

PROPOSED 2012 AMENDMENTS TO THE 2011 MEDICAL STAFF BYLAWS

Recommended by the Bylaws Committee - June 4, 2012
Approved by the Medical Board - June 14, 2012
Approved by vote of the Medical Staff - June, 2012
Submitted to the UWHCA Board of Directors - July 11, 2012

Article II, Section 1(d) is reworded to remove terms regarding faculty that are no longer used by the University:

d. Medical staff membership is contingent upon appointment to the ~~regular or collateral~~ faculty of the appropriate clinical department of the University of Wisconsin School of Medicine and Public Health ("Medical School"). The loss of faculty status in the Medical School automatically results in termination of medical staff membership and clinical privileges in the hospital.

Article III, section 1(f) is amended to be consistent with current practice:

f. A member is expected to comply with the hospital's state licensure requirements by having both a pre-employment and a periodic health assessment. At the time of appointment, within thirty (30) calendar days, a member will undergo a pre-employment assessment which includes a health history, physical examination and tuberculin (TB) skin test, which is offered by the hospital's designated physician and employee health personnel.

Periodically during the appointment the TB status will be checked by the Medical Staff Affairs office. Consistent with hospital policy, privileges will be suspended for staff with TB tests 45 days expired until this requirement is met and documentation is forwarded to the UWHC Medical Staff Affairs office.

Prior to reappointment a member must document compliance with the hospital's TB skin test policy and confirm that there have been no changes in his/her health status which would affect their ability to practice medicine. A file will be maintained in the Employee Health Department, and that department will verify a member's compliance with the TB skin test requirement to the Medical Staff Affairs Office during the reappointment process.

A new subsection g is added to Article III, Section 1 to spell out the way board certification and eligibility is used in the credentials process -

g. Physician applicants and members of the medical staff must either:

1. be board certified or board eligible by a certifying board accredited by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA);

or

2. demonstrate equivalent training and experience, plus (1) secure individual approval to be participants in all managed care plans for which UWHC performs delegated credentialing that do not accept delegated credentialing for persons without board eligibility or certification, or (2) present a plan approved by the physician, the applicable department(s), the hospital senior vice president for medical affairs and the hospital chief financial officer, that addresses how the practice of the physician will be structured to address the lack of participant status in managed care plans for which UWHC performs delegated credentialing. This section does not apply to physicians who were granted membership on the medical staff before July 1, 2012 and have maintained their membership continuously since July 1, 2012.

Article III, section 3 (e) is amended to make it clear that health care practitioners need to inform the hospital when anyone is investigating or restricting their scope of practice and that they need to provide documentation when requested.

- e. Each practitioner or other professional granted professional or clinical privileges in the hospital or with a pending application for such professional or clinical privileges shall notify the senior vice president for medical affairs or designee within ten (10) calendar days following the receipt of any of the following. Failure to notify shall constitute grounds for corrective action. Upon request from the Medical Staff Office, the practitioner or other professional shall promptly provide copies of documents regarding such reported matter. All clinical or professional privileges and processing of any pending application may be suspended until such documents are provided.
- i. Any voluntary or involuntary loss or lapse of any license, registration or certification regarding professional practice; any disciplinary or monitoring measure and any change in such discipline or monitoring measure by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice.
 - ii. Any settlements, judgments, or verdicts entered in an action in which the practitioner or other professional was alleged to have breached the standard of care other than those arising out of his/her employment by the University of Wisconsin or his/her practice at the University of Wisconsin Hospital and Clinics.
 - iii. Pending disciplinary or other adverse action by a governmental agency or any other action adversely affecting his or her privileges at another health care facility.
 - iv. The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation or reduction of privileges at another hospital. The affected practitioner or other professional shall provide the hospital with complete information as to the reasons for the initiation of corrective or disciplinary action and the progress of the proceedings.

Article III, section 3(g) is added to authorize the hospital to obtain directly documentation concerning the practitioner or other professional directly. Practitioners and other professionals already authorize most of this by signing their application. This primarily addresses situations where a reappointment application is still pending when medical staff membership expires.

g. Each practitioner or other professional granted professional or clinical privileges in the hospital or with a pending application for such professional or clinical privileges automatically authorizes the University of Wisconsin and any other individual or entity where he or she has worked or is working or is or was permitted to practice to release to the hospital any information pertaining to the medical practice or professional behavior of such practitioner or other professional. Release of information under this subsection (g) does not satisfy the notice requirement in subsection (e) or (f).

Article XVI, section 2(e) is amended to clarify the authorization to delegate medical acts.

e. The medical staff may delegate to the nursing personnel and allied health professional personnel the performance of medical acts to the extent authorized by policies and protocols approved by the hospital and the Medical Board responsibility for certain procedures involved in the care of their patients.

Article XVI, section 2(h) is amended to grant medical staff approval to expanding the scope of services that outside practitioners may order.

h. The medical staff authorizes hHealthcare professionals who are not members of the medical staff may also to order outpatient laboratory and radiology services to the extent authorized by hospital policy that is approved by the Medical Board.