHORIZED TO FUNCTION IN THE HOSPITAL**

The Board has determined the categories of individuals eligible for clinical privileges as AHPs are:

- a) Physician Assistants (PAs); and
- b) Advanced Practice Registered Nurses (APRNs).

The Medical Executive Committee may recommend for Board approval other categories of AHPs to be given authorization to provide services in the Hospital.

#### **14.3 QUALIFICATIONS OF ALLIED HEALTH PROFESSIONALS**

A statement of qualifications for each category of AHPs shall be developed by the Department to which the AHPs would be assigned, subject to approval by the Medical Executive Committee and the Board. Each statement must:

- a) Be developed with input, as applicable, from the Department Chief of the clinical unit or service involved, the Practitioner supervisor of the AHP, and other representatives of the Medical Staff, Hospital management, and other professional staff;
- b) Require the individual AHP to hold a current license, certificate or such other credential as may be required by state law; and
- c) Satisfy the qualifications as are set forth for Medical Staff appointment, including appropriate professional liability insurance coverage, or for Hospital employment, as applicable.

#### **14.4 PREROGATIVES OF ALLIED HEALTH PROFESSIONALS**

The prerogatives of AHPs are to:

- a) Provide such specifically designated patient care services as are granted by the Board upon recommendation of the Medical Executive Committee and consistent with any limitations stated in the Bylaws, the policies governing the AHPs' practice in the Hospital, and other applicable Medical Staff or Hospital policies;
- b) Serve on committees when so appointed;
- c) Attend open meetings of the staff or the Department; and
- d) Exercise such other prerogatives as the Medical Executive Committee with approval of the Board may accord AHPs in general or to a specific category of AHPs.

#### **14.5 OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS**

Each AHP shall:

- a) Meet the basic responsibilities required in Section 2.2 (a)-(j) for Medical Staff members;
- b) Retain appropriate responsibility within his area of professional competence for the care and supervision of each patient in the Hospital for whom services are provided;
- c) Participate when requested in quality review program activities and in discharging such other functions as may be required from time to time;
- d) When requested, attend meetings of the staff and the Department;
- e) Fulfill the applicable attendance requirements of these Bylaws and the rules and regulations of the Department to which assigned; and
- f) Refrain from any conduct or acts that could be reasonably interpreted as being beyond the scope of licensure and practice authorized by the Board.

#### **14.6 TERMS AND CONDITIONS OF AFFILIATION**

An AHP shall be individually assigned to the clinical Department appropriate to his professional training, be subject to an initial probationary period, formal periodic reviews every two (2) years, and be subject to disciplinary procedures. An AHP is not entitled to the procedural hearing rights provided in the Fair Hearing Plan (Article XV); however, all grievance procedures that apply to AHPs are set forth in policies approved by the Medical Staff and Board of Directors.

#### **14.7 DEFINITION OF SCOPE OF SERVICE**

The appropriate Department and representatives of management, if applicable, and subject to the recommendation of the Medical Executive Committee and approval of the Board of Directors, shall develop guidelines regarding the scope of service that may be

provided by any group of AHPs. For each group, guidelines must include at least the following:

- a) Specifications of categories of patients to whom services may be provided;
- b) A description of the services to be provided and procedures to be performed, including any special equipment, procedures, or protocols that specific tasks may involve, and responsibility for documenting the services provided in the medical record; and
- c) A description of the scope of assistance that may be provided to a Practitioner and any limitations thereon, including the degree of physician supervision required.

#### **14.8 PROCEDURE FOR CREDENTIALING**

All AHPs, including AHPs employed by the Hospital, who provide care that involves making a medical diagnosis and medical treatment decisions shall be credentialed and privileged through a process that is equivalent to the Medical Staff credentialing and privileging process. The procedures for processing individual applications from AHPs, for reviewing performance during the probationary period, for periodic reappraisal, and for disciplinary action shall be established by the Department, the Medical Executive Committee, and the Board of Directors for AHPs who are not Hospital employees or by the Chief Executive Office or designee for AHPs who are Hospital employees. Initial applications and reappointment applications for AHPs shall be processed in the same manner as the Medical Staff process for appointments and reappointments.

### **ARTICLE XV: FAIR HEARING PLAN**

#### **15.1 FAIR HEARING PLAN**

This Fair Hearing Plan provides a mechanism for reviewing, validating or modifying a Professional Review Action proposed to be taken against a Practitioner (including AHPs) or applicant practitioner for Clinical Privileges at El Paso Children's Hospital. It is the policy of the Hospital that a Professional Review Action shall only be taken—

- a) In the reasonable belief that the action is in the furtherance of quality health care;
- b) After a reasonable effort to obtain the facts of the matter;
- c) After adequate notice and hearing procedures are afforded to the Practitioner involved or after such other procedures as are fair to the Practitioner under the circumstances; and
- d) In the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts.

#### **15.2 DEFINITIONS**

Unless otherwise defined herein or in the Rules/Regulations and Policies of the Medical Staff, the words used in this Fair Hearing Plan shall have their commonly ascribed meaning. The following words or terms when used in this Fair Hearing Plan shall have the meaning indicated:

**Adversely affecting** or **adversely affects** includes reducing, restricting, suspending, revoking, denying or failing to renew Clinical Privileges or Membership in the Medical Staff.

**Professional Review Action** means an action or recommendation of a Professional Review Body which is taken or made in the conduct of a Professional Review Activity, which is based on the competence or professional conduct of a Practitioner, which affects or could adversely affect the health or welfare of a patient or patients, and which adversely affects (or may adversely affect) the Practitioner's Clinical Privileges or Medical Staff Membership.

**Professional Review Activity** means an activity of the Hospital with respect to a Practitioner to:

- a) Determine whether the Practitioner may have Clinical Privileges or Membership in the Medical Staff;
- b) Determine the scope or conditions of such Clinical Privileges or Medical Staff Membership; or
- c) Change or modify such Clinical Privileges or Medical Staff Membership.

**Professional Review Body** means the Board of Directors of El Paso Children's Hospital, the Medical Executive Committee, any committees of the Hospital or Medical Staff, and any person who participates in or assists in a Professional Review Activity.

### 15.3 DUTY TO EXHAUST REMEDIES

Fair Hearing and appeal procedures shall be exhausted by any Practitioner before attempting to obtain judicial relief related to any issue or decision which may be subject to Fair Hearing and appeal. The absence of an interlocutory appeal process for reviewing any alleged violation of the Bylaws or the Practitioner's Fair Hearing rights does not warrant judicial intervention.

### 15.4 GROUNDS FOR FAIR HEARING

Except as otherwise provided in these Bylaws, the taking or recommending of any one or more of the following actions shall constitute grounds for a Fair Hearing in the event the action results from a Professional Review Activity, adversely affects the Practitioner's Medical Staff Membership and/or Clinical Privileges for more than thirty (30) days, and is based on the Practitioner's professional competence or conduct that could adversely affect patient care:

- a) Denial of initial appointment to the Medical Staff;
- b) Denial of Medical Staff reappointment;
- c) Termination of appointment based on failure to advance from Provisional Status to regular Medical Staff category for reasons related to professional competence or conduct;
- d) Suspension of Medical Staff Membership or Clinical Privileges;
- e) Revocation of Medical Staff Membership or Clinical Privileges;
- f) Denial or limitation of Clinical Privileges, including denial of temporary privileges for reasons relating to competence or conduct;
- g) Reduction in Clinical Privileges;
- h) Summary Suspension of Clinical Privileges for more than thirty (30) consecutive days; or

- i) Mandatory consultation, proctoring or co-admitting requirements when the consultant, proctor or co-admitter must approve the procedure or must observe the procedure performed by the affected Practitioner for a period of more than thirty (30) days.

## **15.5 FAIR HEARING AND APPEAL RIGHTS NOT AVAILABLE**

In addition to other exceptions set forth in these Bylaws, the Fair Hearing and appeal rights under these Bylaws shall not be available under the following circumstances:

- a) Closed Departments/Exclusive Contracts.  
The hearing and appeal rights under these Bylaws shall not be available to a Practitioner whose application for Medical Staff Membership and Clinical Privileges is denied on the basis that the Clinical Privileges he seeks are granted only pursuant to a closed staff or exclusive use policy.
- b) Medico-Administrative Practitioner.  
The applicability of hearing and appeal rights under these Bylaws to those persons serving the Hospital in a medico-administrative capacity shall only apply to the extent provided for in such Practitioner's contract with the Hospital. In the event of any conflict between the provisions of the contract and these Bylaws, the contract shall control.
- c) Automatic Suspension or Termination of Privileges.  
Unless otherwise expressly provided, the Fair Hearing and appeal rights under these Bylaws are not available to a Practitioner whose Medical Staff Membership or Clinical Privileges are automatically suspended or terminated.
- d) Allied Health Professionals.  
Except as required by State law, AHPs are not entitled to Fair Hearing and appeal procedures.
- e) Removal from Emergency Room Call Panel.  
Emergency Department coverage panel participation is not a benefit, right or privilege of Medical Staff Membership or Clinical Privileges, but rather it is an obligation. Fair Hearing and appeal rights shall not be available for any action or recommendation affecting a Practitioner's duty to serve on Emergency Department coverage panel rosters.
- f) Hospital Policy Decision.  
The Fair Hearing and appeal rights of these Bylaws are not available if the Hospital makes a policy decision (e.g., to close a Department or physical plant changes) that adversely affects the Medical Staff Membership or Clinical Privileges of any Medical Staff Member or applicant practitioner.
- g) Failure to Meet Minimum Credentialing Requirements.  
Fair Hearing and appeal rights under these Bylaws shall not be available if Medical Staff Membership or Clinical Privileges are denied, restricted, terminated or deemed resigned, or a Medical Staff category is changed or not changed because of a failure to meet the minimum activity requirements set forth in the Medical Staff Bylaws or Rules/Regulations and Policies of the Medical Staff.
- h) Refusal to Process an Incomplete Application.  
The Hospital has no duty to process an incomplete application. Fair Hearing and appeal rights under these Bylaws shall not be available if an applicant practitioner

or Medical Staff Member has failed to complete his or application for appointment or reappointment.

- i) Appointment or Reappointment for Less Than Two Years.  
The period for appointment or reappointment to the Medical Staff may not exceed two (2) years. Except for those Members assigned Provisional Status for an initial twelve (12) months, a Member of the Medical Staff who is appointed for less than two (2) years has no hearing or appeal rights under these Bylaws.
- j) Refusal of the Governing Board to Waive Requirements Set Forth in the Bylaws.  
On occasion, the Governing Board may waive a requirement affecting a Medical Staff Member. The Board's decision not to waive a requirement affecting an applicant practitioner or Practitioner shall not give the affected Practitioner a right to a Fair Hearing and/or appeal.
- k) Imposition of Physical, Mental, or Psychological Health Assessment.  
The MEC has the authority to mandate that any applicant practitioner or Member of the Medical Staff undergo a physical, mental, or psychological examination at the applicant's or Staff Member's expense. The Fair Hearing and appeal rights under these Bylaws shall not apply to an applicant or to a Staff Member who is subject to an automatic suspension for failure to comply with such a request.
- l) Termination of Appointment or Reappointment in Accordance with Practitioner's Contract with the Hospital.  
When a Practitioner has a contract with the Hospital and his or her appointment or reappointment is terminated in accordance with the terms of the contract, the Practitioner shall have no Fair Hearing or appeal rights under the Bylaws.
- m) Summary Suspension of 30 Days or Less.  
The NPDB does not require a report if a Practitioner is suspended or if his or her Clinical Privileges are terminated for thirty (30) days or less. Therefore, no Practitioner will be entitled to the Fair Hearing and appeal rights under these Bylaws in the event of such a suspension or termination.
- n) Any Action Not Reportable to the NPDB.  
A Practitioner shall not be entitled to any Fair Hearing and appeal rights of these Bylaws if the action taken against him is not reportable to the NPDB.

## **15.6 MEDIATION**

### **15.6.1 MEDIATION AVAILABLE**

A Practitioner is entitled to request mediation in the following circumstances:

- a) The Practitioner is subject to an action that is the basis for a Fair Hearing under the Bylaws, and the Practitioner believes that mediation is desirable;  
or
- b) The Practitioner can provide credible evidence that the Credentials Committee failed to take action on the applicant practitioner or Practitioner's Completed Application within ninety (90) days of its receipt of such application.

### **15.6.2 REQUEST FOR MEDIATION**

The Practitioner must make a written request for mediation and such request must be delivered to the CEO. If a Hearing pursuant to this Article has already been

scheduled, the request must be received at least twenty (20) days prior to the first scheduled hearing date. Unless otherwise agreed to by the parties, mediation conducted pursuant to an appropriate request must be completed prior to the date of the hearing. Under no circumstances may a request for mediation or the mediation process delay a hearing that has been scheduled in accordance with this Article, unless mutually agreed to by the parties. Neither a request for mediation nor the actual mediation process may delay the filing of any report required by law.

#### **15.6.3 SELECTION OF MEDIATOR**

The mediator shall be selected by the CEO in consultation with the Chief of Staff. The mediator must have the qualifications required by state law and experience in medical staff issues and disputes. The fees of the mediator shall be paid jointly by the requesting Practitioner and the Hospital.

#### **15.6.4 RESOLUTION AT MEDIATION**

At the conclusion of the mediation, the mediator may offer a proposed solution. The proposed solution is not binding and may be accepted or rejected by either the Hospital's representatives at mediation, to include the CEO or his designee and the Chief of Staff or his designee, or the Practitioner. The proposed solution may not require that the Credentials Committee, MEC, Board, or Hospital violate any Bylaws, legal, or accreditation requirement, or take any action not permitted by law. If the proposed solution is rejected by either the Practitioner or the Hospital's representatives at mediation, the Practitioner may request a hearing or move forward with any hearing already scheduled.

If a proposed solution is found acceptable to both the Hospital's representatives and Practitioner, the mediation recommendation shall be signed at the conclusion of the mediation by the Hospital's representatives and the Practitioner. However, such proposed solution and resolution shall not be binding on the Hospital until approved by the MEC and approved in writing by the CEO and the Board.

#### **15.7 NOTICE OF PROPOSED ACTION**

Before a Professional Review Action is taken against a Practitioner, the Chief Executive Office of the Hospital shall give the Practitioner written notice stating—

- a) That a Professional Review Action has been proposed to be taken against the Practitioner;
- b) The reasons for the proposed action;
- c) That the Practitioner has the right to request a hearing on the proposed action;
- d) The time limit, which shall not be less than thirty (30) days, within which to request such a hearing; and
- e) A summary of the Practitioner's rights in the hearing.

#### **15.8 NOTICE OF HEARING**

If the Practitioner requests a hearing on a timely basis, the Chief Executive Officer shall give the Practitioner notice stating:

- a) The place, time and date of the hearing, which date shall not be less than thirty (30) days after the date of the notice of hearing; and

- b) A list of the witnesses, if any, expected to testify at the hearing on behalf of the Hospital and/or Medical Staff.

## **15.9 CONDUCT OF THE HEARING**

**15.9.1** If a hearing has been requested on a timely basis, the Chief Executive Officer shall confer with the Chief of Staff and appoint a panel before which the hearing will be held (the Medical Review Committee or MRC). The MRC shall consist of at least three (3) but not more than five (5) members of the Medical Staff. The Chief of Staff shall designate one member of the MRC as its chair. If reasonably feasible, at least one member of the MRC shall have practice experience, education or training the same or sufficiently similar to the practice area of the Practitioner under review. The members of the MRC shall be impartial and shall not have acted as accusers, investigators, fact-finders or initial decision makers in connection with the same matter nor shall they be in economic competition with the affected Practitioner. The Chief of Staff shall be authorized to appoint individuals to serve on the MRC who are not members of the Medical Staff if there is not a sufficient number of Medical Staff Members available. The Chief of Staff shall provide the Affected Practitioner with notice of the members of the MRC.

Additionally, the CEO shall appoint a hearing officer to preside over the Fair Hearing. The hearing officer shall be an attorney and should be familiar with the law applicable to medical staff matters. The hearing officer shall conduct the hearing impartially such that the proceeding will be, to the extent reasonably possible, fair, efficient, and protective of the rights of all parties and witnesses. The hearing officer shall not act as a prosecuting officer or advocate. The hearing officer shall act as advisor to the MRC as to procedural matters, including the drafting of its decision and report, but he or she shall not be entitled to vote. The CEO shall provide the affected Practitioner with notice of the hearing officer who has been initially appointed, and the CEO shall make the final determination on the appointment of the hearing officer.

### **15.9.2 PRE-HEARING PROCEDURES**

#### **15.9.2.1 Pre-Hearing Exchange of Information and other Procedures.**

Discovery proceedings are not authorized. The affected Practitioner shall have the right to inspect and copy, at the Practitioner's expense, documentary information relevant to the charges which the MEC has in its possession or under its control, as soon as practicable after the receipt of the Practitioner's request for a Fair Hearing. The MEC shall have the right to inspect and copy at its expense documentary information relevant to the charges which the Practitioner has in his possession or control as soon as practicable after receipt of the MEC's request. The failure of either party to provide access to this information at least ten (10) days before the Fair Hearing shall constitute good cause for a continuance or for the hearing officer to bar or otherwise limit the introduction of any documents not provided to the other party. The right to inspect and copy by either party does not extend to confidential information referring to individually



identifiable Practitioners, other than the affected Practitioner. The hearing officer shall consider and rule upon any dispute or controversy concerning a request for access to information. The hearing officer may impose safeguards to protect the Peer Review process and justice.

#### **15.9.2.2 OBJECTION TO APPOINTMENT OF MRC MEMBERS**

At least ten (10) days prior to the date of the hearing, the affected Practitioner may submit a written objection challenging the appointment of any member of the MRC. Such objections shall be supported with a statement of reasons and sent to the Chief of Staff to rule on the challenges. The Chief of Staff shall have the authority to make the final determination on the appointment of MRC members.

#### **15.9.2.3 EXCHANGE OF INFORMATION**

At the request of either party, the parties must exchange at least eight (8) days before the hearing: (a) lists of witnesses expected to testify at the hearing; and (b) copies of all documents expected to be introduced at the hearing. Failure of a party to produce these materials, or to update them, at least eight (8) days before the commencement of the hearing, shall constitute good cause for the hearing officer to grant a continuance, or to bar or otherwise limit the introduction of any documents not provided to the other party or testimony from witnesses not identified pursuant to this provision.

#### **15.9.2.4 OBJECTIONS**

It shall be the duty of the affected Practitioner and the MEC to exercise reasonable diligence in notifying the hearing officer of any pending or anticipated procedural irregularity or any objection to the hearing panel or to the hearing officer, as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may expeditiously be made. Objection to any such pre-hearing decisions shall be raised on the record at the hearing and when so raised shall be preserved for consideration at any appeal.

#### **15.9.3 FAILURE TO APPEAR**

The right to the Fair Hearing shall be forfeited if the Practitioner fails, without good cause as determined by the MRC, to appear.

#### **15.9.4 At the Fair Hearing, the Practitioner has the right to:**

- a) Representation by an attorney or other person of the Practitioner's choice (at their own cost);
- b) Have a record made of the proceedings, copies of which may be obtained by the Practitioner upon payment of any reasonable charges associated with the preparation thereof;
- c) Call, examine and cross-examine witnesses;
- d) Present evidence determined to be relevant by the MRC, regardless of its admissibility in a court of law;

e) Submit a written statement at the close of the Fair Hearing.

**15.9.5** Upon completion of the hearing, the Practitioner has the right to—

- a) Receive the written recommendation of the MRC, including a statement of the basis for the recommendations; and
- b) Receive a written decision of the Hospital, including a statement of the basis for the decision.

**15.9.6** The Medical Executive Committee shall appoint a representative to present the matter to the MRC on behalf of the Medical Staff. If an attorney represents the Practitioner, an attorney shall also represent the Medical Staff and the Hospital, but not otherwise. Notwithstanding the foregoing, any of the parties may consult with an attorney before the Fair Hearing and during recesses from the Fair Hearing.

**15.9.7** Upon mutual agreement of the Practitioner and the representative of the Medical Staff, any of the rights or procedures set forth herein may be waived. The arbitrator, hearing officer or panel selected to hear the matter shall have broad discretion to set rules for the conduct of the hearing with regard to any issues which are not otherwise addressed in this Fair Hearing Plan. Such issues may include, but are not limited to, pre-hearing conferences and exchange of evidence; admissibility of evidence and testimony; and postponement, continuation or adjournment of the hearing.

#### **15.10 DECISION OF THE HOSPITAL**

Upon completion of the hearing and receipt of the recommendation of the MRC, the Chief Executive Officer and the Executive Committee of the Medical Staff shall confer and, taking the recommendation into consideration, shall decide to accept the proposed Professional Review Action or to modify it. The Chief Executive Officer shall give the affected Practitioner the Hospital's written decision within thirty (30) days of the date that the recommendation is received.

#### **15.11 APPEAL**

If the Practitioner is not satisfied with the Hospital's decision, he may appeal to the Board of Directors. The appeal shall be in the form of a letter addressed to the Board of Directors and delivered within fifteen (15) calendar days of the date of the Hospital's decision. In the event the appeal is not received timely, the Practitioner waives his right to the appeal. The appeal letter shall state the reasons that the Hospital's decision should be overturned or modified. The letter may refer to the evidence or testimony presented at the Fair Hearing, as set forth in the transcript or electronic copy of the record of the Hearing. New evidence or testimony shall not be presented or considered. The Board of Directors may elect to appoint a committee to decide the appeal and may, but is not required to, conduct a hearing of the appeal. The Board of Directors shall not modify or overturn the Hospital's decision, however, until it has conferred with the Medical Executive Committee. The Board of Directors shall decide the appeal within thirty (30) days, unless there are extenuating circumstances which are documented in writing, and shall give its decision in writing to the Practitioner. The decision of the Board of Directors shall be final.

### **15.12 REPORTING OF ADVERSE ACTIONS**

In accordance with the Health Care Quality Improvement Act of 1986, the Hospital shall report to the appropriate State licensing agency of the Practitioner, the following actions taken:

- a) Any Professional Review Action that adversely affects the Clinical Privileges or Medical Staff Membership of a Practitioner for a period longer than thirty (30) days; or
- b) Acceptance of the voluntary surrender or restrictions of Clinical Privileges or Medical Staff Membership by a Practitioner while he is under investigation relating to possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding.

## **ARTICLE XVI: ADOPTION AND AMENDMENT OF BYLAWS**

### **16.1 ORGANIZED MEDICAL STAFF AUTHORITY AND RESPONSIBILITY**

The Organized Medical Staff shall be responsible for the development, periodic review, and recommendation of amendments of these Bylaws, which must be consistent with Hospital policies, and applicable laws. Neither the Medical Staff nor the Board of Directors shall unilaterally amend the Medical Staff Bylaws.

### **16.2 BYLAWS COMMITTEE RESPONSIBILITY**

The Bylaws Committee will distribute proposed changes to the Medical Staff along with its recommendations regarding any proposed changes at least seven (7) days before a regular or special Medical Staff meeting. Within fourteen (14) days after the meeting, a ballot will be mailed to all Medical Staff Members. A favorable vote of two-thirds (2/3) of those who return their ballots is required for the adoption of each proposed amendment. The ballots must be returned within fourteen (14) days after their mailing at which time they will be tallied. Any ballots received after the designated date shall not be opened and shall not affect the outcome of the election.

### **16.3 ADOPTION AND AMENDMENT OF BYLAWS**

Upon adoption or amendment by the Medical Staff, proposed bylaw amendments shall be submitted to the Board of Directors for approval. Amendments to the Medical Staff Bylaws shall become effective only upon Board of Directors approval.

### **16.4 BOARD OF DIRECTORS ACTION**

#### **16.4.1 WHEN FAVORABLE TO MEDICAL STAFF RECOMMENDATION**

Medical Staff recommendations regarding proposed Bylaws or amendments thereto shall be effective upon the affirmative vote of the Board of Directors.

#### **16.4.2 BOARD CONCERNS**

In the event the Board of Directors has concerns regarding any provision or provisions of the proposed Bylaws or amendments thereto, the Board of Directors and Medical Staff shall establish a joint conference committee comprised of two (2) representatives of each body to resolve such concerns.

#### **16.4.3 RECOMMENDATION OF CHANGES BY THE BOARD**

In the event the Board believes there should be changes to the Medical Staff Bylaws or Rules/Regulations and Policies of the Medical Staff, recommended changes are to be submitted to the Medical Staff. The Medical Staff must respond with thirty (30) days of receiving the proposed changes. If the Medical Staff fails to respond within thirty (30) days and action must be taken to prevent risk or harm to patients or a potential violation of state or federal law or regulations, the Board may make such changes as deemed necessary.

#### **16.4.4 TECHNICAL AND EDITORIAL AMENDMENTS**

Upon recommendation of the Bylaws Committee, the Medical Executive Committee shall have the power to adopt such amendments to the Bylaws as are technical or legal modifications of clarifications, reorganization or renumbering of the Bylaws, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression. Such amendments shall be effective immediately upon Board approval.

### **16.5 CONFLICT MANAGEMENT**

In the event of a conflict between Members of the Active Medical Staff and the Medical Executive Committee regarding the adoption of any Bylaws, Rules/Regulations and Policies of the Medical Staff, or any amendment thereto, or with regard to any other non-contractual matter, upon a petition signed by ten percent (10%) of the Members of the Medical Staff entitled to vote, the matter shall be submitted to the following conflict resolution process:

**16.5.1** A Conflict Resolution Committee shall be formed consisting of up to five (5) representatives of the Medical Staff designated by the Medical Staff Members submitting the petition and an equal number of representatives of the Medical Executive Committee appointed by the Chief of Staff. The CEO or designee shall be an ex-officio non-voting member of any Conflict Resolution Committee.

**16.5.2** The members of the Conflict Resolution Committee shall gather information regarding the conflict, meet to discuss the disputed matter, and work in good faith to resolve the differences between the parties in a manner consistent with protecting safety and quality.

**16.5.3** Any recommendation which is approved by a majority of the Medical Staff representatives and a majority of the Medical Executive Committee representatives shall be submitted to the Board of Directors in a manner designated by the Board for consideration and is subject to final approval by the Board. If agreement cannot be reached by a majority of the Medical Staff representatives and a majority of the Medical Executive Committee representatives, the members of the Conflict Resolution Committee shall individually or collectively report to the Board of Directors regarding the unresolved differences for consideration by the Board of Directors. The Board will make a final decision regarding the matter in dispute.

**16.5.4** In the event of a dispute between leaders or segments of the Medical Staff, the matter in dispute shall be submitted to the Conflict Resolution Committee composed of equal number of members representing opposing viewpoints who are appointed by the Chief of Staff or the Medical Executive Committee. The members of the Conflict Resolution Committee shall proceed in accordance with 16.5.2 and 16.5.3 above.

**16.5.5** In the event of a dispute between the Board of Directors and the Organized Medical Staff or the Medical Executive Committee, the matter in dispute shall be handled pursuant to Section 15.2 of the Board of Directors Bylaws.

**16.5.6** If deemed appropriate by the Chief of Staff and the CEO, an outside mediator or facilitator may be engaged to assist with the resolution of any disputed issue.

**16.6 ADOPTION AND AMENDMENT OF CREDENTIALING MANUAL, POLICIES/PROCEDURES AND RULES AND REGULATIONS**

**16.6.1** The Organized Medical Staff, with approval of the Board of Directors, delegates adoption and amendment authority over any Credentialing Manual, Rules/Regulations, and Policies/Procedures to the Medical Executive Committee. Changes to the Credentialing Manual, Rules/Regulations and Policies/Procedures may be proposed in the same manner as in Section 13.1, but need not be voted on by the Medical Staff. The Medical Staff may also propose changes to the Credentialing Manual, Rules/Regulations, and Policies/Procedures for consideration by the MEC in accordance with this Section. The Credentialing Manual, Rules/Regulations and Policy/Procedure changes adopted by the Medical Executive Committee shall become effective following approval by the Board of Directors.

**16.6.2** The MEC shall review the Credentialing Manual and Rules/Regulations on an annual basis.

**16.6.3** The MEC shall review the Policies/Procedures at least every three (3) years.

**16.7 URGENT AMENDMENT OF RULES/REGULATIONS AND POLICIES**

In cases of documented need for an urgent amendment to the Bylaws or Rules/Regulations and Policies of the Medical Staff necessary to comply with law or regulation, the Medical Staff delegates the authority to the Medical Executive Committee to provisionally adopt an urgent amendment without prior notification or approval by the voting Medical Staff and this amendment shall take effect upon provisional approval by the Board of Directors. The Medical Executive Committee shall immediately notify the voting Members of the Medical Staff of the provisionally adopted amendment by posting the urgent amendment on the hospital intranet and sending emails to those voting members who have an EPCH email address or have provided a current email address to the Medical Staff Office. Voting Medical Staff Members may submit comments to the Medical Executive Committee up to thirty (30) calendar days after the Board of Directors approved the provisional amendment. If no timely negative comments are received, the provisional amendment stands as an

amendment to the relevant document. Any timely negative comments that are received shall be considered at the next meeting of the Medical Executive Committee after the close of comments. If any conflict exists over the provisional amendment, the process detailed in Section 16.5 shall be followed and the Board will make a final determination as to whether to adopt the amendment, reject the amendment, or require a revised amendment. Medical Staff Members who disagree with the Board's decision may pursue the amendment process provided in Section 16.2 of these Bylaws.

**ADOPTED by the Professional Affairs Committee of the EPCH on January 6, 2012.**

**ADOPTED by the Board of Directors of the EPCH on January 6, 2012.**

**Amendment Approval by the Board of Directors of EPCH on February 25, 2014.**

**Amendment Approval by the Board of Directors of EPCH on July 27, 2016**

**J**



CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-ANDERSON</b>										
Palestine Regional Medical Center	Palestine	FP	\$19,852,258	\$633,453	\$20,485,711	\$68,188,987	\$174,846,413	\$197,245,271	\$372,091,684	5.5%
<b>COUNTY SUBTOTALS</b>			<b>\$19,852,258</b>	<b>\$633,453</b>	<b>\$20,485,711</b>	<b>\$68,188,987</b>	<b>\$174,846,413</b>	<b>\$197,245,271</b>	<b>\$372,091,684</b>	<b>5.5%</b>
<b>COUNTY-ANDREWS</b>										
Permian Regional Medical Center	Andrews	PUB	\$1,778,556	\$4,054,066	\$5,832,622	\$27,557,697	\$16,386,277	\$35,342,166	\$51,728,443	11.3%
<b>COUNTY SUBTOTALS</b>			<b>\$1,778,556</b>	<b>\$4,054,066</b>	<b>\$5,832,622</b>	<b>\$27,557,697</b>	<b>\$16,386,277</b>	<b>\$35,342,166</b>	<b>\$51,728,443</b>	<b>11.3%</b>
<b>COUNTY-ANGELINA</b>										
CHI St Luke's Health Memorial Specialty Hospital	Lufkin	NP	\$625,487	\$4,830,145	\$5,455,632	\$10,152,094	\$45,643,308	\$0	\$45,643,308	12.0%
Memorial Medical Center of East Texas	Lufkin	NP	\$35,866,572	\$60,918,625	\$96,785,197	\$147,060,811	\$366,905,362	\$433,098,730	\$800,004,092	12.1%
Woodland Heights Medical Center	Lufkin	FP	\$25,612,283	\$3,344,226	\$28,956,509	\$123,183,213	\$379,791,048	\$364,768,860	\$744,559,908	3.9%
<b>COUNTY SUBTOTALS</b>			<b>\$62,104,342</b>	<b>\$69,092,996</b>	<b>\$131,197,338</b>	<b>\$280,396,118</b>	<b>\$792,339,718</b>	<b>\$797,867,590</b>	<b>\$1,590,207,308</b>	<b>8.3%</b>
<b>COUNTY-ATASCOSA</b>										
South Texas Regional Medical Center	Jourdanton	FP	\$20,376,057	\$7,455,182	\$27,831,239	\$42,161,532	\$63,317,898	\$167,452,142	\$230,770,040	12.1%
<b>COUNTY SUBTOTALS</b>			<b>\$20,376,057</b>	<b>\$7,455,182</b>	<b>\$27,831,239</b>	<b>\$42,161,532</b>	<b>\$63,317,898</b>	<b>\$167,452,142</b>	<b>\$230,770,040</b>	<b>12.1%</b>
<b>COUNTY-AUSTIN</b>										
CHI St. Joseph Health Bellville Hospital	Bellville	NP	\$1,709,386	\$40,929	\$1,750,315	\$8,513,554	\$1,419,511	\$26,837,937	\$28,257,448	6.2%
<b>COUNTY SUBTOTALS</b>			<b>\$1,709,386</b>	<b>\$40,929</b>	<b>\$1,750,315</b>	<b>\$8,513,554</b>	<b>\$1,419,511</b>	<b>\$26,837,937</b>	<b>\$28,257,448</b>	<b>6.2%</b>
<b>COUNTY-BAILEY</b>										
Muleshoe Area Medical Center	Muleshoe	FP	\$2,042,853	\$18,365	\$2,061,218	\$7,401,774	\$2,058,153	\$9,538,735	\$11,596,888	17.8%
<b>COUNTY SUBTOTALS</b>			<b>\$2,042,853</b>	<b>\$18,365</b>	<b>\$2,061,218</b>	<b>\$7,401,774</b>	<b>\$2,058,153</b>	<b>\$9,538,735</b>	<b>\$11,596,888</b>	<b>17.8%</b>
<b>COUNTY-BASTROP</b>										
Seton Smithville Regional Hospital	Smithville	NP	\$3,355,739	\$973,480	\$4,329,219	\$12,185,692	\$3,502,807	\$31,015,016	\$34,517,823	12.5%
<b>COUNTY SUBTOTALS</b>			<b>\$3,355,739</b>	<b>\$973,480</b>	<b>\$4,329,219</b>	<b>\$12,185,692</b>	<b>\$3,502,807</b>	<b>\$31,015,016</b>	<b>\$34,517,823</b>	<b>12.5%</b>
<b>COUNTY-BAYLOR</b>										
Seymour Hospital	Seymour	PUB	\$974,168	\$812,561	\$1,786,729	\$7,119,817	\$3,886,755	\$15,465,349	\$19,352,104	9.2%
<b>COUNTY SUBTOTALS</b>			<b>\$974,168</b>	<b>\$812,561</b>	<b>\$1,786,729</b>	<b>\$7,119,817</b>	<b>\$3,886,755</b>	<b>\$15,465,349</b>	<b>\$19,352,104</b>	<b>9.2%</b>
<b>COUNTY-BEE</b>										
CHRISTUS Spohn Hospital Beeville	Beeville	NP	\$7,127,483	\$24,396,920	\$31,524,403	\$33,397,011	\$47,803,093	\$132,943,438	\$180,746,531	17.4%
<b>COUNTY SUBTOTALS</b>			<b>\$7,127,483</b>	<b>\$24,396,920</b>	<b>\$31,524,403</b>	<b>\$33,397,011</b>	<b>\$47,803,093</b>	<b>\$132,943,438</b>	<b>\$180,746,531</b>	<b>17.4%</b>
<b>COUNTY-BELL</b>										
Baylor Scott & White Continuing Care Hospital	Temple	NP	\$568,984	\$4,472,758	\$5,041,742	\$18,102,894	\$53,465,954	-\$2,300	\$53,463,654	9.4%
Metroplex Hospital	Killeen	NP	\$1,043,588	\$32,900,938	\$33,944,526	\$112,323,833	\$179,107,175	\$287,794,830	\$466,902,005	7.3%
Scott & White Medical Center - Temple	Temple	NP	\$121,649,952	\$120,821,269	\$242,471,221	\$1,052,903,256	\$1,509,377,131	\$2,174,249,699	\$3,683,626,830	6.6%
Seton Medical Center Harker Heights	Harker Heights	FP	\$35,414,709	\$1,536,646	\$36,951,355	\$70,874,376	\$116,902,261	\$219,761,121	\$336,663,382	11.0%
<b>COUNTY SUBTOTALS</b>			<b>\$158,677,233</b>	<b>\$159,731,611</b>	<b>\$318,408,844</b>	<b>\$1,254,204,359</b>	<b>\$1,858,852,521</b>	<b>\$2,681,803,350</b>	<b>\$4,540,655,871</b>	<b>7.0%</b>
<b>COUNTY-BEXAR</b>										
Acuity Hospital of South Texas	San Antonio	FP	\$128,187	\$0	\$128,187	\$14,568,825	\$50,334,538	\$0	\$50,334,538	0.3%
Baptist Emergency Hospital	San Antonio	FP	\$786,023	\$1,085,814	\$1,871,837	\$70,461,674	\$18,547,511	\$444,790,128	\$463,337,639	0.4%
Baptist Medical Center	San Antonio	FP	\$1,932,849,524	\$67,307,005	\$2,000,156,529	\$1,040,069,967	\$3,850,984,820	\$2,564,683,608	\$6,415,668,428	31.2%
Children's Hospital of San Antonio	San Antonio	NP	\$12,693,252	\$8,793,425	\$21,486,677	\$194,403,505	\$359,277,306	\$389,196,959	\$748,474,265	2.9%
CHRISTUS Santa Rosa - Medical Center	San Antonio	NP	\$40,232,638	\$73,681,016	\$113,913,654	\$257,530,082	\$590,900,725	\$621,848,440	\$1,212,749,165	9.4%
CHRISTUS Santa Rosa Hospital - Alamo Heights	San Antonio	FP	\$0	\$0	\$0	\$32,876,398	\$36,369,140	\$84,021,091	\$120,390,231	0.0%
Cumberland Surgical Hospital	San Antonio	FP	\$366,231	\$0	\$366,231	\$10,160,484	\$33,006,214	\$42,189,956	\$75,196,170	0.5%
Foundation Surgical Hospital of San Antonio	San Antonio	FP	\$2,120,823	\$0	\$2,120,823	\$35,959,865	\$147,798,214	\$77,993,355	\$225,791,569	0.9%
HEALTHSOUTH Rehabilitation Institute of San Antonio	San Antonio	FP	\$450,191	\$288,639	\$738,830	\$22,618,755	\$35,999,924	\$0	\$35,999,924	2.1%
Kindred Hospital - San Antonio	San Antonio	FP	\$444,598	\$0	\$444,598	\$20,039,870	\$67,323,450	\$0	\$67,323,450	0.7%
LifeCare Hospitals of San Antonio	San Antonio	FP	\$598,410	\$0	\$598,410	\$35,526,817	\$214,327,375	\$0	\$214,327,375	0.3%



**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
Methodist Ambulatory Surgery Hospital - Northwest	San Antonio	FP	\$1,200,792	\$493,762	\$1,694,554	\$20,692,115	\$32,337,410	\$56,897,911	\$89,235,321	1.9%
Methodist Hospital	San Antonio	FP	\$85,826,166	\$92,358,940	\$178,185,106	\$1,507,838,390	\$5,381,798,120	\$2,712,598,902	\$8,094,397,022	2.2%
Methodist Stone Oak Hospital	San Antonio	FP	\$14,997,365	\$5,831,215	\$20,828,580	\$207,135,097	\$657,221,077	\$410,932,647	\$1,068,153,724	1.9%
Nix Health Care System	San Antonio	FP	\$7,744,157	\$967,018	\$8,711,175	\$104,812,800	\$328,226,401	\$139,499,705	\$467,726,106	1.9%
Select Rehabilitation Hospital of San Antonio	San Antonio	FP	\$273,197	\$136,008	\$409,205	\$17,690,092	\$42,252,570	\$0	\$42,252,570	1.0%
South Texas Spine and Surgical Hospital	San Antonio	FP	\$350,339	\$68,753	\$419,092	\$38,192,348	\$70,415,598	\$46,704,402	\$117,120,000	0.4%
Southwest General Hospital	San Antonio	FP	\$48,477,873	\$14,180,281	\$62,658,154	\$108,964,346	\$401,809,201	\$254,917,677	\$656,726,878	9.5%
Texas Center for Infectious Disease	San Antonio	PUB	\$1,260	\$17,107,690	\$17,108,950	\$17,108,998	\$0	\$0	\$0	0.0%
University Hospital	San Antonio	PUB	\$136,750,936	\$503,605,279	\$640,356,215	\$766,776,896	\$1,404,986,559	\$1,330,472,170	\$2,735,458,729	23.4%
Warm Springs Rehabilitation Hospital of San Antonio	San Antonio	FP	\$578,216	\$268,527	\$846,743	\$49,692,932	\$143,066,305	\$20,278,510	\$163,344,815	0.5%
Warm Springs Specialty Hospital of San Antonio	San Antonio	FP	\$133,045	\$0	\$133,045	\$10,575,981	\$57,615,825	\$0	\$57,615,825	0.2%
<b>COUNTY SUBTOTALS</b>			<b>\$2,287,003,223</b>	<b>\$786,173,372</b>	<b>\$3,073,176,595</b>	<b>\$4,583,696,237</b>	<b>\$13,924,598,283</b>	<b>\$9,197,025,461</b>	<b>\$23,121,623,744</b>	<b>13.3%</b>
<b>COUNTY-BOSQUE</b>										
Goodall-Witcher Hospital	Clifton	PUB	\$4,554,200	\$753,080	\$5,307,280	\$14,261,898	\$7,732,610	\$27,503,358	\$35,235,968	15.1%
<b>COUNTY SUBTOTALS</b>			<b>\$4,554,200</b>	<b>\$753,080</b>	<b>\$5,307,280</b>	<b>\$14,261,898</b>	<b>\$7,732,610</b>	<b>\$27,503,358</b>	<b>\$35,235,968</b>	<b>15.1%</b>
<b>COUNTY-BOWIE</b>										
CHRISTUS St. Michael Health System	Texarkana	NP	\$18,237,391	\$106,584,874	\$124,822,265	\$268,297,613	\$561,327,083	\$617,785,473	\$1,179,112,556	10.6%
CHRISTUS St. Michael Rehabilitation Hospital	Texarkana	NP	\$584,011	\$1,915,100	\$2,499,111	\$23,116,635	\$44,756,783	\$24,616,293	\$69,373,076	3.6%
HEALTHSOUTH Rehabilitation Hospital of Texarkana	Texarkana	FP	\$537,356	\$27,957	\$565,313	\$20,316,633	\$31,802,488	\$2,098,000	\$33,900,488	1.7%
Post Acute Medical Specialty Hospital at Texarkana North	Texarkana	FP	\$345,370	\$405,610	\$750,980	\$19,351,202	\$83,157,983	\$0	\$83,157,983	0.9%
Wadley Regional Medical Center	Texarkana	FP	\$20,238,773	\$2,907,755	\$23,146,528	\$121,175,085	\$274,660,611	\$290,301,492	\$564,962,103	4.1%
<b>COUNTY SUBTOTALS</b>			<b>\$39,942,901</b>	<b>\$111,841,296</b>	<b>\$151,784,197</b>	<b>\$452,257,168</b>	<b>\$995,704,948</b>	<b>\$934,801,258</b>	<b>\$1,930,506,206</b>	<b>7.9%</b>
<b>COUNTY-BRAZORIA</b>										
CHI St Lukes Health - Brazosport	Lake Jackson	NP	\$49,471,363	\$7,685,083	\$57,156,446	\$71,220,420	\$109,561,217	\$249,633,784	\$359,195,001	15.9%
Pearland Medical Center	Pearland	FP	\$10,702,574	\$4,984,478	\$15,687,052	\$32,232,403	\$124,049,175	\$135,835,682	\$259,884,857	6.0%
	Sweeny	PUB	\$5,270,208	\$395,691	\$5,665,899	\$9,880,730	\$1,782,735	\$22,516,262	\$24,298,997	23.3%
<b>COUNTY SUBTOTALS</b>			<b>\$65,444,145</b>	<b>\$13,065,252</b>	<b>\$78,509,397</b>	<b>\$113,333,553</b>	<b>\$235,393,127</b>	<b>\$407,985,728</b>	<b>\$643,378,855</b>	<b>12.2%</b>
<b>COUNTY-BRAZOS</b>										
Baylor Scott & White Medical Center - College Station	College Station	NP	\$17,061,329	\$7,845,690	\$24,907,019	\$160,725,889	\$187,458,376	\$350,179,654	\$537,638,030	4.6%
College Station Medical Center	College Station	FP	\$32,576,554	\$3,544,465	\$36,121,019	\$91,782,754	\$355,978,189	\$342,702,433	\$698,680,622	5.2%
St. Joseph Regional Health Center	Bryan	NP	\$35,533,030	\$116,411,517	\$151,944,547	\$267,113,331	\$714,009,470	\$712,985,854	\$1,426,995,324	10.6%
The Physicians Centre Hospital	Bryan	FP	\$364,276	\$0	\$364,276	\$14,155,433	\$13,255,828	\$35,804,198	\$49,060,026	0.7%
<b>COUNTY SUBTOTALS</b>			<b>\$85,535,189</b>	<b>\$127,801,672</b>	<b>\$213,336,861</b>	<b>\$533,777,407</b>	<b>\$1,270,701,863</b>	<b>\$1,441,672,139</b>	<b>\$2,712,374,002</b>	<b>7.9%</b>
<b>COUNTY-BREWSTER</b>										
Big Bend Regional Medical Center	Alpine	FP	\$3,767,254	\$2,617,668	\$6,384,922	\$22,304,154	\$20,999,839	\$38,105,896	\$59,105,735	10.8%
<b>COUNTY SUBTOTALS</b>			<b>\$3,767,254</b>	<b>\$2,617,668</b>	<b>\$6,384,922</b>	<b>\$22,304,154</b>	<b>\$20,999,839</b>	<b>\$38,105,896</b>	<b>\$59,105,735</b>	<b>10.8%</b>
<b>COUNTY-BROWN</b>										
Brownwood Regional Medical Center	Brownwood	FP	\$18,430,997	\$2,360,576	\$20,791,573	\$106,803,001	\$219,196,698	\$226,690,046	\$349,864,430	5.9%
<b>COUNTY SUBTOTALS</b>			<b>\$18,430,997</b>	<b>\$2,360,576</b>	<b>\$20,791,573</b>	<b>\$106,803,001</b>	<b>\$219,196,698</b>	<b>\$226,690,046</b>	<b>\$349,864,430</b>	<b>5.9%</b>
<b>COUNTY-BURLESON</b>										
CHI St Joseph Health Burleson Hospital	Caldwell	NP	\$3,718,191	\$515,950	\$4,234,141	\$11,139,850	\$5,737,388	\$36,846,485	\$42,583,873	9.9%
<b>COUNTY SUBTOTALS</b>			<b>\$3,718,191</b>	<b>\$515,950</b>	<b>\$4,234,141</b>	<b>\$11,139,850</b>	<b>\$5,737,388</b>	<b>\$36,846,485</b>	<b>\$42,583,873</b>	<b>9.9%</b>
<b>COUNTY-BURNET</b>										
Baylor Scott & White Medical Center - Marble Falls	Marble Falls	NP	\$3,297,473	\$3,661,352	\$6,958,825	\$26,862,532	\$33,886,893	\$108,686,939	\$142,573,832	4.9%
Seton Highland Lakes	Burnet	NP	\$13,292,096	\$11,148,517	\$24,440,613	\$49,593,130	\$35,551,617	\$150,947,054	\$186,498,671	13.1%
<b>COUNTY SUBTOTALS</b>			<b>\$16,589,569</b>	<b>\$14,809,869</b>	<b>\$31,399,438</b>	<b>\$76,455,662</b>	<b>\$69,438,510</b>	<b>\$259,633,993</b>	<b>\$329,072,503</b>	<b>9.5%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-CALDWELL</b>										
PAM Specialty Hospital of Luling	Luling	FP	\$301,064	\$237,584	\$538,648	\$16,041,268	\$64,442,001	\$8,032,617	\$72,474,618	0.7%
Seton Edgar B Davis	Luling	NP	\$5,395,448	\$9,259,112	\$14,654,560	\$24,769,295	\$15,611,305	\$65,209,286	\$80,820,591	18.1%
<b>COUNTY SUBTOTALS</b>			<b>\$5,696,512</b>	<b>\$9,496,696</b>	<b>\$15,193,208</b>	<b>\$40,810,563</b>	<b>\$80,053,306</b>	<b>\$73,241,903</b>	<b>\$153,295,209</b>	<b>9.9%</b>
<b>COUNTY-CALHOUN</b>										
Memorial Medical Center	Port Lavaca	PUB	\$6,276,738	\$2,933,507	\$9,210,245	\$24,814,253	\$15,297,599	\$58,361,787	\$73,659,386	12.5%
<b>COUNTY SUBTOTALS</b>			<b>\$6,276,738</b>	<b>\$2,933,507</b>	<b>\$9,210,245</b>	<b>\$24,814,253</b>	<b>\$15,297,599</b>	<b>\$58,361,787</b>	<b>\$73,659,386</b>	<b>12.5%</b>
<b>COUNTY-CAMERON</b>										
Harlingen Medical Center	Harlingen	FP	\$38,340,072	\$6,918,620	\$45,258,692	\$91,022,265	\$230,122,655	\$308,437,766	\$538,560,421	8.4%
Solara Hospital Harlingen	Harlingen	FP	\$195,498	\$0	\$195,498	\$31,754,545	\$19,182,219	\$0	\$19,182,219	1.0%
South Texas Rehabilitation Hospital	Brownsville	FP	\$67,742	\$78,819	\$146,561	\$15,602,959	\$25,079,168	\$941,427	\$26,020,595	0.6%
Valley Baptist Medical Center	Harlingen	FP	\$89,214,832	\$18,476,975	\$107,691,807	\$266,722,570	\$1,055,024,607	\$547,326,641	\$1,602,351,248	6.7%
Valley Baptist Medical Center - Brownsville	Brownsville	FP	\$53,756,635	\$38,286,485	\$92,043,120	\$137,401,723	\$761,539,047	\$451,703,478	\$1,213,242,525	7.6%
Valley Regional Medical Center	Brownsville	FP	\$24,477,591	\$30,626,030	\$55,103,621	\$142,551,078	\$929,510,101	\$455,439,032	\$1,384,949,133	4.0%
<b>COUNTY SUBTOTALS</b>			<b>\$206,052,370</b>	<b>\$94,386,929</b>	<b>\$300,439,299</b>	<b>\$685,055,140</b>	<b>\$3,020,457,797</b>	<b>\$1,763,848,344</b>	<b>\$4,784,306,141</b>	<b>6.3%</b>
<b>COUNTY-CAMP</b>										
East Texas Medical Center Pittsburg	Pittsburg	NP	-\$1,357,116	\$9,069,505	\$7,712,389	\$29,429,113	\$20,492,486	\$72,724,096	\$93,216,582	8.3%
<b>COUNTY SUBTOTALS</b>			<b>-\$1,357,116</b>	<b>\$9,069,505</b>	<b>\$7,712,389</b>	<b>\$29,429,113</b>	<b>\$20,492,486</b>	<b>\$72,724,096</b>	<b>\$93,216,582</b>	<b>8.3%</b>
<b>COUNTY-CASTRO</b>										
Plains Memorial Hospital	Dimmitt	PUB	\$568,797	\$483,791	\$1,052,588	\$7,795,681	\$2,238,092	\$7,633,539	\$9,871,631	10.7%
<b>COUNTY SUBTOTALS</b>			<b>\$568,797</b>	<b>\$483,791</b>	<b>\$1,052,588</b>	<b>\$7,795,681</b>	<b>\$2,238,092</b>	<b>\$7,633,539</b>	<b>\$9,871,631</b>	<b>10.7%</b>
<b>COUNTY-CHAMBERS</b>										
Bayside Community Hospital	Anahuac	PUB	\$2,932,987	\$1,974,821	\$4,907,808	\$9,489,626	\$1,458,757	\$26,978,654	\$28,437,411	17.3%
Winnie Community Hospital	Winnie	FP	\$3,119,711	\$0	\$3,119,711	\$22,269,465	\$3,045,798	\$113,034,556	\$116,080,354	2.7%
<b>COUNTY SUBTOTALS</b>			<b>\$6,052,698</b>	<b>\$1,974,821</b>	<b>\$8,027,519</b>	<b>\$31,759,091</b>	<b>\$4,504,555</b>	<b>\$140,013,210</b>	<b>\$144,517,765</b>	<b>5.6%</b>
<b>COUNTY-CHEROKEE</b>										
CHRISTUS Mother Frances Hospital - Jacksonville	Jacksonville	NP	\$12,247,880	\$24,962,499	\$37,210,379	\$31,514,411	\$14,340,512	\$169,840,001	\$184,180,513	20.2%
East Texas Medical Center Jacksonville	Jacksonville	NP	\$6,614,759	\$2,679,358	\$9,294,117	\$28,840,614	\$61,724,062	\$103,493,740	\$165,217,802	5.6%
<b>COUNTY SUBTOTALS</b>			<b>\$18,862,639</b>	<b>\$27,641,857</b>	<b>\$46,504,496</b>	<b>\$60,355,025</b>	<b>\$76,064,574</b>	<b>\$273,333,741</b>	<b>\$349,398,315</b>	<b>13.3%</b>
<b>COUNTY-CHILDRESS</b>										
Childress Regional Medical Center	Childress	PUB	\$2,178,408	\$2,337,186	\$4,515,594	\$25,011,390	\$12,640,216	\$36,858,562	\$49,498,778	9.1%
<b>COUNTY SUBTOTALS</b>			<b>\$2,178,408</b>	<b>\$2,337,186</b>	<b>\$4,515,594</b>	<b>\$25,011,390</b>	<b>\$12,640,216</b>	<b>\$36,858,562</b>	<b>\$49,498,778</b>	<b>9.1%</b>
<b>COUNTY-CLAY</b>										
Clay County Memorial Hospital	Henrietta	PUB	\$1,002,416	\$786,766	\$1,789,182	\$6,371,945	\$1,461,112	\$9,664,383	\$11,125,495	16.1%
<b>COUNTY SUBTOTALS</b>			<b>\$1,002,416</b>	<b>\$786,766</b>	<b>\$1,789,182</b>	<b>\$6,371,945</b>	<b>\$1,461,112</b>	<b>\$9,664,383</b>	<b>\$11,125,495</b>	<b>16.1%</b>
<b>COUNTY-COCHRAN</b>										
Cochran Memorial Hospital	Morton	PUB	\$121,689	\$27,357	\$149,046	\$1,617,682	\$104,071	\$750,010	\$854,081	17.5%
<b>COUNTY SUBTOTALS</b>			<b>\$121,689</b>	<b>\$27,357</b>	<b>\$149,046</b>	<b>\$1,617,682</b>	<b>\$104,071</b>	<b>\$750,010</b>	<b>\$854,081</b>	<b>17.5%</b>
<b>COUNTY-COLEMAN</b>										
Coleman County Medical Center	Coleman	FP	\$2,426,636	\$200,982	\$2,627,618	\$10,898,695	\$6,736,320	\$13,361,854	\$20,098,174	13.1%
<b>COUNTY SUBTOTALS</b>			<b>\$2,426,636</b>	<b>\$200,982</b>	<b>\$2,627,618</b>	<b>\$10,898,695</b>	<b>\$6,736,320</b>	<b>\$13,361,854</b>	<b>\$20,098,174</b>	<b>13.1%</b>
<b>COUNTY-COLLIN</b>										
Baylor Institute for Rehabilitation at Frisco	Frisco	FP	\$159,111	\$478,812	\$637,923	\$19,940,049	\$23,448,736	\$5,069,611	\$28,518,347	2.2%
Baylor Scott & White Medical Center - Centennial	Frisco	FP	\$11,605,250	\$4,306,170	\$15,911,420	\$114,284,136	\$230,305,835	\$202,474,272	\$432,780,107	3.7%
Baylor Scott & White Medical Center - Frisco	Frisco	FP	\$5,666,859	\$57,418	\$5,724,277	\$149,777,009	\$173,739,528	\$174,721,959	\$348,461,487	1.6%
Baylor Scott & White Medical Center - McKinney	McKinney	NP	\$14,995,348	\$27,365,405	\$42,360,753	\$143,159,181	\$233,484,242	\$236,580,532	\$470,064,774	9.0%
Baylor Scott & White Medical Center - Plano	Plano	NP	\$8,496,622	\$14,745,176	\$23,241,798	\$185,137,299	\$306,207,446	\$239,217,487	\$545,424,933	4.3%

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

<b>Hospital</b>	<b>City</b>	<b>Owner-ship</b>	<b>Bad Debt Charges</b>	<b>Charity Charges</b>	<b>Total Uncompensated Care</b>	<b>Net Patient Revenue</b>	<b>Gross Inpatient Revenue</b>	<b>Gross Outpatient Revenue</b>	<b>Total Gross Patient Revenue</b>	<b>Uncompensated Care as % of Gross Patient Revenue</b>
Childrens Medical Center Plano	Plano	NP	\$13,285,120	\$6,251,707	\$19,536,827	\$176,460,177	\$103,361,418	\$343,758,681	\$447,120,099	4.4%
Columbia Medical Center of McKinney Subsidiary, L.P.	McKinney	FP	\$18,482,580	\$14,369,394	\$32,851,974	\$154,625,542	\$867,035,188	\$385,942,999	\$1,252,978,187	2.6%
HEALTHSOUTH Plano Rehabilitation Hospital	Plano	FP	\$510,842	\$123,982	\$634,824	\$28,349,566	\$36,667,682	\$2,467,165	\$39,134,847	1.6%
LifeCare Hospitals of Plano	Plano	FP	\$0	\$0	\$0	\$32,162,445	\$155,041,119	\$21,951,012	\$176,992,131	0.0%
Medical Center of Plano	Plano	FP	\$45,722,632	\$39,715,413	\$85,438,045	\$427,697,673	\$2,112,666,506	\$733,388,067	\$2,846,054,573	3.0%
Methodist McKinney Hospital	McKinney	FP	\$2,421,599	\$128,944	\$2,550,543	\$75,066,850	\$44,652,022	\$114,787,792	\$159,439,814	1.6%
Methodist Richardson Medical Center	Richardson	NP	\$18,658,331	\$55,910,488	\$74,568,819	\$225,483,222	\$359,580,989	\$383,890,479	\$743,471,468	10.0%
PAM Rehabilitation Hospital of Allen	Allen	FP	\$91,676	\$0	\$91,676	\$13,125,746	\$33,854,598	\$0	\$33,854,598	0.3%
Plano Specialty Hospital	Plano	FP	\$22,800	\$0	\$22,800	\$6,016,020	\$13,931,764	\$0	\$13,931,764	0.2%
Star Medical Center	Plano	FP	\$8,987,219	\$0	\$8,987,219	\$54,635,207	\$66,963,045	\$170,621,096	\$237,584,141	3.8%
Texas Health Center for Diagnostics & Surgery Plano	Plano	FP	\$1,120,462	\$346,130	\$1,466,592	\$82,218,582	\$44,961,077	\$138,159,428	\$183,120,505	0.8%
Texas Health Presbyterian Hospital Allen	Allen	NP	\$8,921,200	\$25,382,869	\$34,304,069	\$85,476,612	\$122,539,445	\$150,378,320	\$272,917,765	12.6%
Texas Health Presbyterian Hospital Plano	Plano	NP	\$26,325,058	\$62,552,859	\$88,877,917	\$402,046,931	\$756,357,490	\$416,569,328	\$1,172,926,818	7.6%
The Heart Hospital Baylor Plano	Plano	FP	\$4,346,180	\$14,248,089	\$18,594,269	\$276,625,017	\$471,379,404	\$326,613,740	\$797,993,144	2.3%
<b>COUNTY SUBTOTALS</b>			<b>\$189,818,889</b>	<b>\$265,982,856</b>	<b>\$455,801,745</b>	<b>\$2,652,287,264</b>	<b>\$6,156,177,534</b>	<b>\$4,046,591,968</b>	<b>\$10,202,769,502</b>	<b>4.5%</b>
<b>COUNTY-COLLINGSWORTH</b>										
Collingsworth General Hospital	Wellington	FP	\$737,653	\$127,497	\$865,150	\$5,971,335	\$1,736,350	\$4,912,776	\$6,649,126	13.0%
<b>COUNTY SUBTOTALS</b>			<b>\$737,653</b>	<b>\$127,497</b>	<b>\$865,150</b>	<b>\$5,971,335</b>	<b>\$1,736,350</b>	<b>\$4,912,776</b>	<b>\$6,649,126</b>	<b>13.0%</b>
<b>COUNTY-COLORADO</b>										
Columbus Community Hospital	Columbus	NP	\$2,840,900	\$1,023,237	\$3,864,137	\$25,628,922	\$10,783,120	\$44,426,805	\$55,209,928	7.0%
Rice Medical Center	Eagle Lake	FP	\$838,755	\$41,025	\$879,780	\$15,085,084	\$4,501,625	\$11,387,452	\$15,889,077	5.5%
Weimar Medical Center	Weimar	FP	\$72,686	\$0	\$72,686	\$2,508,501	\$1,528,406	\$2,105,901	\$3,634,307	2.0%
<b>COUNTY SUBTOTALS</b>			<b>\$3,752,341</b>	<b>\$1,064,262</b>	<b>\$4,816,603</b>	<b>\$43,222,507</b>	<b>\$16,813,151</b>	<b>\$57,920,158</b>	<b>\$74,733,312</b>	<b>6.4%</b>
<b>COUNTY-COMAL</b>										
CHRISTUS Santa Rosa Hospital - New Braunfels	New Braunfels	NP	\$12,017,541	\$15,019,080	\$27,036,621	\$96,482,581	\$176,966,875	\$217,536,919	\$394,503,794	6.9%
New Braunfels Regional Rehabilitation Hospital	New Braunfels	FP	\$62,693	\$146,254	\$208,947	\$12,024,997	\$22,792,978	\$1,808,228	\$24,601,206	0.8%
Resolute Health	New Braunfels	FP	\$14,978,301	\$154,500	\$15,132,801	\$71,974,025	\$175,690,002	\$140,647,235	\$316,337,237	4.8%
Warm Springs Specialty Hospital at New Braunfels	New Braunfels	FP	\$141,624	\$0	\$141,624	\$15,743,571	\$68,611,814	\$0	\$68,611,814	0.2%
<b>COUNTY SUBTOTALS</b>			<b>\$27,200,159</b>	<b>\$15,319,834</b>	<b>\$42,519,993</b>	<b>\$196,225,174</b>	<b>\$444,061,669</b>	<b>\$359,992,382</b>	<b>\$804,054,051</b>	<b>5.3%</b>
<b>COUNTY-COMANCHE</b>										
Comanche County Medical Center	Comanche	NP	\$2,962,103	\$1,295,103	\$4,257,206	\$20,356,923	\$7,809,218	\$28,336,299	\$36,145,517	11.8%
<b>COUNTY SUBTOTALS</b>			<b>\$2,962,103</b>	<b>\$1,295,103</b>	<b>\$4,257,206</b>	<b>\$20,356,923</b>	<b>\$7,809,218</b>	<b>\$28,336,299</b>	<b>\$36,145,517</b>	<b>11.8%</b>
<b>COUNTY-CONCHO</b>										
Concho County Hospital	Eden	PUB	\$603,886	\$54,776	\$658,662	\$7,636,756	\$775,884	\$8,206,103	\$8,981,987	7.3%
<b>COUNTY SUBTOTALS</b>			<b>\$603,886</b>	<b>\$54,776</b>	<b>\$658,662</b>	<b>\$7,636,756</b>	<b>\$775,884</b>	<b>\$8,206,103</b>	<b>\$8,981,987</b>	<b>7.3%</b>
<b>COUNTY-COOKE</b>										
Muenster Memorial Hospital	Muenster	PUB	\$179,988	\$23,698	\$203,686	\$7,158,870	\$3,837,284	\$5,948,504	\$9,785,788	2.1%
North Texas Medical Center	Gainesville	PUB	\$11,849,857	\$866,429	\$12,716,286	\$33,754,543	\$30,502,787	\$71,523,174	\$102,025,961	12.5%
<b>COUNTY SUBTOTALS</b>			<b>\$12,029,845</b>	<b>\$890,127</b>	<b>\$12,919,972</b>	<b>\$40,913,413</b>	<b>\$34,340,071</b>	<b>\$77,471,678</b>	<b>\$111,811,749</b>	<b>11.6%</b>
<b>COUNTY-CORYELL</b>										
Coryell Memorial Hospital	Gatesville	PUB	\$3,411,701	\$5,488,014	\$8,899,715	\$42,805,723	\$23,194,665	\$82,839,103	\$106,033,768	8.4%
<b>COUNTY SUBTOTALS</b>			<b>\$3,411,701</b>	<b>\$5,488,014</b>	<b>\$8,899,715</b>	<b>\$42,805,723</b>	<b>\$23,194,665</b>	<b>\$82,839,103</b>	<b>\$106,033,768</b>	<b>8.4%</b>
<b>COUNTY-CRANE</b>										
Crane Memorial Hospital	Crane	PUB	\$180,493	\$345,740	\$526,233	\$5,265,616	\$935,698	\$5,402,365	\$6,338,063	8.3%
<b>COUNTY SUBTOTALS</b>			<b>\$180,493</b>	<b>\$345,740</b>	<b>\$526,233</b>	<b>\$5,265,616</b>	<b>\$935,698</b>	<b>\$5,402,365</b>	<b>\$6,338,063</b>	<b>8.3%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-CROSBY</b>										
Crosbyton Clinic Hospital	Crosbyton	NP	\$768,814	\$292,005	\$1,060,819	\$4,460,354	\$1,739,717	\$5,848,054	\$7,587,771	14.0%
<b>COUNTY SUBTOTALS</b>			<b>\$768,814</b>	<b>\$292,005</b>	<b>\$1,060,819</b>	<b>\$4,460,354</b>	<b>\$1,739,717</b>	<b>\$5,848,054</b>	<b>\$7,587,771</b>	<b>14.0%</b>
<b>COUNTY-CULBERSON</b>										
Culberson Hospital	Van Horn	FP	\$950,638	\$84,963	\$1,035,601	\$6,725,974	\$1,037,329	\$6,078,177	\$7,115,506	14.6%
<b>COUNTY SUBTOTALS</b>			<b>\$950,638</b>	<b>\$84,963</b>	<b>\$1,035,601</b>	<b>\$6,725,974</b>	<b>\$1,037,329</b>	<b>\$6,078,177</b>	<b>\$7,115,506</b>	<b>14.6%</b>
<b>COUNTY-DALLAS</b>										
Baylor Heart and Vascular Center	Dallas	FP	\$2,992,606	\$12,625,441	\$15,618,047	\$170,542,823	\$130,436,307	\$410,124,343	\$540,560,650	2.9%
Baylor Institute for Rehabilitation	Dallas	FP	\$517,808	\$2,959,111	\$3,476,919	\$47,107,897	\$66,280,746	\$118,798	\$66,399,544	5.2%
Baylor Medical Center at Uptown	Dallas	FP	\$2,851,596	\$131,675	\$2,983,271	\$70,727,754	\$56,011,340	\$88,480,457	\$144,491,797	2.1%
Baylor Scott & White Medical Center - Garland	Garland	FP	\$24,710,114	\$53,990,036	\$78,700,150	\$146,199,134	\$267,187,998	\$286,713,531	\$553,901,529	14.2%
Baylor Scott & White Medical Center - Irving	Irving	NP	\$37,341,313	\$72,365,616	\$109,706,929	\$205,619,321	\$385,684,662	\$344,730,561	\$730,415,223	15.0%
Baylor Scott & White Medical Center - Sunnyvale	Sunnyvale	FP	\$26,414,790	\$8,441,257	\$34,856,047	\$116,810,017	\$254,265,965	\$257,028,842	\$511,294,807	6.8%
Baylor Scott & White Medical Center - White Rock	Dallas	FP	\$22,790,694	\$36,188,046	\$58,978,740	\$116,203,121	\$502,691,854	\$361,561,740	\$864,253,594	6.8%
Baylor Surgical Hospital at Las Colinas	Irving	FP	\$1,967,805	\$310,494	\$2,278,299	\$66,202,029	\$59,321,880	\$71,731,906	\$131,053,786	1.7%
Baylor University Medical Center	Dallas	NP	\$62,754,795	\$217,455,635	\$280,210,430	\$1,104,941,561	\$2,152,242,038	\$788,309,601	\$2,940,551,639	9.5%
Children's Medical Center of Dallas	Dallas	NP	\$37,315,559	\$31,423,822	\$68,739,381	\$1,011,072,574	\$1,488,005,143	\$1,139,278,684	\$2,627,283,827	2.6%
Crescent Medical Center Lancaster	Lancaster	FP	\$18,953,926	\$0	\$18,953,926	\$33,901,388	\$67,757,608	\$112,232,565	\$179,990,173	10.5%
Dallas Medical Center	Dallas	FP	\$72,827,078	\$6,842,685	\$79,669,763	\$83,440,412	\$332,065,576	\$255,889,122	\$587,954,698	13.6%
Dallas Regional Medical Center	Mesquite	FP	\$108,750,171	\$0	\$108,750,171	\$72,276,805	\$311,380,070	\$299,264,469	\$610,644,539	17.8%
HEALTHSOUTH Rehabilitation Hospital of Dallas	Dallas	FP	\$301,465	\$332,630	\$634,095	\$15,611,180	\$24,863,607	\$0	\$24,863,607	2.6%
HEALTHSOUTH Rehabilitation Hospital of Richardson	Richardson	FP	\$221,253	\$123,013	\$344,266	\$22,471,960	\$31,469,629	\$89,579	\$31,559,208	1.1%
Kindred Hospital - Dallas	Dallas	FP	\$893,104	\$0	\$893,104	\$21,940,188	\$81,202,612	\$2,129,962	\$83,332,574	1.1%
Kindred Hospital - White Rock	Dallas	FP	\$8,860	\$0	\$8,860	\$11,294,187	\$41,473,717	\$0	\$41,473,717	0.0%
Kindred Hospital Dallas Central	Dallas	FP	\$1,510,807	\$0	\$1,510,807	\$25,418,262	\$112,006,656	\$116,180	\$112,122,836	1.3%
Las Colinas Medical Center	Irving	FP	\$10,026,574	\$1,790,832	\$11,817,406	\$113,992,465	\$303,977,417	\$305,148,160	\$609,125,577	1.9%
LifeCare Hospitals of Dallas	Dallas	FP	\$0	\$0	\$0	\$22,721,160	\$143,279,656	\$0	\$143,279,656	0.0%
Medical City Dallas Hospital	Dallas	FP	\$24,074,570	\$39,141,305	\$63,215,875	\$835,851,000	\$3,599,485,000	\$1,151,160,000	\$4,750,645,000	1.3%
Mesquite Rehabilitation Hospital	Mesquite	FP	\$67,023	\$122,793	\$189,816	\$12,862,514	\$19,306,063	\$580,495	\$19,886,558	1.0%
Mesquite Specialty Hospital	Mesquite	FP	\$53,082	\$0	\$53,082	\$14,751,597	\$33,630,670	\$0	\$33,630,670	0.2%
Methodist Charlton Medical Center	Dallas	NP	\$27,969,662	\$135,310,520	\$163,280,182	\$224,050,440	\$465,292,388	\$513,641,639	\$978,934,027	16.7%
Methodist Dallas Medical Center	Dallas	NP	\$34,452,991	\$199,484,261	\$233,937,252	\$415,315,853	\$837,921,501	\$627,571,349	\$1,465,492,850	16.0%
Methodist Hospital for Surgery	Addison	FP	\$2,711,505	\$143,001	\$2,854,506	\$154,738,180	\$183,240,615	\$67,706,263	\$250,946,878	1.1%
Methodist Rehabilitation Hospital	Dallas	FP	\$617,262	\$75,617	\$692,879	\$22,418,403	\$28,139,346	\$3,148,294	\$31,287,640	2.2%
North Central Surgical Center, LLP	Dallas	FP	\$1,661,493	\$72,868	\$1,734,361	\$107,197,988	\$66,669,023	\$146,281,124	\$212,950,147	0.8%
Our Children's House	Dallas	NP	\$632,371	\$1,109,216	\$1,741,587	\$38,419,130	\$42,095,791	\$31,235,862	\$73,331,653	2.4%
Parkland Memorial Hospital	Dallas	PUB	\$607,674,875	\$2,110,198,804	\$2,717,873,679	\$868,680,440	\$2,315,400,264	\$3,504,218,877	\$5,819,619,141	46.7%
Pine Creek Medical Center	Dallas	FP	\$15,993,147	\$3,768,339	\$19,761,486	\$81,654,159	\$170,047,604	\$154,809,247	\$324,856,851	6.1%
Promise Hospital of Dallas Inc	Dallas	FP	\$446,706	\$0	\$446,706	\$13,898,989	\$26,354,165	\$937,079	\$27,291,244	1.6%
Select Specialty Hospital - Dallas (Downtown)	Dallas	FP	\$258,705	\$459,142	\$717,847	\$14,855,305	\$42,884,639	\$0	\$42,884,639	1.7%
Select Specialty Hospital - Dallas (Garland)	Garland	FP	\$139,321	\$331,209	\$470,530	\$12,326,269	\$34,604,413	\$0	\$34,604,413	1.4%
Select Specialty Hospital - South Dallas	Dallas	FP	\$295,595	\$244,526	\$540,121	\$14,498,717	\$45,927,244	\$0	\$45,927,244	1.2%
Texas Health Hospital	Carrollton	FP	\$24,873,974	\$1,487,035	\$26,361,009	\$134,834,564	\$5,824,615	\$485,657,840	\$491,482,455	5.4%
Texas Health Presbyterian Hospital Dallas	Dallas	NP	\$44,293,721	\$175,468,394	\$219,762,115	\$636,813,369	\$1,410,394,995	\$713,260,254	\$2,123,655,249	10.3%

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
Texas Institute for Surgery at Texas Health Presbyterian Dallas	Dallas	FP	\$1,205,953	\$240,787	\$1,446,740	\$76,636,482	\$34,313,017	\$135,395,356	\$169,708,373	0.9%
Texas Scottish Rite Hospital for Children	Dallas	NP	\$4,296,441	\$10,869,129	\$15,165,570	\$56,198,600	\$59,559,539	\$84,585,837	\$144,145,376	10.5%
University of Texas Southwestern Medical Center	Dallas	PUB	\$55,683,180	\$14,699,665	\$70,382,845	\$1,063,829,286	\$1,224,967,601	\$1,401,417,379	\$2,626,384,980	2.7%
Vibra Specialty Hospital	De Soto	FP	\$212,894	\$0	\$212,894	\$20,162,193	\$140,134,773	\$0	\$140,134,773	0.2%
<b>COUNTY-DAWSON</b>			<b>\$1,280,764,789</b>	<b>\$3,138,206,904</b>	<b>\$4,418,971,693</b>	<b>\$8,298,487,716</b>	<b>\$17,597,797,747</b>	<b>\$13,744,555,395</b>	<b>\$31,342,353,142</b>	<b>14.1%</b>
Medical Arts Hospital	Lamesa	PUB	\$3,040,000	\$1,568,702	\$4,608,702	\$14,407,840	\$3,427,510	\$32,823,347	\$36,250,857	12.7%
<b>COUNTY-DE WITT</b>			<b>\$3,040,000</b>	<b>\$1,568,702</b>	<b>\$4,608,702</b>	<b>\$14,407,840</b>	<b>\$3,427,510</b>	<b>\$32,823,347</b>	<b>\$36,250,857</b>	<b>12.7%</b>
Cuero Community Hospital	Cuero	PUB	\$3,549,557	\$2,459,802	\$6,009,359	\$28,269,342	\$11,654,774	\$56,815,783	\$68,470,557	8.8%
<b>COUNTY-DEAF SMITH</b>			<b>\$3,549,557</b>	<b>\$2,459,802</b>	<b>\$6,009,359</b>	<b>\$28,269,342</b>	<b>\$11,654,774</b>	<b>\$56,815,783</b>	<b>\$68,470,557</b>	<b>8.8%</b>
Hereford Regional Medical Center	Hereford	PUB	\$4,566,310	\$387,950	\$4,954,260	\$15,944,599	\$7,615,855	\$25,090,898	\$32,706,753	15.1%
<b>COUNTY-DENTON</b>			<b>\$4,566,310</b>	<b>\$387,950</b>	<b>\$4,954,260</b>	<b>\$15,944,599</b>	<b>\$7,615,855</b>	<b>\$25,090,898</b>	<b>\$32,706,753</b>	<b>15.1%</b>
Accel Rehabilitation Hospital of Plano	Plano	FP	\$224,333	\$101,000	\$325,333	\$9,761,119	\$13,553,838	\$1,718,808	\$15,272,646	2.1%
Atrium Medical Center	Denton	FP	\$0	\$0	\$0	\$10,263,534	\$48,971,581	\$0	\$48,971,581	0.0%
Baylor Emergency Medical Center	Aubrey	FP	\$3,777,272	\$1,030,269	\$4,807,541	\$34,192,907	\$3,116,211	\$113,513,918	\$116,630,129	4.1%
Baylor Medical Center at Trophy Club	Trophy Club	FP	\$3,265,512	\$586,517	\$3,852,029	\$97,378,780	\$69,925,899	\$125,263,647	\$195,189,546	2.0%
Baylor Scott & White Medical Center - Carrollton	Carrollton	NP	\$20,464,774	\$35,018,914	\$55,483,688	\$128,893,521	\$211,621,644	\$214,401,567	\$426,023,211	13.0%
Denton Regional Medical Center	Denton	FP	\$14,452,808	\$9,078,681	\$23,531,489	\$182,504,636	\$895,861,064	\$500,863,749	\$1,396,724,813	1.7%
Icare Rehabilitation Hospital	Flower Mound	FP	\$39,905	\$64,347	\$104,252	\$1,962,814	\$3,608,463	\$546,104	\$4,154,567	2.5%
Integrity Transitional Hospital	Denton	FP	\$22,763	\$0	\$22,763	\$138,092,443	\$21,264,337	\$230,058,125	\$251,322,462	0.0%
Mayhill Hospital	Denton	FP	\$636,417	\$32,251	\$668,668	\$9,736,230	\$29,663,000	\$2,288,400	\$31,951,400	2.1%
Medical Center of Lewisville	Lewisville	FP	\$13,154,286	\$4,824,952	\$17,979,238	\$130,200,654	\$473,998,426	\$321,361,000	\$795,359,426	2.3%
Plano Surgical Hospital	Plano	FP	\$0	\$0	\$0	\$64,836,652	\$0	\$0	\$66,673,304	0.0%
Select Rehabilitation Hospital of Denton	Denton	FP	\$174,848	\$324,650	\$499,498	\$15,281,413	\$23,306,477	\$3,098,002	\$26,404,479	1.9%
Select Specialty Hospital - Dallas	Carrollton	FP	\$223,503	\$0	\$223,503	\$11,429,583	\$30,266,094	\$0	\$30,266,094	0.7%
Texas Health Presbyterian Hospital Denton	Denton	NP	\$19,716,777	\$84,164,080	\$103,880,857	\$215,322,167	\$498,938,801	\$358,788,900	\$857,727,701	12.1%
Texas Health Presbyterian Hospital Flower Mound	Flower Mound	FP	\$6,249,862	\$8,516,544	\$14,766,406	\$153,108,954	\$210,843,525	\$201,829,621	\$412,673,146	3.6%
The Heart Hospital Baylor Denton	Denton	FP	\$723,047	\$1,400,094	\$2,123,141	\$31,468,981	\$37,574,115	\$53,485,815	\$91,059,930	2.3%
<b>COUNTY-DIMMIT</b>			<b>\$83,126,107</b>	<b>\$145,142,299</b>	<b>\$228,268,406</b>	<b>\$1,234,434,388</b>	<b>\$2,572,513,475</b>	<b>\$2,127,217,656</b>	<b>\$5,266,499,268</b>	<b>4.3%</b>
Dimmit County Memorial Hospital	Carrizo Springs	NP	\$5,650,603	\$3,857,359	\$9,507,962	\$13,862,750	\$7,101,524	\$34,673,184	\$41,774,708	22.8%
<b>COUNTY-EASTLAND</b>			<b>\$5,650,603</b>	<b>\$3,857,359</b>	<b>\$9,507,962</b>	<b>\$13,862,750</b>	<b>\$7,101,524</b>	<b>\$34,673,184</b>	<b>\$41,774,708</b>	<b>22.8%</b>
Eastland Memorial Hospital	Eastland	PUB	\$3,755,906	\$1,278,764	\$5,034,670	\$11,863,398	\$7,251,452	\$24,485,099	\$31,736,551	15.9%
<b>COUNTY-ECTOR</b>			<b>\$3,755,906</b>	<b>\$1,278,764</b>	<b>\$5,034,670</b>	<b>\$11,863,398</b>	<b>\$7,251,452</b>	<b>\$24,485,099</b>	<b>\$31,736,551</b>	<b>15.9%</b>
ContinueCare Hospital at Medical Center Odessa	Odessa	NP	\$23,000	\$0	\$23,000	\$2,251,000	\$8,588,000	\$0	\$8,588,000	0.3%
Medical Center Hospital	Odessa	PUB	\$54,245,998	\$20,042,075	\$74,288,073	\$235,899,728	\$513,741,970	\$441,625,547	\$955,367,577	7.8%
Odessa Regional Medical Center	Odessa	FP	\$36,353,542	\$1,311,941	\$37,665,483	\$147,057,350	\$358,655,014	\$314,343,596	\$672,998,610	5.6%
<b>COUNTY-EL PASO</b>			<b>\$90,622,540</b>	<b>\$21,354,016</b>	<b>\$111,976,556</b>	<b>\$385,208,078</b>	<b>\$880,984,984</b>	<b>\$755,969,143</b>	<b>\$1,636,954,187</b>	<b>6.8%</b>
El Paso Children's Hospital	El Paso	NP	\$15,858,902	\$16,882,767	\$32,741,669	\$90,934,900	\$143,520,609	\$141,706,985	\$285,227,594	11.5%
El Paso LTAC Hospital	El Paso	FP	\$98,248	\$0	\$98,248	\$6,333,323	\$15,636,526	\$0	\$15,636,526	0.6%
El Paso Specialty Hospital	El Paso	FP	\$956,945	\$0	\$956,945	\$30,804,480	\$42,095,199	\$75,054,532	\$117,149,731	0.8%

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
Foundation Surgical Hospital of El Paso	El Paso	FP	\$2,121,750	\$0	\$2,121,750	\$37,228,774	\$107,912,346	\$188,791,650	\$296,703,996	0.7%
Highlands Rehabilitation Hospital	El Paso	FP	\$126,150	\$0	\$126,150	\$12,231,767	\$18,012,903	\$927,850	\$18,940,753	0.7%
Kindred Hospital El Paso	El Paso	FP	\$146,328	\$0	\$146,328	\$22,197,215	\$84,310,072	\$345,914	\$84,655,986	0.2%
Las Palmas Medical Center	El Paso	FP	\$39,629,852	\$8,127,594	\$47,757,446	\$476,285,973	\$0	\$0	\$4,441,147,374	1.1%
Mesa Hill Specialty Hospital	El Paso	FP	\$290,843	\$0	\$290,843	\$11,803,300	\$18,810,330	\$0	\$18,810,330	1.5%
The Hospitals of Providence East Campus	El Paso	FP	\$27,490,333	\$945,082	\$28,435,415	\$209,441,622	\$853,397,085	\$637,321,387	\$1,490,718,472	1.9%
The Hospitals of Providence Memorial Campus	El Paso	FP	\$21,978,285	\$6,072,633	\$28,050,918	\$323,312,732	\$1,191,165,144	\$807,744,856	\$1,998,910,000	1.4%
The Hospitals of Providence Sierra Campus	El Paso	FP	\$17,301,173	\$1,308,022	\$18,609,195	\$206,343,660	\$998,394,743	\$586,651,479	\$1,585,046,222	1.2%
University Medical Center of El Paso	El Paso	PUB	\$119,187,764	\$224,765,380	\$343,953,144	\$238,517,066	\$492,781,458	\$514,102,315	\$1,006,883,773	34.2%
<b>COUNTY SUBTOTALS</b>			<b>\$245,186,573</b>	<b>\$258,101,478</b>	<b>\$503,288,051</b>	<b>\$1,665,434,812</b>	<b>\$3,966,036,415</b>	<b>\$2,952,646,968</b>	<b>\$11,359,830,757</b>	<b>4.4%</b>
<b>COUNTY-ELLIS</b>										
Baylor Scott & White Medical Center at Waxahachie	Waxahachie	NP	\$18,619,651	\$37,208,746	\$55,828,397	\$128,379,143	\$175,075,793	\$299,411,996	\$474,487,789	11.8%
Ennis Regional Medical Center	Ennis	FP	\$17,809,348	\$27,863	\$17,837,211	\$18,874,483	\$35,454,030	\$82,996,645	\$118,450,675	15.1%
<b>COUNTY SUBTOTALS</b>			<b>\$36,428,999</b>	<b>\$37,236,609</b>	<b>\$73,665,608</b>	<b>\$147,253,626</b>	<b>\$210,529,823</b>	<b>\$382,408,641</b>	<b>\$592,938,464</b>	<b>12.4%</b>
<b>COUNTY-ERATH</b>										
Texas Health Harris Methodist Hospital Stephenville	Stephenville	NP	\$4,621,914	\$19,566,582	\$24,188,496	\$51,523,011	\$62,167,771	\$116,208,746	\$178,376,517	13.6%
<b>COUNTY SUBTOTALS</b>			<b>\$4,621,914</b>	<b>\$19,566,582</b>	<b>\$24,188,496</b>	<b>\$51,523,011</b>	<b>\$62,167,771</b>	<b>\$116,208,746</b>	<b>\$178,376,517</b>	<b>13.6%</b>
<b>COUNTY-FALLS</b>										
Falls Community Hospital and Clinic	Marlin	NP	\$5,679,934	\$490,985	\$6,170,919	\$19,269,008	\$5,138,995	\$42,288,623	\$47,427,618	13.0%
<b>COUNTY SUBTOTALS</b>			<b>\$5,679,934</b>	<b>\$490,985</b>	<b>\$6,170,919</b>	<b>\$19,269,008</b>	<b>\$5,138,995</b>	<b>\$42,288,623</b>	<b>\$47,427,618</b>	<b>13.0%</b>
<b>COUNTY-FANNIN</b>										
TMC Bonham Hospital	Bonham	PUB	\$3,336,448	\$2,261,463	\$5,597,911	\$19,748,510	\$19,908,838	\$32,930,623	\$52,839,461	10.6%
<b>COUNTY SUBTOTALS</b>			<b>\$3,336,448</b>	<b>\$2,261,463</b>	<b>\$5,597,911</b>	<b>\$19,748,510</b>	<b>\$19,908,838</b>	<b>\$32,930,623</b>	<b>\$52,839,461</b>	<b>10.6%</b>
<b>COUNTY-FAYETTE</b>										
St. Mark's Medical Center	La Grange	NP	\$13,222,009	\$657,810	\$13,879,819	\$29,346,552	\$24,830,346	\$58,308,030	\$83,138,376	16.7%
<b>COUNTY SUBTOTALS</b>			<b>\$13,222,009</b>	<b>\$657,810</b>	<b>\$13,879,819</b>	<b>\$29,346,552</b>	<b>\$24,830,346</b>	<b>\$58,308,030</b>	<b>\$83,138,376</b>	<b>16.7%</b>
<b>COUNTY-FISHER</b>										
Fisher County Hospital District	Rotan	PUB	\$575,336	\$348,351	\$923,687	\$5,019,516	\$1,516,108	\$7,238,293	\$8,754,401	10.6%
<b>COUNTY SUBTOTALS</b>			<b>\$575,336</b>	<b>\$348,351</b>	<b>\$923,687</b>	<b>\$5,019,516</b>	<b>\$1,516,108</b>	<b>\$7,238,293</b>	<b>\$8,754,401</b>	<b>10.6%</b>
<b>COUNTY-FLOYD</b>										
W.J. Mangold Memorial Hospital	Lockney	PUB	\$1,326,190	\$82,388	\$1,408,578	\$8,405,451	\$3,348,663	\$10,121,884	\$13,470,547	10.5%
<b>COUNTY SUBTOTALS</b>			<b>\$1,326,190</b>	<b>\$82,388</b>	<b>\$1,408,578</b>	<b>\$8,405,451</b>	<b>\$3,348,663</b>	<b>\$10,121,884</b>	<b>\$13,470,547</b>	<b>10.5%</b>
<b>COUNTY-FORT BEND</b>										
Atrium Medical Center	Stafford	FP	\$325,083	\$740	\$325,823	\$15,082,171	\$72,339,558	\$580,951	\$72,920,509	0.4%
Emerus Hospital	Sugar Land	FP	\$13,183	\$14,538	\$27,721	\$5,989,673	\$629,769	\$19,316,885	\$19,946,654	0.1%
HEALTHSOUTH Sugar Land Rehabilitation Hospital	Sugar Land	FP	\$215,898	\$17,946	\$233,844	\$24,490,995	\$37,660,153	\$0	\$37,660,153	0.6%
Houston Methodist Sugar Land Hospital	Sugar Land	NP	\$33,365,781	\$67,551,605	\$100,917,386	\$434,992,483	\$918,497,249	\$831,474,457	\$1,749,971,706	5.8%
Kindred Hospital Sugar Land	Sugar Land	FP	\$0	\$0	\$0	\$58,768,577	\$61,395,604	\$78,892	\$61,474,496	0.0%
Memorial Hermann Sugar Land	Sugar Land	NP	\$30,783,602	\$14,530,954	\$45,314,556	\$155,172,801	\$188,106,799	\$391,344,616	\$579,451,415	7.8%
Memorial Hermann Surgical Hospital First Colony	Sugar Land	FP	\$805,720	\$601	\$806,321	\$30,345,179	\$18,550,916	\$76,792,333	\$95,343,249	0.8%
OakBend Medical Center	Richmond	PUB	\$62,663,897	\$20,554,741	\$83,218,638	\$221,736,078	\$233,538,790	\$540,606,111	\$774,144,901	10.7%
St. Luke's Sugar Land Hospital	Sugar Land	NP	\$7,909,990	\$20,514,747	\$28,424,737	\$59,783,044	\$150,453,822	\$140,950,272	\$291,404,094	9.8%
<b>COUNTY SUBTOTALS</b>			<b>\$136,083,154</b>	<b>\$123,185,872</b>	<b>\$259,269,026</b>	<b>\$1,006,361,001</b>	<b>\$1,681,172,660</b>	<b>\$2,001,144,517</b>	<b>\$3,682,317,177</b>	<b>7.0%</b>
<b>COUNTY-FREESTONE</b>										
East Texas Medical Center - Fairfield	Fairfield	NP	\$4,024,350	\$1,236,516	\$5,260,866	\$10,262,137	\$8,206,770	\$40,757,085	\$48,963,855	10.7%
<b>COUNTY SUBTOTALS</b>			<b>\$4,024,350</b>	<b>\$1,236,516</b>	<b>\$5,260,866</b>	<b>\$10,262,137</b>	<b>\$8,206,770</b>	<b>\$40,757,085</b>	<b>\$48,963,855</b>	<b>10.7%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-FRIO</b>										
Frio Regional Hospital	Pearsall	NP	\$5,193,601	\$571,293	\$5,764,894	\$12,672,880	\$4,210,721	\$31,031,542	\$35,242,263	16.4%
Nix Community General Hospital	Dilley	FP	\$2,191,438	\$2,467	\$2,193,905	\$2,399,407	\$184,626	\$6,386,491	\$6,571,117	33.4%
<b>COUNTY SUBTOTALS</b>			<b>\$7,385,039</b>	<b>\$573,760</b>	<b>\$7,958,799</b>	<b>\$15,072,287</b>	<b>\$4,395,347</b>	<b>\$37,418,033</b>	<b>\$41,813,380</b>	<b>19.0%</b>
<b>COUNTY-GAINES</b>										
Memorial Hospital	Seminole	PUB	\$5,663,903	\$532,471	\$6,196,374	\$26,740,989	\$8,208,657	\$25,202,231	\$33,410,888	18.5%
<b>COUNTY SUBTOTALS</b>			<b>\$5,663,903</b>	<b>\$532,471</b>	<b>\$6,196,374</b>	<b>\$26,740,989</b>	<b>\$8,208,657</b>	<b>\$25,202,231</b>	<b>\$33,410,888</b>	<b>18.5%</b>
<b>COUNTY-GALVESTON</b>										
Shriners Hospital for Children- Galveston	Galveston	NP	\$0	\$48,855,872	\$48,855,872	\$4,475,143	\$45,753,998	\$20,824,430	\$66,578,428	73.4%
University of Texas Medical Branch Hospital	Galveston	PUB	\$112,137,517	\$130,021,837	\$242,159,354	\$716,754,105	\$1,260,876,984	\$1,472,193,314	\$2,733,070,298	8.9%
<b>COUNTY SUBTOTALS</b>			<b>\$112,137,517</b>	<b>\$178,877,709</b>	<b>\$291,015,226</b>	<b>\$721,229,248</b>	<b>\$1,306,630,982</b>	<b>\$1,493,017,744</b>	<b>\$2,799,648,726</b>	<b>10.4%</b>
<b>COUNTY-GILLESPIE</b>										
Hill Country Memorial Hospital	Fredericksburg	NP	\$8,503,622	\$14,799,876	\$23,303,498	\$77,169,596	\$71,498,870	\$150,514,751	\$222,013,621	10.5%
<b>COUNTY SUBTOTALS</b>			<b>\$8,503,622</b>	<b>\$14,799,876</b>	<b>\$23,303,498</b>	<b>\$77,169,596</b>	<b>\$71,498,870</b>	<b>\$150,514,751</b>	<b>\$222,013,621</b>	<b>10.5%</b>
<b>COUNTY-GONZALES</b>										
Memorial Hospital	Gonzales	PUB	\$4,712,168	\$1,916,966	\$6,629,134	\$23,991,288	\$7,910,362	\$38,094,102	\$46,004,464	14.4%
<b>COUNTY SUBTOTALS</b>			<b>\$4,712,168</b>	<b>\$1,916,966</b>	<b>\$6,629,134</b>	<b>\$23,991,288</b>	<b>\$7,910,362</b>	<b>\$38,094,102</b>	<b>\$46,004,464</b>	<b>14.4%</b>
<b>COUNTY-GRAY</b>										
Pampa Regional Medical Center	Pampa	NP	\$21,916,746	\$3,596,985	\$25,513,731	\$43,048,112	\$88,452,462	\$96,997,883	\$185,450,345	13.8%
<b>COUNTY SUBTOTALS</b>			<b>\$21,916,746</b>	<b>\$3,596,985</b>	<b>\$25,513,731</b>	<b>\$43,048,112</b>	<b>\$88,452,462</b>	<b>\$96,997,883</b>	<b>\$185,450,345</b>	<b>13.8%</b>
<b>COUNTY-GRAYSON</b>										
Baylor Scott & White Surgical Hospital at Sherman	Sherman	FP	\$3,218,501	\$170,786	\$3,389,287	\$50,591,875	\$31,386,504	\$165,926,985	\$197,313,489	1.7%
Carrus Rehabilitation Hospital	Sherman	FP	\$0	\$0	\$0	\$10,140,059	\$25,614,781	\$0	\$25,614,781	0.0%
Carrus Specialty Hospital	Sherman	FP	\$0	\$0	\$0	\$12,611,699	\$32,108,648	\$19,882,436	\$51,991,084	0.0%
Texoma Medical Center	Denison	FP	\$52,610,118	\$21,040,987	\$73,651,105	\$261,853,855	\$774,552,863	\$645,940,753	\$1,420,493,616	5.2%
Wilson N. Jones Regional Medical Center	Sherman	FP	\$25,855,631	\$4,956,883	\$30,812,514	\$65,711,555	\$212,670,943	\$140,823,484	\$353,494,427	8.7%
<b>COUNTY SUBTOTALS</b>			<b>\$81,684,250</b>	<b>\$26,168,656</b>	<b>\$107,852,906</b>	<b>\$400,909,043</b>	<b>\$1,076,333,739</b>	<b>\$972,573,658</b>	<b>\$2,048,907,397</b>	<b>5.3%</b>
<b>COUNTY-GREGG</b>										
Allegiance Specialty Hospital of Kilgore	Kilgore	FP	\$58,002	\$0	\$58,002	\$5,800,281	\$8,683,947	\$15,399,024	\$24,082,971	0.2%
Christus Good Shepherd Medical Center	Longview	NP	\$120,803,310	\$28,473,740	\$149,277,050	\$241,087,357	\$706,622,949	\$668,258,402	\$1,374,881,351	10.9%
Longview Regional Medical Center	Longview	FP	\$44,974,927	\$6,725,186	\$51,700,113	\$248,071,739	\$755,349,036	\$814,902,021	\$1,570,251,057	3.3%
Select Specialty Hospital - Longview, Inc.	Longview	FP	\$329,573	\$0	\$329,573	\$11,829,990	\$50,521,188	\$0	\$50,521,188	0.7%
<b>COUNTY SUBTOTALS</b>			<b>\$166,165,812</b>	<b>\$35,198,926</b>	<b>\$201,364,738</b>	<b>\$506,789,367</b>	<b>\$1,521,177,120</b>	<b>\$1,498,559,447</b>	<b>\$3,019,736,567</b>	<b>6.7%</b>
<b>COUNTY-GRIMES</b>										
CHI St Joseph Health Grimes Hospital	Navasota	NP	\$4,469,990	\$760,153	\$5,230,143	\$15,255,798	\$7,191,673	\$34,279,984	\$41,471,657	12.6%
<b>COUNTY SUBTOTALS</b>			<b>\$4,469,990</b>	<b>\$760,153</b>	<b>\$5,230,143</b>	<b>\$15,255,798</b>	<b>\$7,191,673</b>	<b>\$34,279,984</b>	<b>\$41,471,657</b>	<b>12.6%</b>
<b>COUNTY-GUADALUPE</b>										
Guadalupe Regional Medical Center	Seguin	PUB	\$13,041,431	\$21,139,389	\$34,180,820	\$101,053,209	\$97,945,058	\$180,926,128	\$278,871,186	12.3%
<b>COUNTY SUBTOTALS</b>			<b>\$13,041,431</b>	<b>\$21,139,389</b>	<b>\$34,180,820</b>	<b>\$101,053,209</b>	<b>\$97,945,058</b>	<b>\$180,926,128</b>	<b>\$278,871,186</b>	<b>12.3%</b>
<b>COUNTY-HALE</b>										
Covenant Hospital Plainview	Plainview	NP	\$4,969,289	\$15,035,067	\$20,004,356	\$40,430,056	\$60,264,979	\$116,766,944	\$177,031,923	11.3%
<b>COUNTY SUBTOTALS</b>			<b>\$4,969,289</b>	<b>\$15,035,067</b>	<b>\$20,004,356</b>	<b>\$40,430,056</b>	<b>\$60,264,979</b>	<b>\$116,766,944</b>	<b>\$177,031,923</b>	<b>11.3%</b>
<b>COUNTY-HAMILTON</b>										
Hamilton General Hospital	Hamilton	PUB	\$3,715,310	\$920,423	\$4,635,733	\$25,219,055	\$12,382,583	\$41,409,794	\$53,792,377	8.6%
<b>COUNTY SUBTOTALS</b>			<b>\$3,715,310</b>	<b>\$920,423</b>	<b>\$4,635,733</b>	<b>\$25,219,055</b>	<b>\$12,382,583</b>	<b>\$41,409,794</b>	<b>\$53,792,377</b>	<b>8.6%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

<b>Hospital</b>	<b>City</b>	<b>Owner-ship</b>	<b>Bad Debt Charges</b>	<b>Charity Charges</b>	<b>Total Uncompensated Care</b>	<b>Net Patient Revenue</b>	<b>Gross Inpatient Revenue</b>	<b>Gross Outpatient Revenue</b>	<b>Total Gross Patient Revenue</b>	<b>Uncompensated Care as % of Gross Patient Revenue</b>
<b>COUNTY-HANSFORD</b>										
Hansford County Hospital	Spearman	PUB	\$70,383	\$803,624	\$874,007	\$8,579,442	\$1,670,096	\$8,933,561	\$10,603,657	8.2%
<b>COUNTY SUBTOTALS</b>			<b>\$70,383</b>	<b>\$803,624</b>	<b>\$874,007</b>	<b>\$8,579,442</b>	<b>\$1,670,096</b>	<b>\$8,933,561</b>	<b>\$10,603,657</b>	<b>8.2%</b>
<b>COUNTY-HARDEMAN</b>										
Chillicothe Hospital	Chillicothe	PUB	\$120,312	\$130,243	\$250,555	\$1,530,964	\$500,947	\$1,707,962	\$2,208,909	11.3%
Hardeman County Memorial Hospital	Quanah	PUB	\$574,057	\$262,194	\$836,251	\$6,547,684	\$1,470,724	\$8,594,801	\$10,065,525	8.3%
<b>COUNTY SUBTOTALS</b>			<b>\$694,369</b>	<b>\$392,437</b>	<b>\$1,086,806</b>	<b>\$8,078,648</b>	<b>\$1,971,671</b>	<b>\$10,302,763</b>	<b>\$12,274,434</b>	<b>8.9%</b>
<b>COUNTY-HARRIS</b>										
AD Hospital East LLC	Houston	FP	\$102,958	\$0	\$102,958	\$6,173,945	\$2,160,973	\$4,012,972	\$6,173,945	1.7%
Altus Baytown Hospital	Baytown	FP	\$0	\$0	\$0	\$32,024,403	\$21,742,776	\$150,556,388	\$172,299,164	0.0%
Bay Area Regional Medical Center	Webster	FP	\$26,151,699	\$0	\$26,151,699	\$118,165,300	\$309,892,784	\$295,972,307	\$605,865,091	4.3%
Bayshore Medical Center	Pasadena	FP	\$96,603,666	\$47,664,644	\$144,268,310	\$302,832,333	\$1,534,202,940	\$1,240,536,837	\$2,774,739,777	5.2%
Bellaire Surgical Hospital Holdings LLC	Bellaire	FP	\$0	\$0	\$0	\$105,696,134	\$183,842,677	\$365,835,702	\$549,678,379	0.0%
CHI St Luke's Health Baylor College of Medicine Medical Center	Houston	NP	\$21,370,905	\$120,875,027	\$142,245,932	\$882,418,616	\$2,154,271,477	\$1,237,175,482	\$3,391,446,959	4.2%
Clear Lake Regional Medical Center	Webster	FP	\$56,283,185	\$26,296,780	\$82,579,965	\$476,184,096	\$2,598,041,300	\$1,083,581,881	\$3,681,623,181	2.2%
Cornerstone Hospital Medical Center	Houston	FP	\$62,653	\$0	\$62,653	\$13,422,774	\$42,056,704	\$0	\$42,056,704	0.1%
Cornerstone Hospital of Houston - Clear Lake	Webster	FP	\$1,108,011	\$0	\$1,108,011	\$42,364,624	\$214,024,441	\$9,098,544	\$223,122,985	0.5%
Cypress Fairbanks Medical Center	Houston	FP	\$41,120,428	\$4,146,430	\$45,266,858	\$188,711,531	\$479,171,203	\$520,944,528	\$1,000,115,731	4.5%
Emerus Community Hospital	Tomball	FP	\$56,388	\$19,508	\$75,896	\$7,107,755	\$632,269	\$21,942,985	\$22,575,254	0.3%
Harris Health System Ben Taub Hospital	Houston	PUB	\$115,154,658	\$1,547,833,905	\$1,662,988,563	\$625,086,437	\$1,009,831,942	\$2,094,350,203	\$3,104,182,145	53.6%
Healthbridge Children's Hospital - Houston Ltd.	Houston	FP	\$373,239	\$0	\$373,239	\$17,088,395	\$46,304,434	\$153,868	\$46,458,302	0.8%
HEALTHSOUTH Rehabilitation Hospital of Cypress	Houston	FP	\$408,059	\$0	\$408,059	\$27,096,125	\$39,916,174	\$1,339,383	\$41,255,557	1.0%
HEALTHSOUTH Rehabilitation Hospital of Humble	Humble	FP	\$589,648	\$302,584	\$892,232	\$18,756,021	\$25,840,465	\$0	\$25,840,465	3.5%
HEALTHSOUTH Rehabilitation Hospital the Vintage	Houston	FP	\$206,328	\$47,862	\$254,190	\$19,639,149	\$26,383,071	\$1,976,922	\$28,359,993	0.9%
HopeBridge Hospital	Houston	FP	\$11,847,000	\$160,000	\$12,007,000	\$13,762,000	\$21,303,000	\$12,042,000	\$33,345,000	36.0%
Houston Hospital for Specialized Surgery	Houston	FP	\$0	\$0	\$0	\$15,263,333	\$37,520,068	\$101,796,583	\$139,316,651	0.0%
Houston Methodist Hospital	Houston	NP	\$52,957,196	\$194,460,343	\$247,417,539	\$1,723,857,378	\$4,190,981,076	\$2,586,130,676	\$6,777,111,752	3.7%
Houston Methodist San Jacinto Hospital	Baytown	NP	\$25,717,568	\$158,910,950	\$184,628,518	\$285,241,667	\$736,721,849	\$672,899,464	\$1,409,621,313	13.1%
Houston Methodist St. Catherine Hospital	Katy	NP	\$2,400,469	\$14,835,932	\$17,236,401	\$22,951,658	\$73,269,013	\$764	\$73,269,777	23.5%
Houston Methodist St. John Hospital	Nassau Bay	NP	\$17,264,703	\$48,087,983	\$65,352,686	\$127,633,627	\$279,548,345	\$412,105,846	\$691,654,191	9.4%
Houston Methodist West Hospital	Houston	NP	\$28,125,602	\$64,586,127	\$92,711,729	\$275,816,788	\$500,620,419	\$675,419,393	\$1,176,039,812	7.9%
Houston Methodist Willowbrook Hospital	Houston	NP	\$30,055,092	\$97,966,051	\$128,021,143	\$389,486,701	\$982,425,007	\$789,629,444	\$1,772,054,451	7.2%
Houston Northwest Medical Center	Houston	FP	\$82,537,245	\$0	\$82,537,245	\$284,578,319	\$1,043,417,372	\$779,507,101	\$1,822,924,473	4.5%
Houston Physicians' Hospital	Webster	FP	\$110,700	\$793,533	\$904,233	\$51,898,504	\$67,083,263	\$289,837,013	\$356,920,276	0.3%
Humble Surgical Hospital	Humble	FP	\$114,096,964	\$0	\$114,096,964	\$33,936,104	\$3,446,354	\$144,586,714	\$148,033,068	77.1%
Icon Hospital, LLP	Humble	FP	\$429,291	\$0	\$429,291	\$11,542,721	\$51,359,886	\$1,819,867	\$53,179,753	0.8%
Kindred Hospital Bay Area	Pasadena	FP	\$940,387	\$0	\$940,387	\$32,476,964	\$118,449,329	\$243,233	\$118,692,562	0.8%
Kindred Hospital Clear Lake	Webster	FP	\$1,224,450	\$0	\$1,224,450	\$45,297,507	\$287,338,602	\$5,283,391	\$292,621,993	0.4%
Kindred Hospital Houston Medical Center	Houston	FP	\$2,438,643	\$0	\$2,438,643	\$67,396,113	\$316,688,176	\$211,632	\$316,899,808	0.8%
Kindred Hospital Houston Northwest	Houston	FP	\$961,568	\$0	\$961,568	\$23,611,917	\$134,151,815	\$210,433	\$134,362,248	0.7%
Kindred Hospital Tomball	Tomball	FP	\$1,721,629	\$0	\$1,721,629	\$82,213,488	\$530,459,512	\$4,543,613	\$535,003,125	0.3%
Kindred Rehabilitation Hospital Clear Lake	Webster	FP	\$75,691	\$0	\$75,691	\$17,303,445	\$36,161,579	\$2,823,298	\$38,984,877	0.2%
Kindred Rehabilitation Hospital Northeast Houston	Humble	FP	\$102,676	\$258,876	\$361,552	\$12,379,385	\$20,396,160	\$1,481,242	\$21,877,402	1.7%
Memorial Hermann Greater Heights Hospital	Houston	NP	\$58,462,472	\$66,317,871	\$124,780,343	\$212,214,982	\$444,143,325	\$434,126,932	\$878,270,257	14.2%
Memorial Hermann Hospital	Houston	NP	\$145,394,370	\$245,052,875	\$390,447,245	\$1,580,358,784	\$3,901,846,838	\$1,650,514,421	\$5,552,361,259	7.0%
Memorial Hermann Katy Hospital	Katy	NP	\$48,236,741	\$24,154,427	\$72,391,168	\$208,297,393	\$310,543,039	\$460,276,289	\$770,819,328	9.4%
Memorial Hermann Memorial City Medical Center	Houston	NP	\$68,197,667	\$58,265,817	\$126,463,484	\$486,074,420	\$860,766,160	\$895,759,735	\$1,756,525,895	7.2%



**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
Memorial Hermann Northeast Hospital	Humble	NP	\$71,121,748	\$71,595,338	\$142,717,086	\$235,903,931	\$434,798,450	\$559,986,161	\$994,784,611	14.3%
Memorial Hermann Rehabilitation Hospital Katy	Katy	FP	\$444,705	\$104,861	\$549,566	\$23,245,725	\$23,578,943	\$44,649,585	\$68,228,528	0.8%
Memorial Hermann Southeast Hospital	Houston	NP	\$89,273,716	\$83,755,228	\$173,028,944	\$357,438,153	\$665,000,754	\$834,427,262	\$1,499,428,016	11.5%
Memorial Hermann Southwest Hospital	Houston	NP	\$80,983,243	\$129,530,410	\$210,513,653	\$365,854,160	\$785,697,511	\$634,216,245	\$1,419,913,756	14.8%
Memorial Hermann Specialty Hospital Kingwood	Kingwood	FP	\$832,955	\$13,088	\$846,043	\$28,871,668	\$9,536,533	\$108,590,406	\$118,126,939	0.7%
New Life Hospital	Houston	FP	\$5,064,409	\$108,653	\$5,173,062	\$13,978,014	\$1,753,783	\$94,138,458	\$95,892,241	5.4%
North Cypress Medical Center	Cypress	FP	\$86,390,942	\$160,838,610	\$247,229,552	\$288,216,402	\$846,032,188	\$915,876,467	\$1,761,908,655	14.0%
PAM Rehabilitation Hospital of Clear Lake	Webster	FP	\$120,572	\$18,423	\$138,995	\$14,713,631	\$40,346,183	\$690,561	\$41,036,744	0.3%
Park Plaza Hospital	Houston	FP	\$7,111,441	\$1,754,601	\$8,866,042	\$74,421,233	\$309,794,508	\$225,867,669	\$535,662,177	1.7%
Plaza Specialty Hospital	Houston	FP	\$2,242,311	\$0	\$2,242,311	\$20,386,441	\$150,706,989	-\$7,317	\$150,699,672	1.5%
Promise Hospital of Houston Inc	Houston	FP	\$12,406	\$0	\$12,406	\$6,516,935	\$12,296,103	\$0	\$12,296,103	0.1%
Shriners Hospitals For Children	Houston	NP	\$0	\$12,902,716	\$12,902,716	\$4,221,897	\$19,010,912	\$14,935,470	\$33,946,382	38.0%
St. Joseph Medical Center	Houston	FP	\$96,892,100	\$9,516,184	\$106,408,284	\$210,705,404	\$773,589,089	\$560,628,369	\$1,334,217,458	8.0%
St. Luke's Hospital at the Vintage	Houston	NP	\$8,648,393	\$13,444,985	\$22,093,378	\$68,123,755	\$144,594,595	\$154,281,200	\$298,875,795	7.4%
St. Luke's Patients Medical Center	Pasadena	FP	\$10,164,044	\$1,059,090	\$11,223,134	\$72,443,606	\$171,580,526	\$181,449,388	\$353,029,914	3.2%
Surgery Specialty Hospitals of America Southeast Houston	Pasadena	FP	\$0	\$0	\$0	\$5,095,551	\$7,708,426	\$16,317,485	\$24,025,911	0.0%
Texas Children's Hospital	Houston	NP	\$60,400,251	\$44,693,670	\$105,093,921	\$1,734,980,701	\$2,389,375,583	\$1,520,067,248	\$3,909,442,831	2.7%
Texas Orthopedic Hospital	Houston	FP	\$3,467,977	\$12,319	\$3,480,296	\$154,578,038	\$395,864,301	\$306,274,186	\$702,138,487	0.5%
The Woman's Hospital of Texas	Houston	FP	\$17,735,445	\$304,409	\$18,039,854	\$376,021,285	\$1,397,875,930	\$259,025,406	\$1,656,901,336	1.1%
TIRR Memorial Hermann	Houston	NP	\$2,983,385	\$5,810,129	\$8,793,514	\$119,598,892	\$178,739,249	\$104,995,043	\$283,734,292	3.1%
Tomball Regional Hospital	Tomball	FP	\$45,543,800	\$4,119,221	\$49,663,021	\$147,857,683	\$551,018,952	\$470,832,601	\$1,021,851,553	4.9%
TOPS Surgical Specialty Hospital	Houston	FP	\$1,313,211	\$1,826	\$1,315,037	\$44,635,446	\$44,415,747	\$113,724,019	\$158,139,766	0.8%
United Memorial Medical Center	Houston	FP	\$0	\$0	\$0	\$24,029,070	\$45,422,733	\$45,478,621	\$90,901,354	0.0%
University of Texas M.D. Anderson Cancer Center	Houston	PUB	\$73,741,383	\$54,952,437	\$128,693,820	\$3,527,102,284	\$2,388,592,465	\$5,182,834,434	\$7,571,426,899	1.7%
Victory Medical Center Houston	Houston	FP	\$63,639	\$0	\$63,639	\$25,762,610	\$14,427,060	\$11,335,550	\$25,762,610	0.2%
West Houston Medical Center	Houston	FP	\$31,414,093	\$23,212,601	\$54,626,694	\$184,683,899	\$907,364,089	\$622,995,318	\$1,530,359,407	3.6%
Westside Surgical Hospital	Houston	FP	\$0	\$0	\$0	\$22,382,293	\$18,776,055	\$149,713,793	\$168,489,848	0.0%
<b>COUNTY SUBTOTALS</b>			<b>\$1,748,856,118</b>	<b>\$3,338,786,324</b>	<b>\$5,087,642,442</b>	<b>\$17,038,129,543</b>	<b>\$36,364,853,474</b>	<b>\$30,082,050,714</b>	<b>\$66,446,904,188</b>	<b>7.7%</b>
<b>COUNTY-HARRISON</b>										
Christus Good Shepherd Medical Center - Marshall	Marshall	NP	\$10,362,646	\$6,643,725	\$17,006,371	\$63,260,262	\$110,726,659	\$194,516,786	\$305,243,445	5.6%
<b>COUNTY SUBTOTALS</b>			<b>\$10,362,646</b>	<b>\$6,643,725</b>	<b>\$17,006,371</b>	<b>\$63,260,262</b>	<b>\$110,726,659</b>	<b>\$194,516,786</b>	<b>\$305,243,445</b>	<b>5.6%</b>
<b>COUNTY-HARTLEY</b>										
Coon Memorial Hospital and Home	Dalhart	PUB	\$5,271,049	\$352,631	\$5,623,680	\$23,028,511	\$5,430,835	\$34,925,810	\$40,356,645	13.9%
<b>COUNTY SUBTOTALS</b>			<b>\$5,271,049</b>	<b>\$352,631</b>	<b>\$5,623,680</b>	<b>\$23,028,511</b>	<b>\$5,430,835</b>	<b>\$34,925,810</b>	<b>\$40,356,645</b>	<b>13.9%</b>
<b>COUNTY-HASKELL</b>										
Haskell Memorial Hospital	Haskell	PUB	\$1,367,030	\$56,712	\$1,423,742	\$5,643,422	\$1,301,450	\$6,393,057	\$7,694,507	18.5%
<b>COUNTY SUBTOTALS</b>			<b>\$1,367,030</b>	<b>\$56,712</b>	<b>\$1,423,742</b>	<b>\$5,643,422</b>	<b>\$1,301,450</b>	<b>\$6,393,057</b>	<b>\$7,694,507</b>	<b>18.5%</b>
<b>COUNTY-HAYS</b>										
Central Texas Medical Center	San Marcos	NP	\$1,281,703	\$48,976,346	\$50,258,049	\$108,402,344	\$131,630,469	\$255,472,094	\$387,102,563	13.0%
Seton Medical Center Hays	Kyle	NP	\$27,215,692	\$52,514,004	\$79,729,696	\$126,339,044	\$465,361,573	\$273,022,612	\$738,384,185	10.8%
Warm Springs Rehabilitation Hospital of Kyle	Kyle	FP	\$81,683	\$54,320	\$136,003	\$14,563,825	\$37,317,222	\$1,628,737	\$38,945,959	0.3%
<b>COUNTY SUBTOTALS</b>			<b>\$28,579,078</b>	<b>\$101,544,670</b>	<b>\$130,123,748</b>	<b>\$249,305,213</b>	<b>\$634,309,264</b>	<b>\$530,123,443</b>	<b>\$1,164,432,707</b>	<b>11.2%</b>
<b>COUNTY-HEMPHILL</b>										
Hemphill County Hospital	Canadian	PUB	\$614,523	\$62,145	\$676,668	\$4,959,504	\$1,421,829	\$4,855,123	\$6,276,952	10.8%
<b>COUNTY SUBTOTALS</b>			<b>\$614,523</b>	<b>\$62,145</b>	<b>\$676,668</b>	<b>\$4,959,504</b>	<b>\$1,421,829</b>	<b>\$4,855,123</b>	<b>\$6,276,952</b>	<b>10.8%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-HENDERSON</b>										
East Texas Medical Center Athens	Athens	NP	\$18,578,122	\$32,498,331	\$51,076,453	\$76,303,964	\$210,373,428	\$349,369,506	\$559,742,934	9.1%
<b>COUNTY SUBTOTALS</b>			<b>\$18,578,122</b>	<b>\$32,498,331</b>	<b>\$51,076,453</b>	<b>\$76,303,964</b>	<b>\$210,373,428</b>	<b>\$349,369,506</b>	<b>\$559,742,934</b>	<b>9.1%</b>
<b>COUNTY-HIDALGO</b>										
Cornerstone Regional Hospital	Edinburg	FP	\$224,001	\$0	\$224,001	\$16,578,142	\$33,439,748	\$44,837,516	\$78,277,264	0.3%
Doctor's Hospital at Renaissance	Edinburg	FP	\$15,829,476	\$115,118,725	\$130,948,201	\$574,810,723	\$1,258,680,537	\$1,383,734,352	\$2,642,414,889	5.0%
Edinburg Regional Medical Center	Edinburg	FP	\$133,934,190	\$190,932,271	\$324,866,461	\$340,430,010	\$1,995,986,853	\$1,314,118,329	\$3,310,105,182	9.8%
Knapp Medical Center	Weslaco	NP	\$57,175,022	\$18,542,541	\$75,717,563	\$113,799,280	\$225,836,433	\$237,300,293	\$463,136,726	16.3%
LifeCare Hospitals of South Texas	McAllen	FP	\$301,255	\$0	\$301,255	\$21,066,315	\$134,207,123	\$0	\$134,207,123	0.2%
Mission Regional Medical Center	Mission	NP	\$38,271,001	\$41,002,378	\$79,273,379	\$96,753,258	\$295,940,513	\$210,288,205	\$506,228,718	15.7%
Rio Grande Regional Hospital	McAllen	FP	\$40,047,508	\$59,753,606	\$99,801,114	\$214,689,735	\$1,067,897,585	\$755,760,391	\$1,823,657,976	5.5%
Solara Hospital McAllen LP	McAllen	FP	\$292,709	\$0	\$292,709	\$20,071,813	\$100,027,838	\$0	\$100,027,838	0.3%
Weslaco Regional Rehabilitation Hospital	Weslaco	FP	\$73,617	\$239,381	\$312,998	\$9,908,699	\$15,972,291	\$0	\$15,972,291	2.0%
<b>COUNTY SUBTOTALS</b>			<b>\$286,148,779</b>	<b>\$425,588,902</b>	<b>\$711,737,681</b>	<b>\$1,408,107,975</b>	<b>\$5,127,988,921</b>	<b>\$3,946,039,086</b>	<b>\$9,074,028,007</b>	<b>7.8%</b>
<b>COUNTY-HILL</b>										
Hill Regional Hospital	Hillsboro	FP	\$7,442,565	\$685,719	\$8,128,284	\$20,145,657	\$25,991,226	\$53,466,009	\$79,457,235	10.2%
<b>COUNTY SUBTOTALS</b>			<b>\$7,442,565</b>	<b>\$685,719</b>	<b>\$8,128,284</b>	<b>\$20,145,657</b>	<b>\$25,991,226</b>	<b>\$53,466,009</b>	<b>\$79,457,235</b>	<b>10.2%</b>
<b>COUNTY-HOCKLEY</b>										
Covenant Hospital Levelland	Levelland	NP	\$1,630,851	\$3,173,573	\$4,804,424	\$22,146,339	\$11,897,504	\$32,992,241	\$44,889,745	10.7%
<b>COUNTY SUBTOTALS</b>			<b>\$1,630,851</b>	<b>\$3,173,573</b>	<b>\$4,804,424</b>	<b>\$22,146,339</b>	<b>\$11,897,504</b>	<b>\$32,992,241</b>	<b>\$44,889,745</b>	<b>10.7%</b>
<b>COUNTY-HOOD</b>										
Lake Granbury Medical Center	Granbury	FP	\$29,420,425	\$30,621,160	\$60,041,585	\$103,314,295	\$243,871,525	\$432,645,139	\$676,516,664	8.9%
<b>COUNTY SUBTOTALS</b>			<b>\$29,420,425</b>	<b>\$30,621,160</b>	<b>\$60,041,585</b>	<b>\$103,314,295</b>	<b>\$243,871,525</b>	<b>\$432,645,139</b>	<b>\$676,516,664</b>	<b>8.9%</b>
<b>COUNTY-HOPKINS</b>										
Christus Mother Frances Hospital - Sulphur Springs	Sulphur Springs	PUB	\$8,120,150	\$3,223,264	\$11,343,414	\$45,225,395	\$34,097,840	\$59,526,224	\$93,624,064	12.1%
<b>COUNTY SUBTOTALS</b>			<b>\$8,120,150</b>	<b>\$3,223,264</b>	<b>\$11,343,414</b>	<b>\$45,225,395</b>	<b>\$34,097,840</b>	<b>\$59,526,224</b>	<b>\$93,624,064</b>	<b>12.1%</b>
<b>COUNTY-HOUSTON</b>										
Timberlands Hospital	Crockett	PUB	\$5,088,765	\$1,196,073	\$6,284,838	\$14,503,698	\$12,757,614	\$74,332,647	\$87,090,261	7.2%
<b>COUNTY SUBTOTALS</b>			<b>\$5,088,765</b>	<b>\$1,196,073</b>	<b>\$6,284,838</b>	<b>\$14,503,698</b>	<b>\$12,757,614</b>	<b>\$74,332,647</b>	<b>\$87,090,261</b>	<b>7.2%</b>
<b>COUNTY-HOWARD</b>										
Scenic Mountain Medical Center	Big Spring	FP	\$19,216,785	\$550,650	\$19,767,435	\$38,372,901	\$86,772,954	\$116,926,136	\$203,699,090	9.7%
<b>COUNTY SUBTOTALS</b>			<b>\$19,216,785</b>	<b>\$550,650</b>	<b>\$19,767,435</b>	<b>\$38,372,901</b>	<b>\$86,772,954</b>	<b>\$116,926,136</b>	<b>\$203,699,090</b>	<b>9.7%</b>
<b>COUNTY-HUNT</b>										
Hunt Regional Medical Center Greenville	Greenville	PUB	\$104,972,646	\$9,822,995	\$114,795,641	\$120,826,231	\$154,591,824	\$254,806,426	\$409,398,250	28.0%
<b>COUNTY SUBTOTALS</b>			<b>\$104,972,646</b>	<b>\$9,822,995</b>	<b>\$114,795,641</b>	<b>\$120,826,231</b>	<b>\$154,591,824</b>	<b>\$254,806,426</b>	<b>\$409,398,250</b>	<b>28.0%</b>
<b>COUNTY-HUTCHINSON</b>										
Golden Plains Community Hospital	Borger	FP	\$2,626,437	\$2,142,509	\$4,768,946	\$28,714,565	\$17,964,723	\$32,290,585	\$50,255,308	9.5%
<b>COUNTY SUBTOTALS</b>			<b>\$2,626,437</b>	<b>\$2,142,509</b>	<b>\$4,768,946</b>	<b>\$28,714,565</b>	<b>\$17,964,723</b>	<b>\$32,290,585</b>	<b>\$50,255,308</b>	<b>9.5%</b>
<b>COUNTY-JACK</b>										
Faith Community Hospital	Jacksboro	PUB	\$2,145,516	\$651,834	\$2,797,350	\$10,626,418	\$1,294,800	\$22,802,387	\$24,097,187	11.6%
<b>COUNTY SUBTOTALS</b>			<b>\$2,145,516</b>	<b>\$651,834</b>	<b>\$2,797,350</b>	<b>\$10,626,418</b>	<b>\$1,294,800</b>	<b>\$22,802,387</b>	<b>\$24,097,187</b>	<b>11.6%</b>
<b>COUNTY-JACKSON</b>										
Jackson County Hospital	Edna	PUB	\$2,263,500	\$1,009,234	\$3,272,734	\$13,544,602	\$888,118	\$18,908,027	\$19,796,145	16.5%
<b>COUNTY SUBTOTALS</b>			<b>\$2,263,500</b>	<b>\$1,009,234</b>	<b>\$3,272,734</b>	<b>\$13,544,602</b>	<b>\$888,118</b>	<b>\$18,908,027</b>	<b>\$19,796,145</b>	<b>16.5%</b>
<b>COUNTY-JASPER</b>										
CHRISTUS Southeast Texas - Jasper Memorial	Jasper	PUB	\$5,150,779	\$13,473,892	\$18,624,671	\$26,325,961	\$20,850,625	\$95,445,514	\$116,296,139	16.0%
<b>COUNTY SUBTOTALS</b>			<b>\$5,150,779</b>	<b>\$13,473,892</b>	<b>\$18,624,671</b>	<b>\$26,325,961</b>	<b>\$20,850,625</b>	<b>\$95,445,514</b>	<b>\$116,296,139</b>	<b>16.0%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-JEFFERSON</b>										
Baptist Hospitals of Southeast Texas	Beaumont	NP	\$53,500,165	\$52,920,286	\$106,420,451	\$248,457,573	\$622,444,331	\$816,201,198	\$1,438,645,529	7.4%
CHRISTUS Dubuis Hospital of Beaumont	Beaumont	NP	\$187,948	\$1,076,143	\$1,264,091	\$17,814,842	\$59,099,389	\$0	\$59,099,389	2.1%
CHRISTUS Southeast Texas - St. Elizabeth & St. Mary	Beaumont	NP	\$29,857,932	\$139,136,747	\$168,994,679	\$333,398,699	\$745,644,469	\$830,750,476	\$1,576,394,945	10.7%
Kate Dishman Rehabilitation Hospital	Beaumont	FP	\$0	\$0	\$0	\$6,363,129	\$11,676,260	\$0	\$11,676,260	0.0%
Mid-Jefferson Extended Care Hospital	Nederland	FP	\$0	\$0	\$0	\$20,467,856	\$61,269,562	\$0	\$61,269,562	0.0%
The Medical Center of Southeast Texas	Port Arthur	FP	\$43,997,594	\$3,598,695	\$47,596,289	\$162,941,341	\$431,500,969	\$536,401,122	\$967,902,091	4.9%
	<b>COUNTY SUBTOTALS</b>		<b>\$127,543,639</b>	<b>\$196,731,871</b>	<b>\$324,275,510</b>	<b>\$789,443,440</b>	<b>\$1,931,634,980</b>	<b>\$2,183,352,796</b>	<b>\$4,114,987,776</b>	<b>7.9%</b>
<b>COUNTY-JIM WELLS</b>										
CHRISTUS Spohn Hospital Alice	Alice	NP	\$11,519,491	\$40,306,352	\$51,825,843	\$56,355,735	\$116,668,985	\$182,602,757	\$299,271,742	17.3%
	<b>COUNTY SUBTOTALS</b>		<b>\$11,519,491</b>	<b>\$40,306,352</b>	<b>\$51,825,843</b>	<b>\$56,355,735</b>	<b>\$116,668,985</b>	<b>\$182,602,757</b>	<b>\$299,271,742</b>	<b>17.3%</b>
<b>COUNTY-JOHNSON</b>										
Texas Health Harris Methodist Hospital Cleburne	Cleburne	NP	\$9,130,426	\$44,846,295	\$53,976,721	\$66,884,310	\$134,953,716	\$152,153,349	\$287,107,065	18.8%
	<b>COUNTY SUBTOTALS</b>		<b>\$9,130,426</b>	<b>\$44,846,295</b>	<b>\$53,976,721</b>	<b>\$66,884,310</b>	<b>\$134,953,716</b>	<b>\$152,153,349</b>	<b>\$287,107,065</b>	<b>18.8%</b>
<b>COUNTY-JONES</b>										
Anson General Hospital	Anson	PUB	\$449,083	\$190,656	\$639,739	\$5,528,816	\$5,028,986	\$7,883,258	\$12,912,244	5.0%
Hamlin Memorial Hospital	Hamlin	PUB	\$169,818	\$38,004	\$207,822	\$3,289,376	\$863,766	\$4,433,912	\$5,297,678	3.9%
Stamford Memorial Hospital	Stamford	NP	\$254,939	\$253,114	\$508,053	\$23,300,632	\$841,624	\$74,188,778	\$75,030,402	0.7%
	<b>COUNTY SUBTOTALS</b>		<b>\$873,840</b>	<b>\$481,774</b>	<b>\$1,355,614</b>	<b>\$32,118,824</b>	<b>\$6,734,376</b>	<b>\$86,505,948</b>	<b>\$93,240,324</b>	<b>1.5%</b>
<b>COUNTY-KARNES</b>										
Otto Kaiser Memorial Hospital	Kenedy	PUB	\$6,612,738	\$762,999	\$7,375,737	\$18,375,067	\$1,631,902	\$34,632,590	\$36,264,492	20.3%
	<b>COUNTY SUBTOTALS</b>		<b>\$6,612,738</b>	<b>\$762,999</b>	<b>\$7,375,737</b>	<b>\$18,375,067</b>	<b>\$1,631,902</b>	<b>\$34,632,590</b>	<b>\$36,264,492</b>	<b>20.3%</b>
<b>COUNTY-KAUFMAN</b>										
Texas Health Presbyterian Hospital Kaufman	Kaufman	NP	\$6,179,366	\$28,977,537	\$35,156,903	\$35,682,668	\$46,824,051	\$106,505,479	\$153,329,530	22.9%
	<b>COUNTY SUBTOTALS</b>		<b>\$6,179,366</b>	<b>\$28,977,537</b>	<b>\$35,156,903</b>	<b>\$35,682,668</b>	<b>\$46,824,051</b>	<b>\$106,505,479</b>	<b>\$153,329,530</b>	<b>22.9%</b>
<b>COUNTY-KERR</b>										
Peterson Regional Medical Center	Kerrville	NP	\$14,278,599	\$8,149,892	\$22,428,491	\$116,660,010	\$134,971,489	\$205,217,352	\$340,188,841	6.6%
	<b>COUNTY SUBTOTALS</b>		<b>\$14,278,599</b>	<b>\$8,149,892</b>	<b>\$22,428,491</b>	<b>\$116,660,010</b>	<b>\$134,971,489</b>	<b>\$205,217,352</b>	<b>\$340,188,841</b>	<b>6.6%</b>
<b>COUNTY-KIMBLE</b>										
Kimble Hospital	Junction	FP	\$1,250,193	\$148,953	\$1,399,146	\$6,299,246	\$652,391	\$8,078,278	\$8,730,669	16.0%
	<b>COUNTY SUBTOTALS</b>		<b>\$1,250,193</b>	<b>\$148,953</b>	<b>\$1,399,146</b>	<b>\$6,299,246</b>	<b>\$652,391</b>	<b>\$8,078,278</b>	<b>\$8,730,669</b>	<b>16.0%</b>
<b>COUNTY-KLEBERG</b>										
CHRISTUS Spohn Hospital Kleberg	Kingsville	NP	\$6,639,739	\$28,892,475	\$35,532,214	\$40,770,803	\$100,052,105	\$129,751,996	\$229,804,101	15.5%
	<b>COUNTY SUBTOTALS</b>		<b>\$6,639,739</b>	<b>\$28,892,475</b>	<b>\$35,532,214</b>	<b>\$40,770,803</b>	<b>\$100,052,105</b>	<b>\$129,751,996</b>	<b>\$229,804,101</b>	<b>15.5%</b>
<b>COUNTY-KNOX</b>										
Knox County Hospital	Knox City	PUB	\$408,407	\$383,235	\$791,642	\$3,324,604	\$489,005	\$7,010,481	\$7,499,486	10.6%
	<b>COUNTY SUBTOTALS</b>		<b>\$408,407</b>	<b>\$383,235</b>	<b>\$791,642</b>	<b>\$3,324,604</b>	<b>\$489,005</b>	<b>\$7,010,481</b>	<b>\$7,499,486</b>	<b>10.6%</b>
<b>COUNTY-LAMAR</b>										
Dubuis Hospital of Paris	Paris	NP	\$47,020	\$173,616	\$220,636	\$6,234,792	\$16,558,580	\$0	\$16,558,580	1.3%
Paris Regional Medical Center - North Campus	Paris	FP	\$25,069,103	\$10,332,932	\$35,402,035	\$125,322,691	\$275,998,857	\$235,739,481	\$511,738,338	6.9%
	<b>COUNTY SUBTOTALS</b>		<b>\$25,116,123</b>	<b>\$10,506,548</b>	<b>\$35,622,671</b>	<b>\$131,557,483</b>	<b>\$292,557,437</b>	<b>\$235,739,481</b>	<b>\$528,296,918</b>	<b>6.7%</b>
<b>COUNTY-LAMB</b>										
Lamb Healthcare Center	Littlefield	PUB	\$1,361,779	\$261,782	\$1,623,561	\$7,789,594	\$3,324,826	\$9,683,617	\$13,008,443	12.5%
	<b>COUNTY SUBTOTALS</b>		<b>\$1,361,779</b>	<b>\$261,782</b>	<b>\$1,623,561</b>	<b>\$7,789,594</b>	<b>\$3,324,826</b>	<b>\$9,683,617</b>	<b>\$13,008,443</b>	<b>12.5%</b>
<b>COUNTY-LAMPASAS</b>										
Rollins Brook Community Hospital	Lampasas	NP	\$220,714	\$5,068,422	\$5,289,136	\$13,122,646	\$11,252,297	\$35,907,347	\$47,159,644	11.2%
	<b>COUNTY SUBTOTALS</b>		<b>\$220,714</b>	<b>\$5,068,422</b>	<b>\$5,289,136</b>	<b>\$13,122,646</b>	<b>\$11,252,297</b>	<b>\$35,907,347</b>	<b>\$47,159,644</b>	<b>11.2%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-LAVACA</b>										
Lavaca Medical Center	Hallettsville	PUB	\$1,447,000	\$41,565	\$1,488,565	\$17,870,546	\$4,695,745	\$20,205,066	\$24,900,811	6.0%
Yoakum Community Hospital	Yoakum	NP	\$2,039,000	\$1,526,974	\$3,565,974	\$19,614,000	\$10,583,500	\$30,894,500	\$41,478,000	8.6%
			<b>\$3,486,000</b>	<b>\$1,568,539</b>	<b>\$5,054,539</b>	<b>\$37,484,546</b>	<b>\$15,279,245</b>	<b>\$51,099,566</b>	<b>\$66,378,811</b>	<b>7.6%</b>
<b>COUNTY-LIBERTY</b>										
Liberty Dayton Regional Medical Center	Liberty	PUB	\$6,596,068	\$10,065	\$6,606,133	\$4,937,356	\$1,777,182	\$15,947,034	\$17,724,216	37.3%
			<b>\$6,596,068</b>	<b>\$10,065</b>	<b>\$6,606,133</b>	<b>\$4,937,356</b>	<b>\$1,777,182</b>	<b>\$15,947,034</b>	<b>\$17,724,216</b>	<b>37.3%</b>
<b>COUNTY-LIMESTONE</b>										
Limestone Medical Center	Groesbeck	PUB	\$3,377,492	\$861,663	\$4,239,155	\$14,918,456	\$6,905,747	\$31,587,107	\$38,492,854	11.0%
Parkview Regional Hospital	Mexia	FP	\$8,524,647	\$38,909	\$8,563,556	\$26,330,488	\$17,007,092	\$49,585,089	\$66,592,181	12.9%
			<b>\$11,902,139</b>	<b>\$900,572</b>	<b>\$12,802,711</b>	<b>\$41,248,944</b>	<b>\$23,912,839</b>	<b>\$81,172,196</b>	<b>\$105,085,035</b>	<b>12.2%</b>
<b>COUNTY-LLANO</b>										
Baylor Scott & White Medical Center - Llano	Llano	NP	\$5,551,525	\$2,040,826	\$7,592,351	\$29,580,434	\$3,829,063	\$91,686,878	\$95,515,941	7.9%
			<b>\$5,551,525</b>	<b>\$2,040,826</b>	<b>\$7,592,351</b>	<b>\$29,580,434</b>	<b>\$3,829,063</b>	<b>\$91,686,878</b>	<b>\$95,515,941</b>	<b>7.9%</b>
<b>COUNTY-LUBBOCK</b>										
Covenant Children's Hospital	Lubbock	NP	\$2,887,474	\$5,355,713	\$8,243,187	\$93,680,427	\$225,445,962	\$122,768,998	\$348,214,960	2.4%
Covenant Medical Center	Lubbock	NP	\$37,115,370	\$164,068,429	\$201,183,799	\$614,461,617	\$2,284,331,063	\$1,509,906,531	\$3,794,237,594	5.3%
Covenant Specialty Hospital	Lubbock	FP	\$42,403	\$266,294	\$308,697	\$24,257,298	\$192,153,164	\$0	\$192,153,164	0.2%
Grace Medical Center	Lubbock	FP	\$9,489,469	\$3,764,848	\$13,254,317	\$72,223,028	\$61,305,465	\$230,740,268	\$292,045,733	4.5%
Lubbock Heart Hospital, L.P.	Lubbock	FP	\$3,593,027	\$883,905	\$4,476,932	\$81,207,894	\$139,620,189	\$171,548,288	\$311,168,477	1.4%
Trustpoint Rehabilitation Hospital of Lubbock	Lubbock	FP	\$95,079	\$327,973	\$423,052	\$25,889,236	\$56,729,680	\$0	\$56,729,680	0.7%
University Medical Center	Lubbock	PUB	\$11,137,262	\$86,440,776	\$97,578,038	\$542,731,281	\$1,178,016,621	\$1,075,485,347	\$2,253,501,968	4.3%
			<b>\$64,360,084</b>	<b>\$261,107,938</b>	<b>\$325,468,022</b>	<b>\$1,454,450,781</b>	<b>\$4,137,602,144</b>	<b>\$3,110,449,432</b>	<b>\$7,248,051,576</b>	<b>4.5%</b>
<b>COUNTY-LYNN</b>										
Lynn County Hospital District	Tahoka	PUB	\$1,371,288	\$893,896	\$2,265,184	\$10,104,453	\$3,304,335	\$7,787,964	\$11,092,299	20.4%
			<b>\$1,371,288</b>	<b>\$893,896</b>	<b>\$2,265,184</b>	<b>\$10,104,453</b>	<b>\$3,304,335</b>	<b>\$7,787,964</b>	<b>\$11,092,299</b>	<b>20.4%</b>
<b>COUNTY-MADISON</b>										
Madison St. Joseph Health Center	Madisonville	NP	\$5,577,610	\$466,620	\$6,044,230	\$11,889,604	\$6,401,734	\$40,035,198	\$46,436,932	13.0%
			<b>\$5,577,610</b>	<b>\$466,620</b>	<b>\$6,044,230</b>	<b>\$11,889,604</b>	<b>\$6,401,734</b>	<b>\$40,035,198</b>	<b>\$46,436,932</b>	<b>13.0%</b>
<b>COUNTY-MARTIN</b>										
Martin County Hospital District	Stanton	PUB	\$3,424,910	\$21,268	\$3,446,178	\$9,648,396	\$4,760,532	\$13,906,907	\$18,667,439	18.5%
			<b>\$3,424,910</b>	<b>\$21,268</b>	<b>\$3,446,178</b>	<b>\$9,648,396</b>	<b>\$4,760,532</b>	<b>\$13,906,907</b>	<b>\$18,667,439</b>	<b>18.5%</b>
<b>COUNTY-MATAGORDA</b>										
Matagorda Regional Medical Center	Bay City	PUB	\$18,578,875	\$1,836,894	\$20,415,769	\$43,970,524	\$46,101,589	\$99,128,537	\$145,230,126	14.1%
Palacios Community Medical Center	Palacios	NP	\$1,139,653	\$106,288	\$1,245,941	\$4,952,249	\$1,141,007	\$7,448,217	\$8,589,224	14.5%
			<b>\$19,718,528</b>	<b>\$1,943,182</b>	<b>\$21,661,710</b>	<b>\$48,922,773</b>	<b>\$47,242,596</b>	<b>\$106,576,754</b>	<b>\$153,819,350</b>	<b>14.1%</b>
<b>COUNTY-MAVERICK</b>										
Fort Duncan Regional Medical Center	Eagle Pass	FP	\$15,846,406	\$3,173,950	\$19,020,356	\$61,895,249	\$194,958,612	\$180,822,324	\$375,780,936	5.1%
			<b>\$15,846,406</b>	<b>\$3,173,950</b>	<b>\$19,020,356</b>	<b>\$61,895,249</b>	<b>\$194,958,612</b>	<b>\$180,822,324</b>	<b>\$375,780,936</b>	<b>5.1%</b>
<b>COUNTY-MCCULLOCH</b>										
Heart of Texas Healthcare System	Brady	NP	\$3,979,605	\$61,485	\$4,041,090	\$18,849,660	\$2,380,797	\$22,783,248	\$25,164,045	16.1%
			<b>\$3,979,605</b>	<b>\$61,485</b>	<b>\$4,041,090</b>	<b>\$18,849,660</b>	<b>\$2,380,797</b>	<b>\$22,783,248</b>	<b>\$25,164,045</b>	<b>16.1%</b>
<b>COUNTY-MCLENNAN</b>										
Baylor Scott & White Medical Center - Hillcrest	Waco	NP	\$70,049,593	\$22,833,079	\$92,882,672	\$263,066,400	\$488,133,531	\$558,325,859	\$1,046,459,390	8.9%
Providence Health Center	Waco	NP	\$27,450,938	\$93,455,171	\$120,906,109	\$258,143,923	\$504,230,403	\$445,788,751	\$950,019,154	12.7%
			<b>\$97,500,531</b>	<b>\$116,288,250</b>	<b>\$213,788,781</b>	<b>\$521,210,323</b>	<b>\$992,363,934</b>	<b>\$1,004,114,610</b>	<b>\$1,996,478,544</b>	<b>10.7%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-MEDINA</b>										
Medina Regional Hospital	Hondo	PUB	\$4,621,671	\$1,294,140	\$5,915,811	\$23,022,346	\$7,346,270	\$39,058,152	\$46,404,422	12.7%
<b>COUNTY SUBTOTALS</b>			<b>\$4,621,671</b>	<b>\$1,294,140</b>	<b>\$5,915,811</b>	<b>\$23,022,346</b>	<b>\$7,346,270</b>	<b>\$39,058,152</b>	<b>\$46,404,422</b>	<b>12.7%</b>
<b>COUNTY-MIDLAND</b>										
Continuecare Hospital of Midland	Midland	NP	\$217,000	\$152,110	\$369,110	\$9,729,000	\$36,999,000	\$0	\$36,999,000	1.0%
HEALTHSOUTH Rehabilitation Hospital of Midland/Odessa	Midland	FP	\$411,489	\$265,489	\$676,978	\$25,838,618	\$36,663,414	\$0	\$36,663,414	1.8%
Midland Memorial Hospital	Midland	PUB	\$57,261,561	\$15,414,104	\$72,675,665	\$237,339,395	\$394,906,056	\$507,094,089	\$902,000,145	8.1%
<b>COUNTY SUBTOTALS</b>			<b>\$57,890,050</b>	<b>\$15,831,703</b>	<b>\$73,721,753</b>	<b>\$272,907,013</b>	<b>\$468,568,470</b>	<b>\$507,094,089</b>	<b>\$975,662,559</b>	<b>7.6%</b>
<b>COUNTY-MILAM</b>										
Little River Healthcare	Rockdale	FP	\$14,116,057	\$19,994,864	\$34,110,921	\$191,560,203	\$9,353,681	\$576,007,826	\$585,361,507	5.8%
Little River Healthcare - Cameron Hospital	Cameron	FP	\$6,334,822	\$0	\$6,334,822	\$34,034,258	\$940,233	\$102,557,504	\$103,497,737	6.1%
<b>COUNTY SUBTOTALS</b>			<b>\$20,450,879</b>	<b>\$19,994,864</b>	<b>\$40,445,743</b>	<b>\$225,594,461</b>	<b>\$10,293,914</b>	<b>\$678,565,330</b>	<b>\$688,859,244</b>	<b>5.9%</b>
<b>COUNTY-MITCHELL</b>										
Mitchell County Hospital	Colorado City	PUB	\$2,463,992	\$681,999	\$3,145,991	\$15,132,722	\$3,554,316	\$15,974,485	\$19,528,801	16.1%
<b>COUNTY SUBTOTALS</b>			<b>\$2,463,992</b>	<b>\$681,999</b>	<b>\$3,145,991</b>	<b>\$15,132,722</b>	<b>\$3,554,316</b>	<b>\$15,974,485</b>	<b>\$19,528,801</b>	<b>16.1%</b>
<b>COUNTY-MONTAGUE</b>										
Nocona General Hospital	Nocona	PUB	\$1,964,608	\$147,402	\$2,112,010	\$6,975,247	\$6,765,295	\$11,152,906	\$17,918,201	11.8%
<b>COUNTY SUBTOTALS</b>			<b>\$1,964,608</b>	<b>\$147,402</b>	<b>\$2,112,010</b>	<b>\$6,975,247</b>	<b>\$6,765,295</b>	<b>\$11,152,906</b>	<b>\$17,918,201</b>	<b>11.8%</b>
<b>COUNTY-MONTGOMERY</b>										
Aspire Hospital LLC	Conroe	FP	\$294,332	\$0	\$294,332	\$10,640,979	\$10,878,735	\$28,327,377	\$39,206,112	0.8%
Conroe Regional Medical Center	Conroe	FP	\$47,958,755	\$60,759,026	\$108,717,781	\$259,783,749	\$1,292,453,733	\$826,431,400	\$2,118,885,133	5.1%
Cornerstone Hospital Conroe	Conroe	FP	\$349,984	\$0	\$349,984	\$15,874,222	\$86,103,540	\$0	\$86,103,540	0.4%
HEALTHSOUTH Rehabilitation Hospital The Woodlands	Conroe	FP	\$310,006	\$0	\$310,006	\$19,171,396	\$25,256,569	\$0	\$25,256,569	1.2%
HEALTHSOUTH Rehabilitation Hospital Vision Park	Shenandoah	FP	\$309,743	\$0	\$309,743	\$24,282,010	\$29,460,303	\$3,095,634	\$32,555,937	1.0%
Kingwood Medical Center	Kingwood	FP	\$59,108,711	\$32,448,871	\$91,557,582	\$279,379,075	\$1,627,060,096	\$884,177,185	\$2,511,237,281	3.6%
Memorial Hermann The Woodlands Hospital	The Woodlands	NP	\$53,117,903	\$26,994,982	\$80,112,885	\$406,145,131	\$698,724,807	\$733,714,796	\$1,432,439,603	5.6%
Nexus Specialty Hospital-The Woodlands Ltd-Shenandoah Campus	Shenandoah	FP	\$1,058,320	\$0	\$1,058,320	\$25,807,872	\$88,754,006	\$87,108	\$88,841,114	1.2%
St. Luke's Lakeside Hospital	The Woodlands	FP	\$949,305	\$1,254,008	\$2,203,313	\$42,357,763	\$54,883,772	\$106,275,066	\$161,158,838	1.4%
St. Luke's the Woodlands Hospital	The Woodlands	NP	\$15,810,847	\$34,485,140	\$50,295,987	\$200,354,168	\$450,350,103	\$400,178,160	\$850,528,263	5.9%
Woodlands Specialty Hospital	The Woodlands	FP	\$0	\$0	\$0	\$7,625,000	\$8,122,333	\$32,489,330	\$40,611,663	0.0%
<b>COUNTY SUBTOTALS</b>			<b>\$179,267,906</b>	<b>\$155,942,027</b>	<b>\$335,209,933</b>	<b>\$1,291,421,365</b>	<b>\$4,372,047,997</b>	<b>\$3,014,776,056</b>	<b>\$7,386,824,053</b>	<b>4.5%</b>
<b>COUNTY-MOORE</b>										
Memorial Hospital	Dumas	PUB	\$5,922,742	\$1,657,382	\$7,580,124	\$28,971,099	\$14,569,956	\$43,447,266	\$58,017,222	13.1%
<b>COUNTY SUBTOTALS</b>			<b>\$5,922,742</b>	<b>\$1,657,382</b>	<b>\$7,580,124</b>	<b>\$28,971,099</b>	<b>\$14,569,956</b>	<b>\$43,447,266</b>	<b>\$58,017,222</b>	<b>13.1%</b>
<b>COUNTY-NACOGDOCHES</b>										
Nacogdoches Medical Center	Nacogdoches	FP	\$14,468,805	\$8,250,084	\$22,718,889	\$87,975,136	\$244,090,449	\$234,673,717	\$478,764,166	4.7%
Nacogdoches Memorial Hospital	Nacogdoches	PUB	\$27,844,705	\$24,553,413	\$52,398,118	\$69,616,463	\$0	\$0	\$316,734,022	16.5%
<b>COUNTY SUBTOTALS</b>			<b>\$42,313,510</b>	<b>\$32,803,497</b>	<b>\$75,117,007</b>	<b>\$157,591,599</b>	<b>\$244,090,449</b>	<b>\$234,673,717</b>	<b>\$795,498,188</b>	<b>9.4%</b>
<b>COUNTY-NAVARRO</b>										
Navarro Regional Hospital	Corsicana	FP	\$20,497,713	\$6,415,832	\$26,913,545	\$51,938,629	\$108,277,288	\$182,295,055	\$290,572,343	9.3%
<b>COUNTY SUBTOTALS</b>			<b>\$20,497,713</b>	<b>\$6,415,832</b>	<b>\$26,913,545</b>	<b>\$51,938,629</b>	<b>\$108,277,288</b>	<b>\$182,295,055</b>	<b>\$290,572,343</b>	<b>9.3%</b>
<b>COUNTY-NOLAN</b>										
Rolling Plains Memorial Hospital	Sweetwater	PUB	\$3,745,351	\$1,508,354	\$5,253,705	\$25,963,954	\$13,370,044	\$44,095,053	\$57,465,097	9.1%
<b>COUNTY SUBTOTALS</b>			<b>\$3,745,351</b>	<b>\$1,508,354</b>	<b>\$5,253,705</b>	<b>\$25,963,954</b>	<b>\$13,370,044</b>	<b>\$44,095,053</b>	<b>\$57,465,097</b>	<b>9.1%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

<b>Hospital</b>	<b>City</b>	<b>Owner-ship</b>	<b>Bad Debt Charges</b>	<b>Charity Charges</b>	<b>Total Uncompensated Care</b>	<b>Net Patient Revenue</b>	<b>Gross Inpatient Revenue</b>	<b>Gross Outpatient Revenue</b>	<b>Total Gross Patient Revenue</b>	<b>Uncompensated Care as % of Gross Patient Revenue</b>
<b>COUNTY-NUECES</b>										
CHRISTUS Spohn Hospital Corpus Christi	Corpus Christi	NP	\$53,800,485	\$468,108,970	\$521,909,455	\$577,183,783	\$1,793,608,378	\$1,205,550,407	\$2,999,158,785	17.4%
Corpus Christi Rehabilitation Hospital	Corpus Christi	FP	\$247,584	\$39,290	\$286,874	\$11,193,216	\$19,379,070	\$0	\$19,379,070	1.5%
Driscoll Children's Hospital	Corpus Christi	NP	\$5,885,123	\$9,176,730	\$15,061,853	\$359,869,598	\$425,432,209	\$305,351,057	\$730,783,266	2.1%
PAM Specialty Hospital of Corpus Christi North	Corpus Christi	FP	\$145,962	\$0	\$145,962	\$10,883,160	\$45,851,732	\$0	\$45,851,732	0.3%
PAM Specialty Hospital of Corpus Christi South	Corpus Christi	FP	\$327,026	\$0	\$327,026	\$21,482,696	\$129,761,013	\$0	\$129,761,013	0.3%
South Texas Surgical Hospital	Corpus Christi	FP	\$561,713	\$0	\$561,713	\$34,823,198	\$51,357,039	\$94,207,960	\$145,564,999	0.4%
The Corpus Christi Medical Center - Bay Area	Corpus Christi	FP	\$40,885,541	\$27,757,620	\$68,643,161	\$292,320,066	\$1,487,778,426	\$789,299,692	\$2,277,078,118	3.0%
	<b>COUNTY SUBTOTALS</b>		<b>\$101,853,434</b>	<b>\$505,082,610</b>	<b>\$606,936,044</b>	<b>\$1,307,755,717</b>	<b>\$3,953,167,867</b>	<b>\$2,394,409,116</b>	<b>\$6,347,576,983</b>	<b>9.6%</b>
<b>COUNTY-OCHILTREE</b>										
Ochiltree General Hospital	Perryton	PUB	\$1,862,811	\$614,618	\$2,477,429	\$13,239,367	\$8,573,611	\$15,645,675	\$24,219,286	10.2%
	<b>COUNTY SUBTOTALS</b>		<b>\$1,862,811</b>	<b>\$614,618</b>	<b>\$2,477,429</b>	<b>\$13,239,367</b>	<b>\$8,573,611</b>	<b>\$15,645,675</b>	<b>\$24,219,286</b>	<b>10.2%</b>
<b>COUNTY-PALO PINTO</b>										
Palo Pinto General Hospital	Mineral Wells	PUB	\$4,398,502	\$13,173,010	\$17,571,512	\$31,623,595	\$31,688,999	\$82,592,957	\$114,281,956	15.4%
	<b>COUNTY SUBTOTALS</b>		<b>\$4,398,502</b>	<b>\$13,173,010</b>	<b>\$17,571,512</b>	<b>\$31,623,595</b>	<b>\$31,688,999</b>	<b>\$82,592,957</b>	<b>\$114,281,956</b>	<b>15.4%</b>
<b>COUNTY-PANOLA</b>										
East Texas Medical Center - Carthage	Carthage	NP	\$5,185,940	\$2,185,781	\$7,371,721	\$19,436,932	\$20,560,419	\$70,080,444	\$90,640,863	8.1%
	<b>COUNTY SUBTOTALS</b>		<b>\$5,185,940</b>	<b>\$2,185,781</b>	<b>\$7,371,721</b>	<b>\$19,436,932</b>	<b>\$20,560,419</b>	<b>\$70,080,444</b>	<b>\$90,640,863</b>	<b>8.1%</b>
<b>COUNTY-PARKER</b>										
Weatherford Regional Medical Center	Weatherford	FP	\$25,362,514	\$10,780,523	\$36,143,037	\$95,953,952	\$220,452,239	\$305,825,680	\$526,277,919	6.9%
Weatherford Rehabilitation Hospital LLC	Weatherford	FP	\$130,955	\$245,620	\$376,575	\$5,462,346	\$8,923,753	\$0	\$8,923,753	4.2%
	<b>COUNTY SUBTOTALS</b>		<b>\$25,493,469</b>	<b>\$11,026,143</b>	<b>\$36,519,612</b>	<b>\$101,416,298</b>	<b>\$229,375,992</b>	<b>\$305,825,680</b>	<b>\$535,201,672</b>	<b>6.8%</b>
<b>COUNTY-PARMER</b>										
Parmer Medical Center	Friona	NP	\$754,714	\$121,724	\$876,438	\$9,753,451	\$2,694,085	\$8,987,525	\$11,681,610	7.5%
	<b>COUNTY SUBTOTALS</b>		<b>\$754,714</b>	<b>\$121,724</b>	<b>\$876,438</b>	<b>\$9,753,451</b>	<b>\$2,694,085</b>	<b>\$8,987,525</b>	<b>\$11,681,610</b>	<b>7.5%</b>
<b>COUNTY-PECOS</b>										
Iraan General Hospital	Iraan	PUB	\$861,231	\$258,775	\$1,120,006	\$3,234,876	\$1,141,271	\$3,742,193	\$4,883,464	22.9%
Pecos County Memorial Hospital	Fort Stockton	PUB	\$6,335,127	\$3,147,532	\$9,482,659	\$20,664,898	\$11,893,250	\$42,999,300	\$54,892,550	17.3%
	<b>COUNTY SUBTOTALS</b>		<b>\$7,196,358</b>	<b>\$3,406,307</b>	<b>\$10,602,665</b>	<b>\$23,899,774</b>	<b>\$13,034,521</b>	<b>\$46,741,493</b>	<b>\$59,776,014</b>	<b>17.7%</b>
<b>COUNTY-POLK</b>										
CHI St Luke's Health - Memorial Livingston	Livingston	NP	\$28,871,982	\$10,245,971	\$39,117,953	\$43,551,048	\$57,503,156	\$198,723,226	\$256,226,382	15.3%
	<b>COUNTY SUBTOTALS</b>		<b>\$28,871,982</b>	<b>\$10,245,971</b>	<b>\$39,117,953</b>	<b>\$43,551,048</b>	<b>\$57,503,156</b>	<b>\$198,723,226</b>	<b>\$256,226,382</b>	<b>15.3%</b>
<b>COUNTY-POTTER</b>										
Baptist St. Anthony's Hospital	Amarillo	FP	\$57,998,845	\$65,717,617	\$123,716,462	\$420,189,731	\$792,150,690	\$715,508,397	\$1,507,659,087	8.2%
Northwest Texas Hospital	Amarillo	FP	\$38,011,077	\$180,061,000	\$218,072,077	\$276,678,000	\$905,719,000	\$534,224,000	\$1,439,943,000	15.1%
Physicians Surgical Hospital - Quail Creek Campus	Amarillo	FP	\$2,424,436	\$1,490,044	\$3,914,480	\$83,978,917	\$90,319,025	\$138,952,206	\$229,271,231	1.7%
Plum Creek Specialty Hospital	Amarillo	FP	\$13,150	\$0	\$13,150	\$3,156,899	\$9,081,293	\$0	\$9,081,293	0.1%
Vibra Hospital of Amarillo	Amarillo	FP	\$349,472	\$0	\$349,472	\$25,244,648	\$223,487,910	\$0	\$223,487,910	0.2%
Vibra Rehabilitation Hospital of Amarillo	Amarillo	FP	\$267,678	\$0	\$267,678	\$8,538,934	\$16,646,080	\$0	\$16,646,080	1.6%
	<b>COUNTY SUBTOTALS</b>		<b>\$99,064,658</b>	<b>\$247,268,661</b>	<b>\$346,333,319</b>	<b>\$817,787,129</b>	<b>\$2,037,403,998</b>	<b>\$1,388,684,603</b>	<b>\$3,426,088,601</b>	<b>10.1%</b>
<b>COUNTY-REAGAN</b>										
Reagan Memorial Hospital	Big Lake	PUB	\$2,247,484	\$7,963	\$2,255,447	\$4,815,315	\$1,414,564	\$5,302,183	\$6,716,747	33.6%
	<b>COUNTY SUBTOTALS</b>		<b>\$2,247,484</b>	<b>\$7,963</b>	<b>\$2,255,447</b>	<b>\$4,815,315</b>	<b>\$1,414,564</b>	<b>\$5,302,183</b>	<b>\$6,716,747</b>	<b>33.6%</b>
<b>COUNTY-REEVES</b>										
Reeves County Hospital	Pecos	PUB	\$3,162,872	\$479,573	\$3,642,445	\$17,144,509	\$5,489,509	\$29,351,044	\$34,840,553	10.5%
	<b>COUNTY SUBTOTALS</b>		<b>\$3,162,872</b>	<b>\$479,573</b>	<b>\$3,642,445</b>	<b>\$17,144,509</b>	<b>\$5,489,509</b>	<b>\$29,351,044</b>	<b>\$34,840,553</b>	<b>10.5%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-REFUGIO</b>										
Refugio County Memorial Hospital District	Refugio	PUB	\$2,954,235	\$284,439	\$3,238,674	\$10,516,114	\$1,919,556	\$24,051,037	\$25,970,593	12.5%
<b>COUNTY SUBTOTALS</b>			<b>\$2,954,235</b>	<b>\$284,439</b>	<b>\$3,238,674</b>	<b>\$10,516,114</b>	<b>\$1,919,556</b>	<b>\$24,051,037</b>	<b>\$25,970,593</b>	<b>12.5%</b>
<b>COUNTY-ROCKWALL</b>										
Baylor Emergency Medical Center	Rockwall	FP	\$1,503,745	\$493,787	\$1,997,532	\$11,820,991	\$1,082,030	\$43,502,771	\$44,584,801	4.5%
Baylor Scott & White Medical Center - Lake Pointe	Rowlett	FP	\$35,595,489	\$10,814,952	\$46,410,441	\$158,671,831	\$438,582,092	\$471,412,641	\$909,994,733	5.1%
Texas Health Presbyterian Hospital Rockwall	Rockwall	FP	\$11,242,861	\$12,952,869	\$24,195,730	\$120,851,756	\$137,267,325	\$261,935,363	\$399,202,688	6.1%
<b>COUNTY SUBTOTALS</b>			<b>\$48,342,095</b>	<b>\$24,261,608</b>	<b>\$72,603,703</b>	<b>\$291,344,578</b>	<b>\$576,931,447</b>	<b>\$776,850,775</b>	<b>\$1,353,782,222</b>	<b>5.4%</b>
<b>COUNTY-RUNNELS</b>										
Ballinger Memorial Hospital District	Ballinger	PUB	\$1,615,376	\$694,884	\$2,310,260	\$7,418,974	\$2,571,341	\$12,819,929	\$15,391,270	15.0%
North Runnels Hospital	Winters	PUB	\$436,324	\$52,163	\$488,487	\$4,679,315	\$810,780	\$4,203,534	\$5,014,314	9.7%
<b>COUNTY SUBTOTALS</b>			<b>\$2,051,700</b>	<b>\$747,047</b>	<b>\$2,798,747</b>	<b>\$12,098,289</b>	<b>\$3,382,121</b>	<b>\$17,023,463</b>	<b>\$20,405,584</b>	<b>13.7%</b>
<b>COUNTY-RUSK</b>										
East Texas Medical Center Henderson	Henderson	NP	\$9,753,461	\$4,530,714	\$14,284,175	\$32,791,490	\$53,882,298	\$153,400,515	\$207,282,813	6.9%
<b>COUNTY SUBTOTALS</b>			<b>\$9,753,461</b>	<b>\$4,530,714</b>	<b>\$14,284,175</b>	<b>\$32,791,490</b>	<b>\$53,882,298</b>	<b>\$153,400,515</b>	<b>\$207,282,813</b>	<b>6.9%</b>
<b>COUNTY-SABINE</b>										
Sabine County Hospital	Hemphill	FP	\$1,730,710	\$152,764	\$1,883,474	\$7,433,070	\$2,388,734	\$12,224,915	\$14,613,649	12.9%
<b>COUNTY SUBTOTALS</b>			<b>\$1,730,710</b>	<b>\$152,764</b>	<b>\$1,883,474</b>	<b>\$7,433,070</b>	<b>\$2,388,734</b>	<b>\$12,224,915</b>	<b>\$14,613,649</b>	<b>12.9%</b>
<b>COUNTY-SAN AUGUSTINE</b>										
CHI St Luke's Health Memorial San Augustine	San Augustine	NP	\$3,046,824	\$847,234	\$3,894,058	\$5,405,421	\$3,516,966	\$17,417,440	\$20,934,406	18.6%
<b>COUNTY SUBTOTALS</b>			<b>\$3,046,824</b>	<b>\$847,234</b>	<b>\$3,894,058</b>	<b>\$5,405,421</b>	<b>\$3,516,966</b>	<b>\$17,417,440</b>	<b>\$20,934,406</b>	<b>18.6%</b>
<b>COUNTY-SAN PATRICIO</b>										
Care Regional Medical Center	Aransas Pass	FP	\$7,086,705	\$0	\$7,086,705	\$22,241,157	\$15,261,574	\$45,258,006	\$60,519,580	11.7%
<b>COUNTY SUBTOTALS</b>			<b>\$7,086,705</b>	<b>\$0</b>	<b>\$7,086,705</b>	<b>\$22,241,157</b>	<b>\$15,261,574</b>	<b>\$45,258,006</b>	<b>\$60,519,580</b>	<b>11.7%</b>
<b>COUNTY-SCHLEICHER</b>										
Schleicher County Medical Center	Eldorado	FP	\$436,191	\$27,088	\$463,279	\$4,414,743	\$770,562	\$3,450,125	\$4,220,687	11.0%
<b>COUNTY SUBTOTALS</b>			<b>\$436,191</b>	<b>\$27,088</b>	<b>\$463,279</b>	<b>\$4,414,743</b>	<b>\$770,562</b>	<b>\$3,450,125</b>	<b>\$4,220,687</b>	<b>11.0%</b>
<b>COUNTY-SCURRY</b>										
Cogdell Memorial Hospital	Snyder	PUB	\$5,319,555	\$2,185,816	\$7,505,371	\$31,306,364	\$7,575,230	\$54,518,093	\$62,093,323	12.1%
<b>COUNTY SUBTOTALS</b>			<b>\$5,319,555</b>	<b>\$2,185,816</b>	<b>\$7,505,371</b>	<b>\$31,306,364</b>	<b>\$7,575,230</b>	<b>\$54,518,093</b>	<b>\$62,093,323</b>	<b>12.1%</b>
<b>COUNTY-SMITH</b>										
CHRISTUS Mother Frances Hospital - Tyler	Tyler	NP	\$122,736,553	\$332,506,147	\$455,242,700	\$567,188,757	\$1,534,206,180	\$1,787,868,804	\$3,322,074,984	13.7%
Christus Trinity Mother Frances Rehab Hosp, Aff with HealthSouth	Tyler	FP	\$266,260	\$271,310	\$537,570	\$28,212,566	\$43,187,796	\$956,435	\$44,144,231	1.2%
East Texas Medical Center	Tyler	NP	\$110,849,724	\$141,330,246	\$252,179,970	\$362,077,710	\$1,868,791,387	\$921,791,888	\$2,790,583,275	9.0%
East Texas Medical Center Rehabilitation Hospital	Tyler	NP	\$0	\$750,855	\$750,855	\$23,542,895	\$118,941,048	\$34,855,355	\$153,796,403	0.5%
East Texas Medical Center Specialty Hospital	Tyler	NP	\$0	\$488,087	\$488,087	\$15,577,101	\$144,984,748	\$0	\$144,984,748	0.3%
Texas Spine and Joint Hospital	Tyler	FP	\$6,890,328	\$1,870,808	\$8,761,136	\$91,802,640	\$182,481,706	\$444,001,460	\$626,483,166	1.4%
Tyler Continue Care Hospital	Tyler	NP	\$6,000	\$124,300	\$130,300	\$28,801,000	\$110,693,000	\$0	\$110,693,000	0.1%
UT Health Northeast	Tyler	PUB	\$14,661,829	\$569,731	\$15,231,560	\$75,600,871	\$88,329,832	\$145,365,372	\$233,695,204	6.5%
<b>COUNTY SUBTOTALS</b>			<b>\$255,410,694</b>	<b>\$477,911,484</b>	<b>\$733,322,178</b>	<b>\$1,192,803,540</b>	<b>\$4,091,615,697</b>	<b>\$3,334,839,314</b>	<b>\$7,426,455,011</b>	<b>9.9%</b>
<b>COUNTY-SOMERVELL</b>										
Glen Rose Medical Center	Glen Rose	PUB	\$4,479,263	\$271,117	\$4,750,380	\$11,000,474	\$6,570,179	\$38,700,811	\$45,270,990	10.5%
<b>COUNTY SUBTOTALS</b>			<b>\$4,479,263</b>	<b>\$271,117</b>	<b>\$4,750,380</b>	<b>\$11,000,474</b>	<b>\$6,570,179</b>	<b>\$38,700,811</b>	<b>\$45,270,990</b>	<b>10.5%</b>
<b>COUNTY-STARR</b>										
Starr County Memorial Hospital	Rio Grande City	PUB	\$6,411,860	\$376,273	\$6,788,133	\$25,649,039	\$11,368,240	\$32,751,453	\$44,119,693	15.4%
<b>COUNTY SUBTOTALS</b>			<b>\$6,411,860</b>	<b>\$376,273</b>	<b>\$6,788,133</b>	<b>\$25,649,039</b>	<b>\$11,368,240</b>	<b>\$32,751,453</b>	<b>\$44,119,693</b>	<b>15.4%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-STEPHENS</b>										
Stephens Memorial Hospital	Breckenridge	PUB	\$2,412,268	\$225,627	\$2,637,895	\$6,694,657	\$1,894,833	\$17,419,205	\$19,314,038	13.7%
<b>COUNTY SUBTOTALS</b>			<b>\$2,412,268</b>	<b>\$225,627</b>	<b>\$2,637,895</b>	<b>\$6,694,657</b>	<b>\$1,894,833</b>	<b>\$17,419,205</b>	<b>\$19,314,038</b>	<b>13.7%</b>
<b>COUNTY-STONEWALL</b>										
Stonewall Memorial Hospital	Aspermont	PUB	\$323,501	\$31,517	\$355,018	\$7,560,716	\$1,600,189	\$6,467,477	\$8,067,666	4.4%
<b>COUNTY SUBTOTALS</b>			<b>\$323,501</b>	<b>\$31,517</b>	<b>\$355,018</b>	<b>\$7,560,716</b>	<b>\$1,600,189</b>	<b>\$6,467,477</b>	<b>\$8,067,666</b>	<b>4.4%</b>
<b>COUNTY-SUTTON</b>										
Lillian M. Hudspeth Memorial Hospital	Sonora	PUB	\$1,609,174	\$456,261	\$2,065,435	\$7,662,861	\$1,314,856	\$12,311,256	\$13,626,112	15.2%
<b>COUNTY SUBTOTALS</b>			<b>\$1,609,174</b>	<b>\$456,261</b>	<b>\$2,065,435</b>	<b>\$7,662,861</b>	<b>\$1,314,856</b>	<b>\$12,311,256</b>	<b>\$13,626,112</b>	<b>15.2%</b>
<b>COUNTY-SWISHER</b>										
Swisher Memorial Hospital	Tulia	NP	\$1,263,969	\$254,559	\$1,518,528	\$8,433,834	\$3,280,939	\$9,680,579	\$12,961,518	11.7%
<b>COUNTY SUBTOTALS</b>			<b>\$1,263,969</b>	<b>\$254,559</b>	<b>\$1,518,528</b>	<b>\$8,433,834</b>	<b>\$3,280,939</b>	<b>\$9,680,579</b>	<b>\$12,961,518</b>	<b>11.7%</b>
<b>COUNTY-TARRANT</b>										
Baylor Emergency Medical Center	Burleson	FP	\$2,785,875	\$961,370	\$3,747,245	\$17,634,372	\$1,304,467	\$67,728,227	\$69,032,694	5.4%
Baylor Institute for Rehabilitation at Fort Worth	Fort Worth	FP	\$219,269	\$505,630	\$724,899	\$16,555,894	\$27,823,281	\$1,206,717	\$29,029,998	2.5%
Baylor Orthopedic and Spine Hospital at Arlington	Arlington	FP	\$1,298,882	\$2,697,665	\$3,996,547	\$94,863,625	\$111,031,904	\$112,816,411	\$223,848,315	1.8%
Baylor Scott & White All Saints Medical Center - Fort Worth	Fort Worth	NP	\$23,000,279	\$42,181,101	\$65,181,380	\$331,174,988	\$629,819,662	\$359,187,066	\$989,006,728	6.6%
Baylor Scott & White Medical Center - Grapevine	Grapevine	NP	\$18,694,688	\$22,390,427	\$41,085,115	\$255,922,615	\$440,606,137	\$286,364,586	\$726,970,723	5.7%
Baylor Surgical Hospital at Fort Worth	Fort Worth	FP	\$1,692,486	\$48,760	\$1,741,246	\$98,608,517	\$105,961,168	\$134,061,142	\$240,022,310	0.7%
Cook Children's Medical Center	Fort Worth	NP	\$21,724,577	\$10,541,967	\$32,266,544	\$882,351,723	\$1,008,993,039	\$731,812,932	\$1,740,805,971	1.9%
Cook Children's Northeast Hospital	Hurst	FP	\$3,534,375	\$1,199,692	\$4,734,067	\$37,872,603	\$259,134	\$75,639,471	\$75,898,605	6.2%
Ethicus Hospital DFW LLC	Grapevine	FP	\$1,395,183	\$0	\$1,395,183	\$19,587,482	\$42,890,175	\$38,873,612	\$81,763,787	1.7%
HEALTHSOUTH City View Rehabilitation Hospital	Fort Worth	FP	\$264,761	\$54,315	\$319,076	\$23,458,375	\$31,197,300	\$0	\$31,197,300	1.0%
HEALTHSOUTH Rehabilitation Hospital of Arlington	Arlington	FP	\$783,154	\$141,676	\$924,830	\$29,013,954	\$39,422,782	\$0	\$39,422,782	2.3%
HEALTHSOUTH Rehabilitation Hospital of Fort Worth	Fort Worth	FP	\$350,429	\$11,703	\$362,132	\$20,045,779	\$27,123,178	\$0	\$27,123,178	1.3%
HEALTHSOUTH Rehabilitation Hospital of the Mid-Cities	Bedford	FP	\$244,127	\$157,555	\$401,682	\$22,624,347	\$33,433,989	\$0	\$33,433,989	1.2%
John Peter Smith Hospital	Fort Worth	PUB	\$305,430,320	\$422,386,840	\$727,817,160	\$505,521,917	\$1,022,816,479	\$1,184,364,136	\$2,207,180,615	33.0%
Kindred Hospital - Fort Worth	Fort Worth	FP	\$105,626	\$0	\$105,626	\$25,482,223	\$96,577,626	\$0	\$96,577,626	0.1%
Kindred Hospital - Mansfield	Mansfield	FP	\$456,642	\$0	\$456,642	\$16,035,472	\$54,102,776	\$141,137	\$54,243,913	0.8%
Kindred Hospital - Tarrant County	Arlington	FP	\$327,926	\$0	\$327,926	\$19,938,569	\$74,474,200	\$2,946,687	\$77,420,887	0.4%
Kindred Hospital - Tarrant County	Fort Worth	FP	\$871,007	\$0	\$871,007	\$44,440,174	\$159,533,508	\$10,366,997	\$169,900,505	0.5%
Kindred Rehabilitation Hospital Arlington	Arlington	FP	\$162,556	\$0	\$162,556	\$6,217,561	\$11,299,106	\$0	\$11,299,106	1.4%
LifeCare Hospitals of Fort Worth	Fort Worth	FP	\$0	\$0	\$0	\$21,780,104	\$132,885,119	\$4,111,312	\$136,996,431	0.0%
Medical Center of Alliance	Fort Worth	FP	\$8,879,576	\$3,387,000	\$12,266,576	\$58,214,273	\$146,752,137	\$166,485,328	\$313,237,465	3.9%
Medical Center of Arlington	Arlington	FP	\$15,345,190	\$96,325,502	\$111,670,692	\$271,769,052	\$1,396,199,148	\$671,804,048	\$2,068,003,196	5.4%
Methodist Mansfield Medical Center	Mansfield	NP	\$20,606,368	\$64,371,843	\$84,978,211	\$202,552,776	\$342,713,215	\$382,182,033	\$724,895,248	11.7%
North Hills Hospital	North Richland Hills	FP	\$8,351,978	\$42,131,108	\$50,483,086	\$144,652,246	\$563,512,081	\$378,828,470	\$942,340,551	5.4%
Parkway Surgical and Cardiovascular Hospital	Fort Worth	PUB	\$27,730	\$418,204	\$445,934	\$58,207,921	\$63,956,114	\$61,818,835	\$125,774,949	0.4%
Plaza Medical Center of Fort Worth	Fort Worth	FP	\$8,074,471	\$73,197,555	\$81,272,026	\$216,219,467	\$968,775,591	\$484,203,654	\$1,452,979,245	5.6%
Texas General Hospital	Grand Prairie	FP	\$0	\$110,361	\$110,361	\$92,989,192	\$207,665,878	\$561,330,972	\$768,996,850	0.0%
Texas Health Arlington Memorial Hospital	Arlington	NP	\$22,245,780	\$95,725,929	\$117,971,709	\$237,690,961	\$547,628,367	\$383,336,124	\$930,964,491	12.7%
Texas Health Harris Methodist Hospital Alliance	Fort Worth	NP	\$11,179,034	\$24,377,061	\$35,556,095	\$103,263,737	\$181,358,789	\$138,205,679	\$319,564,468	11.1%
Texas Health Harris Methodist Hospital Azle	Azle	NP	\$5,381,495	\$25,275,802	\$30,657,297	\$33,859,433	\$42,637,839	\$97,468,055	\$140,105,894	21.9%
Texas Health Harris Methodist Hospital Fort Worth	Fort Worth	NP	\$65,615,892	\$269,984,929	\$335,600,821	\$814,570,012	\$2,058,375,409	\$986,108,304	\$3,044,483,713	11.0%
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	Bedford	NP	\$21,890,472	\$78,327,733	\$100,218,205	\$258,059,423	\$550,539,235	\$404,877,172	\$955,416,407	10.5%
Texas Health Harris Methodist Hospital Southlake	Southlake	FP	\$1,043,153	\$396,145	\$1,439,298	\$66,577,393	\$61,842,331	\$102,590,702	\$164,433,033	0.9%
Texas Health Harris Methodist Hospital Southwest Fort Worth	Fort Worth	NP	\$20,011,561	\$61,209,012	\$81,220,573	\$294,794,144	\$629,860,785	\$338,916,197	\$968,776,982	8.4%



**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
Texas Health Heart & Vascular Hospital	Arlington	FP	\$2,074,000	\$6,634,000	\$8,708,000	\$50,498,000	\$97,688,000	\$98,809,000	\$196,497,000	4.4%
Texas Health Huguley Hospital	Fort Worth	NP	\$2,353,596	\$79,695,646	\$82,049,242	\$186,617,457	\$451,447,194	\$455,661,904	\$907,109,098	9.0%
Texas Health Specialty Hospital	Fort Worth	NP	\$328,004	\$741,350	\$1,069,354	\$7,880,270	\$20,691,509	\$0	\$20,691,509	5.2%
Texas Rehabilitation Hospital of Arlington	Arlington	FP	\$183,172	\$54,029	\$237,201	\$15,957,088	\$22,994,478	\$0	\$22,994,478	1.0%
Texas Rehabilitation Hospital of Fort Worth	Fort Worth	FP	\$260,756	\$365,315	\$626,071	\$28,568,041	\$39,199,671	\$0	\$39,199,671	1.6%
USMD Hospital at Arlington	Arlington	FP	\$31,057,113	\$294,281	\$31,351,394	\$100,023,362	\$98,963,504	\$234,091,597	\$333,055,101	9.4%
USMD Hospital at Fort Worth	Fort Worth	FP	\$5,671,335	\$112,894	\$5,784,229	\$28,486,491	\$15,650,000	\$65,175,368	\$80,825,368	7.2%
<b>COUNTY SUBTOTALS</b>			<b>\$633,922,838</b>	<b>\$1,426,414,400</b>	<b>\$2,060,337,238</b>	<b>\$5,760,581,033</b>	<b>\$12,560,006,305</b>	<b>\$9,021,513,875</b>	<b>\$21,581,520,180</b>	<b>9.5%</b>
<b>COUNTY-TAYLOR</b>										
Abilene Regional Medical Center	Abilene	FP	\$24,439,218	\$5,666,622	\$30,105,840	\$117,354,172	\$413,042,645	\$471,708,556	\$884,751,201	3.4%
ContinueCARE Hospital at Hendrick Medical Center	Abilene	NP	\$262,000	\$0	\$262,000	\$8,812,000	\$32,599,000	\$0	\$32,599,000	0.8%
HEALTHSOUTH Rehabilitation Hospital of Abilene	Abilene	FP	\$128,357	\$204,760	\$333,117	\$11,446,270	\$18,768,316	\$0	\$18,768,316	1.8%
Hendrick Medical Center	Abilene	NP	\$81,779,731	\$51,411,692	\$133,191,423	\$457,573,986	\$996,869,990	\$874,767,358	\$1,871,637,348	7.1%
<b>COUNTY SUBTOTALS</b>			<b>\$106,609,306</b>	<b>\$57,283,074</b>	<b>\$163,892,380</b>	<b>\$595,186,428</b>	<b>\$1,461,279,951</b>	<b>\$1,346,475,914</b>	<b>\$2,807,755,865</b>	<b>5.8%</b>
<b>COUNTY-TERRY</b>										
Brownfield Regional Medical Center	Brownfield	PUB	\$3,700,475	\$949,507	\$4,649,982	\$12,152,582	\$6,382,055	\$21,011,168	\$27,393,223	17.0%
<b>COUNTY SUBTOTALS</b>			<b>\$3,700,475</b>	<b>\$949,507</b>	<b>\$4,649,982</b>	<b>\$12,152,582</b>	<b>\$6,382,055</b>	<b>\$21,011,168</b>	<b>\$27,393,223</b>	<b>17.0%</b>
<b>COUNTY-THROCKMORTON</b>										
Throckmorton County Memorial Hospital	Throckmorton	PUB	\$352,488	\$58,781	\$411,269	\$2,840,476	\$977,566	\$1,856,018	\$2,840,476	14.5%
<b>COUNTY SUBTOTALS</b>			<b>\$352,488</b>	<b>\$58,781</b>	<b>\$411,269</b>	<b>\$2,840,476</b>	<b>\$977,566</b>	<b>\$1,856,018</b>	<b>\$2,840,476</b>	<b>14.5%</b>
<b>COUNTY-TITUS</b>										
Titus Regional Medical Center	Mount Pleasant	PUB	\$18,556,536	\$2,500,605	\$21,057,141	\$61,120,167	\$51,741,052	\$120,729,120	\$172,470,172	12.2%
<b>COUNTY SUBTOTALS</b>			<b>\$18,556,536</b>	<b>\$2,500,605</b>	<b>\$21,057,141</b>	<b>\$61,120,167</b>	<b>\$51,741,052</b>	<b>\$120,729,120</b>	<b>\$172,470,172</b>	<b>12.2%</b>
<b>COUNTY-TOM GREEN</b>										
San Angelo Community Medical Center	San Angelo	FP	\$20,331,188	\$998,044	\$21,329,232	\$105,891,426	\$289,320,337	\$403,795,363	\$693,115,700	3.1%
Shannon West Texas Memorial Hospital	San Angelo	NP	\$43,245,428	\$72,656,622	\$115,902,050	\$285,905,934	\$492,790,139	\$566,322,784	\$1,059,112,923	10.9%
<b>COUNTY SUBTOTALS</b>			<b>\$63,576,616</b>	<b>\$73,654,666</b>	<b>\$137,231,282</b>	<b>\$391,797,360</b>	<b>\$782,110,476</b>	<b>\$970,118,147</b>	<b>\$1,752,228,623</b>	<b>7.8%</b>
<b>COUNTY-TRAVIS</b>										
Arise Austin Medical Center	Austin	FP	\$532,484	\$0	\$532,484	\$32,361,063	\$0	\$0	\$141,237,643	0.4%
Central Texas Rehabilitation Hospital	Austin	FP	\$226,699	\$453,624	\$680,323	\$18,717,624	\$30,380,635	\$0	\$30,380,635	2.2%
Cornerstone Hospital of Austin	Austin	FP	\$517,529	\$0	\$517,529	\$31,084,366	\$110,659,979	\$1,781,613	\$112,441,592	0.5%
Dell Children's Medical Center	Austin	NP	\$18,019,056	\$25,349,527	\$43,368,583	\$540,630,863	\$870,332,954	\$505,654,406	\$1,375,987,360	3.2%
HealthSouth Rehabilitation Hospital of Austin	Austin	FP	\$180,954	\$56,727	\$237,681	\$14,051,637	\$19,742,096	\$0	\$19,742,096	1.2%
North Austin Medical Center	Austin	NP	\$18,962,809	\$114,054,063	\$133,016,872	\$401,907,463	\$1,178,452,072	\$737,323,835	\$1,915,775,907	6.9%
Northwest Hills Surgical Hospital	Austin	FP	\$2,115,103	\$57,591	\$2,172,694	\$27,724,666	\$119,745,283	\$165,044,100	\$284,789,383	0.8%
Seton Medical Center Austin	Austin	NP	\$32,678,048	\$124,339,507	\$157,017,555	\$487,200,559	\$1,701,652,677	\$672,697,666	\$2,374,350,343	6.6%
Seton Northwest Hospital	Austin	NP	\$23,739,244	\$57,556,381	\$81,295,625	\$97,285,112	\$268,595,921	\$237,908,986	\$506,504,907	16.1%
Seton Southwest Hospital	Austin	NP	\$8,499,126	\$11,349,213	\$19,848,339	\$34,574,878	\$41,616,465	\$103,957,493	\$145,573,958	13.6%
St. David's Medical Center	Austin	NP	\$14,684,492	\$18,273,491	\$32,957,983	\$664,502,023	\$2,079,405,602	\$1,402,274,555	\$3,481,680,157	0.9%
St. David's South Austin Medical Center	Austin	NP	\$24,906,058	\$172,085,379	\$196,991,437	\$318,643,913	\$1,254,430,452	\$753,265,220	\$2,007,695,672	9.8%
Texas Neurorehab Center	Austin	FP	\$29,668	\$26,232	\$55,900	\$17,496,487	\$32,671,956	\$1,504,698	\$34,176,654	0.2%
The Hospital at Westlake Medical Center	Austin	FP	\$1,772,000	\$0	\$1,772,000	\$34,329,171	\$36,958,360	\$51,641,655	\$88,600,015	2.0%
University Medical Center at Brackenridge	Austin	NP	\$87,874,041	\$531,515,106	\$619,389,147	\$452,553,638	\$1,081,875,362	\$971,392,000	\$2,053,267,362	30.2%
Vibra Rehabilitation Hospital of Lake Travis	Lakeway	FP	\$117,552	\$0	\$117,552	\$11,638,222	\$16,940,169	\$359,740	\$17,299,909	0.7%
<b>COUNTY SUBTOTALS</b>			<b>\$234,854,863</b>	<b>\$1,055,116,841</b>	<b>\$1,289,971,704</b>	<b>\$3,184,701,685</b>	<b>\$8,843,459,983</b>	<b>\$5,604,805,967</b>	<b>\$14,589,503,593</b>	<b>8.8%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-TRINITY</b>										
East Texas Medical Center Trinity	Trinity	NP	\$2,636,641	\$470,852	\$3,107,493	\$8,132,456	\$2,312,131	\$30,687,422	\$32,999,553	9.4%
<b>COUNTY SUBTOTALS</b>			<b>\$2,636,641</b>	<b>\$470,852</b>	<b>\$3,107,493</b>	<b>\$8,132,456</b>	<b>\$2,312,131</b>	<b>\$30,687,422</b>	<b>\$32,999,553</b>	<b>9.4%</b>
<b>COUNTY-TYLER</b>										
Tyler County Hospital	Woodville	PUB	\$2,176,642	\$1,423,325	\$3,599,967	\$8,988,623	\$4,398,664	\$15,071,897	\$19,470,561	18.5%
<b>COUNTY SUBTOTALS</b>			<b>\$2,176,642</b>	<b>\$1,423,325</b>	<b>\$3,599,967</b>	<b>\$8,988,623</b>	<b>\$4,398,664</b>	<b>\$15,071,897</b>	<b>\$19,470,561</b>	<b>18.5%</b>
<b>COUNTY-UPTON</b>										
McCamey Hospital	McCamey	PUB	\$779,775	\$564,657	\$1,344,432	\$4,565,319	\$451,765	\$5,120,407	\$5,572,172	24.1%
Rankin County Hospital District	Rankin	PUB	\$566,050	\$41,690	\$607,740	\$5,669,882	\$1,292,181	\$3,572,439	\$4,864,620	12.5%
<b>COUNTY SUBTOTALS</b>			<b>\$1,345,825</b>	<b>\$606,347</b>	<b>\$1,952,172</b>	<b>\$10,235,201</b>	<b>\$1,743,946</b>	<b>\$8,692,846</b>	<b>\$10,436,792</b>	<b>18.7%</b>
<b>COUNTY-UVALDE</b>										
Uvalde Memorial Hospital	Uvalde	PUB	\$10,206,742	\$8,337,873	\$18,544,615	\$61,144,929	\$26,199,159	\$109,959,513	\$136,158,672	13.6%
<b>COUNTY SUBTOTALS</b>			<b>\$10,206,742</b>	<b>\$8,337,873</b>	<b>\$18,544,615</b>	<b>\$61,144,929</b>	<b>\$26,199,159</b>	<b>\$109,959,513</b>	<b>\$136,158,672</b>	<b>13.6%</b>
<b>COUNTY-VAL VERDE</b>										
Val Verde Regional Medical Center	Del Rio	PUB	\$11,446,539	\$3,272,906	\$14,719,445	\$76,912,555	\$41,783,314	\$166,700,775	\$208,484,089	7.1%
<b>COUNTY SUBTOTALS</b>			<b>\$11,446,539</b>	<b>\$3,272,906</b>	<b>\$14,719,445</b>	<b>\$76,912,555</b>	<b>\$41,783,314</b>	<b>\$166,700,775</b>	<b>\$208,484,089</b>	<b>7.1%</b>
<b>COUNTY-VAN ZANDT</b>										
Texas General Hospital - Van Zandt Regional Medical Center LP	Grand Saline	FP	\$0	\$0	\$0	\$2,274,095	\$0	\$0	\$0	
<b>COUNTY SUBTOTALS</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,274,095</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>COUNTY-VICTORIA</b>										
Citizens Medical Center	Victoria	PUB	\$128,635,551	\$19,048,544	\$147,684,095	\$133,770,634	\$279,870,458	\$268,526,977	\$548,397,435	26.9%
DeTar Hospital Navarro	Victoria	FP	\$63,233,566	\$15,040,625	\$78,274,191	\$188,455,875	\$687,189,046	\$723,146,664	\$1,410,335,710	5.6%
PAM Rehabilitation Hospital of Victoria	Victoria	FP	\$115,714	\$0	\$115,714	\$10,359,816	\$33,582,273	\$0	\$33,582,273	0.3%
PAM Specialty Hospital of Victoria North	Victoria	FP	\$225,710	\$0	\$225,710	\$15,158,588	\$55,332,790	\$9,209,971	\$64,542,761	0.3%
PAM Specialty Hospital of Victoria South	Victoria	FP	\$131,089	\$0	\$131,089	\$11,531,030	\$41,330,976	\$0	\$41,330,976	0.3%
<b>COUNTY SUBTOTALS</b>			<b>\$192,341,630</b>	<b>\$34,089,169</b>	<b>\$226,430,799</b>	<b>\$359,275,943</b>	<b>\$1,097,305,543</b>	<b>\$1,000,883,612</b>	<b>\$2,098,189,155</b>	<b>10.8%</b>
<b>COUNTY-WALKER</b>										
Huntsville Memorial Hospital	Huntsville	NP	\$11,030,508	\$11,178,644	\$22,209,152	\$89,864,983	\$136,735,889	\$218,805,959	\$355,541,848	6.2%
<b>COUNTY SUBTOTALS</b>			<b>\$11,030,508</b>	<b>\$11,178,644</b>	<b>\$22,209,152</b>	<b>\$89,864,983</b>	<b>\$136,735,889</b>	<b>\$218,805,959</b>	<b>\$355,541,848</b>	<b>6.2%</b>
<b>COUNTY-WARD</b>										
Ward Memorial Hospital	Monahans	PUB	\$1,943,090	\$4,696,802	\$6,639,892	\$9,280,380	\$2,234,833	\$27,532,223	\$29,767,056	22.3%
<b>COUNTY SUBTOTALS</b>			<b>\$1,943,090</b>	<b>\$4,696,802</b>	<b>\$6,639,892</b>	<b>\$9,280,380</b>	<b>\$2,234,833</b>	<b>\$27,532,223</b>	<b>\$29,767,056</b>	<b>22.3%</b>
<b>COUNTY-WASHINGTON</b>										
Baylor Scott & White Medical Center - Brenham	Brenham	NP	\$10,212,283	\$2,727,800	\$12,940,083	\$28,821,244	\$28,468,462	\$92,540,847	\$121,009,309	10.7%
<b>COUNTY SUBTOTALS</b>			<b>\$10,212,283</b>	<b>\$2,727,800</b>	<b>\$12,940,083</b>	<b>\$28,821,244</b>	<b>\$28,468,462</b>	<b>\$92,540,847</b>	<b>\$121,009,309</b>	<b>10.7%</b>
<b>COUNTY-WEBB</b>										
Doctors Hospital of Laredo	Laredo	FP	\$38,714,642	\$12,461,369	\$51,176,011	\$119,494,729	\$427,100,515	\$471,724,988	\$898,825,503	5.7%
Laredo Medical Center	Laredo	FP	\$106,147,048	\$50,812,890	\$156,959,938	\$234,492,671	\$1,001,899,096	\$729,651,758	\$1,731,550,854	9.1%
Laredo Rehabilitation Hospital	Laredo	FP	\$135,279	\$0	\$135,279	\$8,064,019	\$14,226,522	\$0	\$14,226,522	1.0%
Laredo Specialty Hospital	Laredo	FP	\$264,468	\$0	\$264,468	\$16,237,987	\$41,973,473	\$2,728,330	\$44,701,803	0.6%
<b>COUNTY SUBTOTALS</b>			<b>\$145,261,437</b>	<b>\$63,274,259</b>	<b>\$208,535,696</b>	<b>\$378,289,406</b>	<b>\$1,485,199,606</b>	<b>\$1,204,105,076</b>	<b>\$2,689,304,682</b>	<b>7.8%</b>
<b>COUNTY-WHARTON</b>										
El Campo Memorial Hospital	El Campo	NP	\$3,985,039	\$1,530,078	\$5,515,117	\$19,839,283	\$6,367,399	\$28,673,901	\$35,041,300	15.7%
<b>COUNTY SUBTOTALS</b>			<b>\$3,985,039</b>	<b>\$1,530,078</b>	<b>\$5,515,117</b>	<b>\$19,839,283</b>	<b>\$6,367,399</b>	<b>\$28,673,901</b>	<b>\$35,041,300</b>	<b>15.7%</b>

**CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016**

Hospital	City	Owner-ship	Bad Debt Charges	Charity Charges	Total Uncompensated Care	Net Patient Revenue	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Gross Patient Revenue	Uncompensated Care as % of Gross Patient Revenue
<b>COUNTY-WHEELER</b>										
Parkview Hospital	Wheeler	PUB	\$647,029	\$55,875	\$702,904	\$4,855,964	\$1,039,353	\$4,237,853	\$5,277,206	13.3%
Shamrock General Hospital	Shamrock	PUB	\$485,389	\$9,717	\$495,106	\$3,821,686	\$537,418	\$2,598,638	\$3,136,056	15.8%
<b>COUNTY SUBTOTALS</b>			<b>\$1,132,418</b>	<b>\$65,592</b>	<b>\$1,198,010</b>	<b>\$8,677,650</b>	<b>\$1,576,771</b>	<b>\$6,836,491</b>	<b>\$8,413,262</b>	<b>14.2%</b>
<b>COUNTY-WICHITA</b>										
Electra Memorial Hospital	Electra	PUB	\$324,596	\$735,601	\$1,060,197	\$16,788,490	\$7,166,140	\$13,538,477	\$20,704,617	5.1%
HEALTHSOUTH Rehabilitation Hospital of Wichita Falls	Wichita Falls	FP	\$307,257	\$383,099	\$690,356	\$26,900,627	\$35,292,937	\$1,856,867	\$37,149,804	1.9%
Kell West Regional Hospital	Wichita Falls	FP	\$3,223,364	\$0	\$3,223,364	\$31,456,828	\$30,343,675	\$63,106,577	\$93,450,252	3.4%
Promise Hospital of Wichita Falls Inc	Wichita Falls	FP	\$386,615	\$0	\$386,615	\$12,939,220	\$28,995,006	\$0	\$28,995,006	1.3%
United Regional Health Care System	Wichita Falls	NP	\$36,691,910	\$139,804,979	\$176,496,889	\$311,430,125	\$546,350,841	\$421,896,592	\$968,247,433	18.2%
<b>COUNTY SUBTOTALS</b>			<b>\$40,933,742</b>	<b>\$140,923,679</b>	<b>\$181,857,421</b>	<b>\$399,515,290</b>	<b>\$648,148,599</b>	<b>\$500,398,513</b>	<b>\$1,148,547,112</b>	<b>15.8%</b>
<b>COUNTY-WILBARGER</b>										
Wilbarger General Hospital	Vernon	PUB	\$3,846,610	\$480,327	\$4,326,937	\$14,106,109	\$6,561,862	\$35,967,011	\$42,528,873	10.2%
<b>COUNTY SUBTOTALS</b>			<b>\$3,846,610</b>	<b>\$480,327</b>	<b>\$4,326,937</b>	<b>\$14,106,109</b>	<b>\$6,561,862</b>	<b>\$35,967,011</b>	<b>\$42,528,873</b>	<b>10.2%</b>
<b>COUNTY-WILLIAMSON</b>										
Baylor Scott & White Emergency Medical Center Cedar Park	Cedar Park	FP	\$69,201	\$65,654	\$134,855	\$5,320,926	\$283,825	\$22,201,695	\$22,485,520	0.6%
Baylor Scott & White Medical Center - Round Rock	Round Rock	NP	\$20,725,717	\$12,066,671	\$32,792,388	\$232,139,793	\$226,637,724	\$644,414,702	\$871,052,426	3.8%
Baylor Scott & White Medical Center - Taylor	Taylor	NP	\$5,055,744	\$995,170	\$6,050,914	\$22,233,547	\$8,412,116	\$63,619,277	\$72,031,393	8.4%
Cedar Park Regional Medical Center	Cedar Park	FP	\$31,400,798	\$7,313,256	\$38,714,054	\$101,826,153	\$254,535,485	\$311,324,053	\$565,859,538	6.8%
HEALTHSOUTH Rehabilitation Hospital of Round Rock	Round Rock	FP	\$0	\$29,560	\$29,560	\$26,882,956	\$39,375,698	\$1,774,251	\$41,149,949	0.1%
Round Rock Medical Center	Round Rock	NP	\$19,908,777	\$67,645,555	\$87,554,332	\$198,943,682	\$639,270,089	\$473,559,705	\$1,112,829,794	7.9%
Seton Medical Center Williamson	Round Rock	NP	\$26,715,912	\$57,368,606	\$84,084,518	\$159,684,259	\$566,731,532	\$236,005,578	\$802,737,110	10.5%
<b>COUNTY SUBTOTALS</b>			<b>\$103,876,149</b>	<b>\$145,484,472</b>	<b>\$249,360,621</b>	<b>\$747,031,316</b>	<b>\$1,735,246,469</b>	<b>\$1,752,899,261</b>	<b>\$3,488,145,730</b>	<b>7.1%</b>
<b>COUNTY-WILSON</b>										
Connally Memorial Medical Center	Floresville	PUB	\$4,672,072	\$2,407,609	\$7,079,681	\$33,391,392	\$23,459,132	\$82,854,350	\$106,313,482	6.7%
<b>COUNTY SUBTOTALS</b>			<b>\$4,672,072</b>	<b>\$2,407,609</b>	<b>\$7,079,681</b>	<b>\$33,391,392</b>	<b>\$23,459,132</b>	<b>\$82,854,350</b>	<b>\$106,313,482</b>	<b>6.7%</b>
<b>COUNTY-WINKLER</b>										
Winkler County Memorial Hospital	Kermit	PUB	\$1,521,370	\$171,921	\$1,693,291	\$7,303,553	\$1,008,702	\$8,234,847	\$9,243,549	18.3%
<b>COUNTY SUBTOTALS</b>			<b>\$1,521,370</b>	<b>\$171,921</b>	<b>\$1,693,291</b>	<b>\$7,303,553</b>	<b>\$1,008,702</b>	<b>\$8,234,847</b>	<b>\$9,243,549</b>	<b>18.3%</b>
<b>COUNTY-WISE</b>										
Wise Health System	Decatur	PUB	\$20,706,322	\$35,073,890	\$55,780,212	\$332,077,862	\$327,058,390	\$420,999,540	\$748,057,930	7.5%
<b>COUNTY SUBTOTALS</b>			<b>\$20,706,322</b>	<b>\$35,073,890</b>	<b>\$55,780,212</b>	<b>\$332,077,862</b>	<b>\$327,058,390</b>	<b>\$420,999,540</b>	<b>\$748,057,930</b>	<b>7.5%</b>
<b>COUNTY-WOOD</b>										
CHRISTUS Mother Frances Hospital - Winnsboro	Winnsboro	NP	\$3,584,581	\$8,875,553	\$12,460,134	\$16,870,485	\$8,126,485	\$59,830,749	\$67,957,234	18.3%
East Texas Medical Center - Quitman	Quitman	NP	-\$1,050,104	\$6,596,865	\$5,546,761	\$23,281,200	\$23,304,637	\$52,876,557	\$76,181,188	7.3%
<b>COUNTY SUBTOTALS</b>			<b>\$2,534,477</b>	<b>\$15,472,418</b>	<b>\$18,006,895</b>	<b>\$40,151,685</b>	<b>\$31,431,122</b>	<b>\$112,707,306</b>	<b>\$144,138,422</b>	<b>12.5%</b>
<b>COUNTY-YOAKUM</b>										
Yoakum County Hospital	Denver City	PUB	\$3,166,263	\$846,478	\$4,012,741	\$23,208,976	\$5,255,333	\$32,341,688	\$37,597,021	10.7%
<b>COUNTY SUBTOTALS</b>			<b>\$3,166,263</b>	<b>\$846,478</b>	<b>\$4,012,741</b>	<b>\$23,208,976</b>	<b>\$5,255,333</b>	<b>\$32,341,688</b>	<b>\$37,597,021</b>	<b>10.7%</b>
<b>COUNTY-YOUNG</b>										
Graham Regional Medical Center	Graham	PUB	-\$387,900	\$1,193,269	\$805,369	\$15,591,181	\$12,234,751	\$40,352,630	\$52,587,381	1.5%
Hamilton Hospital	Olney	PUB	\$2,601,679	\$1,615,671	\$4,217,350	\$13,948,520	\$6,573,530	\$21,922,534	\$28,496,064	14.8%
<b>COUNTY SUBTOTALS</b>			<b>\$2,213,779</b>	<b>\$2,808,940</b>	<b>\$5,022,719</b>	<b>\$29,539,701</b>	<b>\$18,808,281</b>	<b>\$62,275,164</b>	<b>\$81,083,445</b>	<b>6.2%</b>
<b>548 Hospitals</b>			<b>\$11,002,903,664</b>	<b>\$15,185,426,597</b>	<b>\$26,188,330,261</b>	<b>\$68,328,444,646</b>	<b>\$157,993,095,457</b>	<b>\$132,275,304,200</b>	<b>\$295,638,271,468</b>	<b>8.9%</b>

## CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016

County	FID	Hospital	City	Beds	Metro Status	Ownership	Status	Status Date
ATASCOSA	132096	South Texas Regional Medical Center	Jourdanton	67	METRO	FOR-PROFIT	CHOW	7/372017
DALLAS	1136536	Walnut Hill Medical Center	Dallas	100	METRO	FOR-PROFIT	Closed	6/17/2017
DALLAS	1136314	Select Specialty Hospital - South Dallas	Dallas	69	METRO	FOR-PROFIT	Closed	1/16/2017
DALLAS	1136536	Walnut Hill Medical Center	Dallas	100	METRO	FOR-PROFIT	Closed	6/2/2017
DALLAS	1136296	Kindred Hospital - White Rock	Dallas	25	METRO	FOR-PROFIT	Closed	09/14/17
EL PASO	1416583	The Hospitals of Providence Horizon City Campus	Horizon City	8	METRO	FOR-PROFIT	New	8/28/2017
FORT BEND	1576454	Emerus Hospital	Sugar Land	7	METRO	FOR-PROFIT	CHOW	7/6/2017
FREESTONE	1615092	East Texas Medical Center-Fairfield	Fairfield	37	NONMETRO	NOT-FOR-PROFIT	CHOW	1/3/2017
HARRIS	2016533	Emerus Community Hospital	Tomball	8	METRO	FOR-PROFIT	CHOW	7/6/2017
HARRIS	2016396	Foundation Surgical Hospital of Houston	Houston	69	METRO	FOR-PROFIT	Closed	1/17/2017
HARRIS	4396125	Foundation Surgical Hospital of Houston	Houston	69	METRO	FOR-PROFIT	Closed	1/17/2017
HARRIS	2016472	Hopebridge Hospital	Houston	135	METRO	FOR-PROFIT	Closed	6/13/2017
HARRIS	2016571	Recovery Innovations - Recovery Response Center	Houston	24	METRO	NOT-FOR-PROFIT	Closed	09/19/17
HIDALGO	2156277	Lifecare Hospitals of South Texas - South	McAllen	94	METRO	FOR-PROFIT	Closed	6/17/2017
LIBERTY	2912281	Texas Rural Hospital	Cleveland	37	METRO	FOR-PROFIT	New	7/3/2017
MONTGOMERY	3396549	Houston Methodist The Woodland Hospital	The Woodlands	136	METRO	NOT-FOR-PROFIT	New	4/17/2017

Note: The following hospitals have data, but the hospital was closed \*

All CHOWS had name changes

### OWNERSHIP

PUB =Hospitals owned by an agency of city, county or state government and includes hospital districts, hospital authorities, county and city facilities and state owned/operated facilities.

NP =Hospitals owned by not-for profit organizations, such as religious organizations, community hospitals, cooperative hospitals and fraternal societies.

FP =Hospitals owned on a for-profit basis by an individual, a partnership or a profit-making corporation.

### METRO-STATUS

Identifies one of the 63 Texas counties that comprise 25 Metropolitan Areas designated by the U.S. Office of Management and Budget. All other counties are non-metropolitan.

\*Data are over or underreported due to non-availability or combined data (NAV) within an individual record for a specific hospital, or at the county or state level.

# CHARITY CARE AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2016

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For 2016, the minimum number of days a hospital must be open to be included in this report is 285 days. See pages 31 for a list of hospitals not included in this report.

## OWNERSHIP

PUB = Hospitals owned by an agency of city, county or state government and includes hospital districts, hospital authorities, county and city facilities and state owned/operated facilities.

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## METRO-STATUS

Identifies one of the 63 Texas counties that comprise 25 Metropolitan Areas designated by the U.S. Office of Management and Budget. All other counties are non-metropolitan.

\*Data are over or underreported due to non-availability or combined data (NAV) within an individual record for a specific hospital, or at the county or state level.

## MERGED FACILITY

## DATA VARIABLES ON THIS REPORT (see attached hospital survey pages for reference)

1. Bad Debt Charges, on page 4 of 21, item I.1.c. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
  2. Charity Care Charges, on page 4 of 21, item I.2.c. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
  3. Total uncompensated care is the sum of bad debt charges and charity charges, page 4 of 21, items I.1.c. and I.2.c. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals
  4. Net patient revenue, page 19, item D.3.a.1. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
  5. Gross inpatient revenue, page 19, item D.4.a.1. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
  6. Gross outpatient revenue, page 19, item D.4.b.1. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
  7. Total gross patient revenue, page 19, item D.4.c.1. of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
  8. Uncompensated care as % of gross patient revenue =  $((\text{total uncompensated care} / \text{total gross patient revenue}) * 100)$ , pages 17 and 27, items I1c, I2c, and D4c1 of the 2016 DSHS/AHA/THA Annual Survey of Hospitals.
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KeyCite Yellow Flag - Negative Treatment

Proposed Legislation

Vernon s Texas Statutes and Codes Annotated  
Occupations Code (Refs & Annos)  
Title 3. Health Professions (Refs & Annos)  
Subtitle B. Physicians (Refs & Annos)  
Chapter 151. General Provisions (Refs & Annos)  
Subchapter A. General Provisions

V.T.C.A., Occupations Code § 151.002

§ 151.002. Definitions

Effective: January 1, 2018

Currentness

(a) In this subtitle:

- (1) “Board” means the Texas Medical Board.
  
- (2) “Continuing threat to the public welfare” means a real danger to the health of a physician's patients or to the public from the acts or omissions of the physician caused through the physician's lack of competence, impaired status, or failure to care adequately for the physician's patients, as determined by:
  - (A) the board;
  
  - (B) a medical peer review committee in this state;
  
  - (C) a physician licensed to practice medicine in this state or otherwise lawfully practicing medicine in this state;
  
  - (D) a physician engaged in graduate medical education or training; or
  
  - (E) a medical student.
  
- (3) “Disciplinary order” means an action taken under Section 164.001, 164.053, 164.058, or 164.101.
  
- (4) “Doctor of osteopathic medicine” includes a doctor of osteopathy, an osteopath, an osteopathic physician, and an osteopathic surgeon.

(5) “Health care entity” means:

(A) a hospital licensed under Chapter 241 or 577, Health and Safety Code;

(B) an entity, including a health maintenance organization, group medical practice, nursing home, health science center, university medical school, hospital district, hospital authority, or other health care facility, that:

(i) provides or pays for medical care or health care services; and

(ii) follows a formal peer review process to further quality medical care or health care;

(C) a professional society or association of physicians, or a committee of such a society or association, that follows a formal peer review process to further quality medical care or health care;

(D) an organization established by a professional society or association of physicians, hospitals, or both, that:

(i) collects and verifies the authenticity of documents and other information concerning the qualifications, competence, or performance of licensed health care professionals; and

(ii) acts as a health care facility's agent under the Health Care Quality Improvement Act of 1986 (42 U.S.C. Section 11101 et seq.); or

(E) a health care collaborative certified under Chapter 848, Insurance Code.

(6) “Legally authorized representative” of a patient means:

(A) a parent or legal guardian if the patient is a minor;

(B) a legal guardian if the patient has been adjudicated incompetent to manage the patient's personal affairs;

(C) an agent of the patient authorized under a durable power of attorney for health care;

(D) an attorney ad litem appointed for the patient;

(E) a guardian ad litem appointed for the patient;

(F) a personal representative or statutory beneficiary if the patient is deceased; or

(G) an attorney retained by the patient or by another person listed by this subdivision.

(6-a) “License holder” means a person holding a license, permit, or certificate issued under this subtitle.

(6-b) “Maintenance of certification” means the satisfactory completion of periodic recertification requirements that are required for a physician to maintain certification after initial certification from:

(A) a medical specialty member board of the American Board of Medical Specialties;

(B) a medical specialty member board of the American Osteopathic Association Bureau of Osteopathic Specialists;

(C) the American Board of Oral and Maxillofacial Surgery; or

(D) any other certifying board that is recognized by the Texas Medical Board.

(7) “Medical peer review” or “professional review action” means the evaluation of medical and health care services, including evaluation of the qualifications and professional conduct of professional health care practitioners and of patient care provided by those practitioners. The term includes evaluation of the:

(A) merits of a complaint relating to a health care practitioner and a determination or recommendation regarding the complaint;

(B) accuracy of a diagnosis;

(C) quality of the care provided by a health care practitioner;

(D) report made to a medical peer review committee concerning activities under the committee's review authority;

(E) report made by a medical peer review committee to another committee or to the board as permitted or required by law; and

(F) implementation of the duties of a medical peer review committee by a member, agent, or employee of the committee.

(8) “Medical peer review committee” or “professional review body” means a committee of a health care entity, the governing board of a health care entity, or the medical staff of a health care entity, that operates under written bylaws approved by the policy-making body or the governing board of the health care entity and is authorized to evaluate the quality of medical and



health care services or the competence of physicians, including evaluation of the performance of those functions specified by Section 85.204, Health and Safety Code. The term includes:

(A) an employee or agent of the committee, including an assistant, investigator, intervenor, attorney, and any other person or organization that serves the committee; and

(B) the governing body of a public hospital owned or operated by a governmental entity, the governing body of a hospital authority created under Chapter 262 or 264, Health and Safety Code, and the governing body of a hospital district created under Article IX, Texas Constitution, but only:

(i) in relation to the governing body's evaluation of the competence of a physician or the quality of medical and health care services provided by the public hospital, hospital authority, or hospital district; and

(ii) to the extent that the evaluation under Subparagraph (i) involves discussions or records that specifically or necessarily identify an individual patient or physician.

(9) "Medical records" means all records relating to the history, diagnosis, treatment, or prognosis of a patient.

(10) "Operation" means the application of surgery or the performance of surgical services.

(11) "Person" means an individual, unless the term is expressly made applicable to a partnership, association, or corporation.

(12) "Physician" means a person licensed to practice medicine in this state.

(13) "Practicing medicine" means the diagnosis, treatment, or offer to treat a mental or physical disease or disorder or a physical deformity or injury by any system or method, or the attempt to effect cures of those conditions, by a person who:

(A) publicly professes to be a physician or surgeon; or

(B) directly or indirectly charges money or other compensation for those services.

(14) "Surgery" includes:

(A) surgical services, procedures, and operations; and

(B) the procedures described in the surgery section of the common procedure coding system as adopted by the Health Care Financing Administration of the United States Department of Health and Human Services.

(b) The terms “physician” and “surgeon” are synonyms. As used in this subtitle, the terms “practitioner” and “practitioner of medicine” include physicians and surgeons.

#### Credits

Acts 1999, 76th Leg., ch. 388, § 1, eff. Sept. 1, 1999. Amended by Acts 2001, 77th Leg., ch. 1420, § 14.021(a), eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 202, § 1, eff. June 10, 2003; Acts 2005, 79th Leg., ch. 269, § 1.01, eff. Sept. 1, 2005; Acts 2011, 82nd Leg., 1st C.S., ch. 7 (S.B. 7), § 4.06, eff. Sept. 28, 2011; Acts 2013, 83rd Leg., ch. 1180 (S.B. 949), § 1, eff. June 14, 2013; Acts 2017, 85th Leg., ch. 1121 (S.B. 1148), § 2, eff. Jan. 1, 2018.

#### O’CONNOR’S ANNOTATIONS

*In re Living Ctrs.*, 175 S.W.3d 253, 258 (Tex.2005). “We construe [the] statement [‘to evaluate the quality of medical and health care services’ in §151.002(a)(8)] to allow medical peer review committees to retrospectively review health-care services provided by non-physicians as well, such as the administration of drugs by a nurse at the instruction of a physician.”

*Gupta v. Eastern Idaho Tumor Inst.*, 140 S.W.3d 747, 752 (Tex.App.--Houston [14th Dist.] 2004, pet. denied). “Under the Medical Practice Act, when a corporation comprised of lay persons employs licensed physicians to treat patients and the corporation receives the fee, the corporation is unlawfully engaged in the practice of medicine.”

*Dallas Cty. Med. Soc’y v. Ubiñas-Brache*, 68 S.W.3d 31, 39 (Tex.App.--Dallas 2001, pet. denied). “To controvert the fact that this was a peer review action subject to the [Medical Practice] Act, [doctor] claims the evidence demonstrates that the committee did not follow its own operating rules and provide due process and a fair hearing. The Act, however, does not provide that the operating procedures must be strictly followed, only that procedures are written and properly adopted for a peer-review action. Thus, the [county medical society] and the [Texas Medical Association] established the action as a medical peer review determination covered by the Act.”

V. T. C. A., Occupations Code § 151.002, TX OCC § 151.002

Current through legislation effective May 10, 2023, of the 2023 Regular Session of the 88th Legislature. Some statute sections may be more current, but not necessarily complete through the whole Session. See credits for details.

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