

## PROPOSED 2010 AMENDMENTS TO THE 2009 MEDICAL STAFF BYLAWS

Recommended by Bylaws Committee -		May 11, 2010
Approved by the Medical Board -		May 13, 2010
Approved by the Medical Staff -		June, 2010
Submitted to the UWHCA Board of Directors -	J	July 7, 2010

To make the references to time periods clearer and consistent, throughout the Bylaws including the Fair Hearing and Appellate Review Plan, all references to numbers of days will be changed to calendar days and will be put in the following format “[number of days in words] [number of days in digits in parentheses] calendar days” (for example, “30 days” in Article III, Section 1(f), will become “thirty (30) calendar days”); except in Article IX, Section 1(e) where “sixty (60) additional days” shall be changed to “sixty (60) additional calendar days”. Any time period that is now seven business days will be changed to “ten (10) calendar days” and any time period that is now ten business days will be changed to “fifteen (15) calendar days”.

To consistently refer to the person who is the subject of corrective action as “practitioner,” the following changes will be made in Article IX and the Fair Hearing and Appellate Review Plan:

1. Article IX, Section 1(b) is amended by adding the following at the end:

The person for whom corrective action is requested shall be called the “practitioner” in this Article IX.

2. Throughout Article IX and the Fair Hearing and Appellate Review Plan, replace “affected person” with “practitioner.”

3. In section 4.8 of the Fair Hearing and Appellate Review Plan, the word “individual” is replaced with the word “practitioner” in both places where it appears.

To comply with changes in The Joint Commission (TJC) requirements (effective March 31, 2011) that mandate that (a) there be a way for the medical staff to make submissions to the Board of Directors without going through the Medical Board [MS.01.01.01, Elements of Performance Standard 8], (b) proposed medical staff rules and policies be communicated to the Medical Board and Medical Staff prior to approval [MS.01.01.01, Elements of Performance Standard 9], and (c) there be a process for approving urgent amendments and reviewing such amendments [MS.01.01.01, Elements of Performance Standard 11], Article XI, Section 2, is amended to read as follows (see change to Article XVII, *infra*, for related change):

#### Section 2. Function and delegated authority

a. The Medical Board shall establish a framework for self government and a means of accountability to the Board of Directors. The Medical Board shall be the executive committee unit for the professional staff as set forth in Article II. The Medical Board shall act on behalf of the medical staff between meetings of the medical staff. It shall concern itself primarily with the quality of care within the hospital. It shall receive and act upon ~~all~~ committee reports and make recommendations regarding medical staff status, privileges, and quality assurance to the Board of Directors. ~~All recommendations by the medical staff to the Board of Directors shall be made by the Medical Board.~~ The Medical Board may adopt and amend from time-to-time medical staff policies and procedures which shall take effect upon approval by the CEO who

has been delegated this authority by the Board of Directors; Medical staff policies and procedures must be consistent with hospital policies and procedures. In most cases, there will not be separate medical staff policies and procedures. As appropriate, hospital policies and procedures of a clinical nature will be developed in consultation with appropriate medical staff and upon approval by the Medical Board and CEO also will be policies and procedures of the medical staff and the hospital. The Medical Staff delegates to the Medical Board the authority to approve policies and procedures and take all other actions authorized by these Bylaws on its behalf. The Medical Board shall post proposed policies and procedures on the hospital intranet prior to approval and shall post the final policies and procedures on the hospital intranet.

b. In cases of documented need for an urgent amendment to the rules and regulations in Article XVI of these Bylaws, Rules and Regulations necessary to comply with law or regulation, the Medical Staff delegates the authority to the Medical Board to provisionally adopt an urgent amendment without prior notification or approval by the voting Medical Staff and this amendment shall take effect upon approval by the Board of Directors. The Medical Board shall immediately notify the voting members of the Medical Staff by posting the urgent amendment on the hospital intranet and sending emails to those voting members who have a UW Health email address or have provided a current email address to the Medical Staff Office. Voting medical staff members may submit comments to the Medical Board up to thirty (30) calendar days after the Board of Directors approved the provisional amendment. If no timely comments are received, the provisional amendment stands. Any timely comments that are received shall be considered at the next meeting of the Medical Board after the close of comments. The Medical Board may (a) reaffirm the provisional amendment or (b) submit a revised amendment to the Board of Directors which take effect upon approval by the Board of Directors. Medical Staff members who disagree with the Medical Board's decision may pursue the amendment process provided in Article XVII, Section 2.

To make the heading describe the content of the section, the heading of Article XIII, Section 7, is amended to read as follows:

Section 7. Removal or Suspension of Officers and Elected Members of the Medical Board.

The Medical Board by a majority vote may remove or suspend an officer of the medical staff or an elected member of the Medical Board for failure of the officer or member to perform his/her duties or other good cause. Prior to the Medical Board vote on removal or suspension, the officer or member shall be informed of the intended action and the basis for the action, and shall be given an opportunity to be heard by the Medical Board as to why he/she should not be suspended or removed.

To comply with the Center for Medicare and Medicaid Services (CMS) mandate of specific wording regarding histories and physical examinations, Article XVI, Section 2(j) is amended to read as follows:

- j. A medical history and physical examination must be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy. An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient,

~~including any changes in the patient's condition, must be completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy. Medicare regulations require that there be a Bylaws provision that states that a physical examination and medical history must be done no more than 7 days before or 48 hours after the admission of each patient by a doctor of medicine or osteopathy, or, for patients admitted only for oromaxillofacial surgery, by an oromaxillofacial surgeon who has been granted privileges to do so. Due to requirements of other regulatory and accreditation bodies, hospital policies and procedures specify a shorter period in which physical examinations and medical histories must be performed and the manner in which they shall be documented. Physical examinations and medical histories must be performed in accordance with both this Medicare regulation and hospital policies and procedures.~~

To reflect changes in practice due to implementation of HealthLink, Article XVI, Section 4, subsection (e) is deleted and subsection (f) is relettered as (e)::

- ~~e. Existing orders will be canceled upon transfer out of an ICU, between services, or when the patient is sent to the operating room.~~
- e.f. Investigational drugs and devices may be used only within the scope of approval granted by the University of Wisconsin-Madison Human Subjects Committee.

To comply with changes in Joint Commission (TJC) requirements (effective date March 31, 2011) that mandate that there be a way for the medical staff to make submissions to the Board of Directors without going through the Medical Board [MS.01.01.01, Elements of Performance Standard 8], Article XVII is amended to read as follows (see change to Article XI, Section 2, supra, for related change):

#### Article XVII: Amendments

Section 1. These bylaws will be reviewed annually by the Bylaws Committee. Additional amendments to these bylaws may be proposed at any meeting of the medical staff or the Medical Board. The proposal must be in writing and signed by at least 10 members of the active medical staff. The proposal shall be referred to the Bylaws Committee which shall report at the next meeting of the medical staff. Amendments to these bylaws may also be recommended by the Bylaws Committee to the Medical Board. If adopted by a majority vote of the Medical Board, any proposed amendment shall be presented at the next meeting of the medical staff or sent by mail to all voting members for a mail ballot. A written copy of the proposed amendment shall accompany the notice of the meeting of the medical staff or the notice of the mail ballot. A two-thirds majority vote of those present at the meeting or of those submitting mail ballots shall be required for adoption. The amendment shall become effective when approved by the Board of Directors.

Section 2. Medical Staff Proposals. In addition to communications through the Medical Board, written proposals of bylaws, rules, regulations, policies and amendments thereto signed by ten voting members of the medical staff submitted at least thirty (30) days prior to a meeting of the medical staff shall be voted on at the meeting of the medical staff or by an email ballot. A written copy of the proposal shall accompany the notice of the meeting of the medical staff or the notice of the mail ballot. A two-thirds majority vote of the voting members present at the meeting or of those submitting mail ballots shall be required for adoption. The proposal shall become effective when approved by the Board of Directors.

To clarify that the section applies to practitioners who are not yet members of the medical staff, modify section 1.2.3 of the Fair Hearing and Appellate Review Plan to read as follows:

No individual practitioner shall be entitled to a hearing or any other procedural rights as a result of a refusal by the Hospital to provide an application form to such individual.

To make the organization of the Fair Hearing and Appellate Review Plan more consistent, replace the numbering of the subsections of 3.2 with letters and change the formatting of the lettering of 3.6 to be like the other subsections. .