

## Proposed Medical Staff Bylaws Amendments—2015

### Recommendations and Approvals:

- Approved by the Bylaws Committee: April 21, 2015
- Approved by the Medical Board: May 14, 2015
- Approved by the Medical Staff: June 30, 2015

### RECOMMENDED SUBSTANTIVE AMENDMENTS:

Section	Amendment	Explanation
<p>Article III, Section 1(f)</p> <p>Membership; Qualifications</p> <p><i>page 2 of current Bylaws</i></p>	<p>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, <del>consistent</del> <u>consistent</u> with hospital policy; <del>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.</del> 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.</p>	<p>Removing 45-day grace period for completion of TB test; also consolidating suspension language into automatic suspension section of Bylaws.</p>
<p>Article V, Section 2(d) (new subsection)</p> <p>Other Clinical Professionals</p> <p><i>page 4 of current Bylaws</i></p>	<p><u>Anesthesiologist Assistants. Anesthesiologist Assistants practicing in UWHC facilities and programs must be reviewed, approved and act within professional privileges, scope of practice and supervision as required by law and the policies and procedures of the hospital and the medical staff. Anesthesiologist Assistants must submit an application for approval or reapproval to the medical staff affairs department. Recommendations</u></p>	<p>Adding anesthesiologist assistants explicitly to categories of “other clinical professionals” because they are credentialed and privileged in the same manner as other advanced</p>

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	<p><u>regarding approval or reapproval shall be made by the Credentials Committee.</u></p>	<p>practice professionals.</p>
<p>Article VII, Section 1(d) Procedure for Appointment and Reappointment; Application for Appointment <i>page 5 of current Bylaws</i></p>	<p>All applicants for appointment or reappointment must have professional liability coverage for their activities on the medical staff. Coverage for state employees by the state self-funded liability program or for hospital employees by the hospital liability program satisfies this requirement. All applicants not covered by one of these programs must demonstrate professional liability coverage in the amount required for physician participants in the Wisconsin Patient's Compensation Fund, even if exempt from participation in the Fund. Any member who does not have coverage that satisfies this requirement must immediately report the absence of coverage to the Medical Staff office and all privileges will be suspended <u>in accordance with Article IX, Section 3.</u> <del>until the member again demonstrates the required professional liability coverage.</del></p>	<p>Consolidating references to automatic suspensions in Article IX, Section 3 (see below).</p>
<p>Article VII, Section 2(c) Procedure for Appointment and Reappointment; Appointment Process <i>page 6 of current Bylaws</i></p>	<p>Any deferred applications must be reconsidered within <del>sixty (60)</del> <u>seventy-five (75)</u> days with a recommendation for appointment or <u>denial of</u> <del>non</del>appointment.</p>	<p>Extending period for reconsideration of deferred applications; 75 days is more practical in light of how meetings are currently scheduled.</p>
<p>Article VII, Sections 3(a) and (b) Procedure for Appointment and Reappointment; Reappointment Process <i>page 6 of current Bylaws</i></p>	<p><del>a. Initial appointment to the privileged medical staff shall be for a probationary period until the January 1 after the first anniversary of the approval of the appointment by the Board of Directors. Each newly appointed member of the privileged medical staff shall be assigned to a department or a service where his/her performance and clinical competence shall be observed by the chief of clinical service or his/her designee. If, at the end of the probationary period, the member has not satisfied the requirements for staff eligibility, his/her provisional status shall be terminated and the member shall be given written notice of such termination and of his/her entitlement to the</del></p>	<p>Removing reference to initial probationary/provisional period of appointment. Use of such status predated and is redundant of the more recent focused professional practice evaluation process now used to evaluate new practitioners.</p>

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	<p><del>procedural rights specified in Article X.</del></p> <p><del>b a.</del> After serving the provisional period, members <u>Members</u> of the privileged medical staff shall undergo review by the Credentials Committee at least biennially. Honorary medical staff members shall not be subject to periodic review because they cannot have clinical privileges. At least ninety (90) calendar days prior to the end of the appointment term, the chief of each clinical service shall submit to the Credentials Committee a list of all recommended changes in appointment status and/or assigned privileges for each member of the service. Reappointment shall be granted for a two-year period starting on January 1 and ending on December 31, unless a different period is specified in the reappointment. No reappointment term may be for period in excess of two years.</p>	
<p>Article IX, Section 1(e) Corrective Action; Procedure <i>page 8 of current Bylaws</i></p>	<p>Upon referral from the president of the medical staff, the Corrective Action Peer Review Committee shall investigate the matter. The Corrective Action Peer Review Committee may be assisted by other individuals designated by the Committee. Persons who have had significant prior participation in the matter shall be excused from committee, unless the president of the medical staff and the practitioner mutually agree otherwise. Excused persons shall not be counted in the total membership for establishing a quorum. The chair of the Corrective Action Peer Review Committee shall notify the practitioner in writing of the names of the participating members. Prior to making findings or recommendations, the Corrective Action Peer Review Committee shall notify the practitioner in writing of the nature of the charges against him/her and invite the practitioner to discuss, explain, or refute the charges in an interview with the committee or a subcommittee of at least three members. This interview shall not constitute a hearing and none of the procedural rules for hearings in these bylaws shall apply. <u>There is no right to have an attorney present, nor shall recording devices be permitted in the interview.</u> Failure to attend the interview shall be a waiver of the opportunity of the interview unless excused by the committee. The practitioner is expected to cooperate in providing all information requested by the Corrective Action Peer Review</p>	<p>Adding clarifying language to practitioner interview process to make clear the nature of the interview is a collegial meeting between colleagues.</p> <p>Also, needed to correct inconsistency regarding process for extending timeframe for investigation.</p>

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	<p>Committee. The Corrective Action Peer Review Committee shall report the results of its investigation and its recommendations, if any, to the president of the medical staff within ninety (90) calendar days of referral from the president of the medical staff, <del>unless the president of the medical staff and the practitioner agree otherwise.</del> When the committee cannot complete its investigation and/ or make recommendations within the allotted time, it can request additional time or recommend external review. The president of the medical staff may authorize up to sixty (60) additional calendar days; a longer extension may be authorized by agreement of the practitioner and the president of the medical staff.</p>	
<p>Article IX, Section 3 (new subsections) Corrective Action; Automatic Suspension <i>page 9 of current Bylaws</i></p>	<p><u>d. A temporary suspension of all clinical or professional privileges shall be imposed automatically for failure to comply with obligations regarding health status, health assessments or screenings, and immunizations, including, but not limited to, the requirements outlined in Article III, Sections 1(b) and (f). Reinstatement of privileges will occur automatically when the person provides acceptable evidence of meeting applicable obligations. There is no right to hearing or appeal for such suspensions.</u></p> <p><u>e. A temporary suspension of all clinical and professional privileges shall be imposed automatically for failure to comply with the educational requirements outlined in Article VII, Section 5. Reinstatement of privileges will occur automatically when completion of the educational requirements is verified. There is no right to hearing or appeal for such suspensions.</u></p> <p><u>f. A temporary suspension of all clinical or professional privileges shall be imposed automatically for failure to maintain professional liability coverage as required by Article VII, Section 1(d). Reinstatement of privileges will occur automatically when the person again demonstrates the required professional liability coverage. There is no right to hearing or appeal for such suspensions.</u></p>	<p>Consolidating automatic suspensions of privileges into the automatic suspension section of the Bylaws.</p> <p>Also adding automatic suspension for failure to:</p> <p>(a) comply with educational and training requirements. Currently, the Bylaws provide only for deferring reappointment until these requirements are met.</p> <p>(b) comply with other health status obligations beyond just TB testing (e.g., influenza vaccinations).</p>
<p>Article XIII, Section 1 Officers and At-Large</p>	<p>The officers of the medical staff shall be: president, vice-president who shall also be president-elect, and secretary-treasurer. The vice-president shall succeed to the presidency for the two years following a term as vice-</p>	<p>Add reference to secretary-treasurer's succession to the vice-presidency to align with</p>

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<p>Members; Officers of the Medical Staff</p> <p><i>page 11 of current Bylaws</i></p>	<p>president. <u>The secretary-treasurer shall succeed to the vice-presidency for the two years following a term as secretary-treasurer.</u></p>	<p>current practice.</p>
<p>Article XIV, Section 2(a)</p> <p>Committees; Committee Members</p> <p><i>page 12 of current Bylaws</i></p>	<p>The <del>chair of the Medical Board</del> <u>president of the medical staff</u>, in consultation with the CEO and senior vice president for medical affairs, shall appoint chairs and members of all medical staff committees. When committees have GME members, appointments of GME members shall be for one year from July 1 through June 30. Other appointments shall be from September 1 through August 31, and shall be for one year except for chairs. Members may be reappointed. Chairs may be appointed for a term of up to four years and may be reappointed. Chairs and members shall continue to serve until their replacements have been appointed. All chairs and members shall serve at the pleasure of the <del>chair of the Medical Board</del> <u>president of the medical staff</u> <del>and the president of the medical staff shall</del>, <u>in consultation with the CEO and senior vice president for medical affairs, appoint</u> replacements <del>shall be appointed</del> for the balance of the term of the person who has resigned or been removed. When a committee chair or member is unable to perform the committee functions due to unavailability, conflicts or other factors, the <del>chair of the Medical Board</del> <u>president of the medical staff</u> <del>may, in consultation with the CEO and senior vice president for medical affairs,</del> <u>exercise the above appointment power to appoint additional alternates as necessary for the committee to perform its functions.</u></p>	<p>Edited to clarify that the president of the medical staff consults the CEO and Senior Vice President for Medical Affairs for all committee appointments, whether the appointment occurs at the beginning of a term or during a current term (e.g., to fill a vacancy).</p> <p>Also, for the purpose of consistency, revised terminology to refer to the president of the medical staff (who serves as chair of the Medical Board).</p>
<p>Article XVII, Sections 1 and 2</p> <p>Amendments</p> <p><i>page 15 of current Bylaws</i></p>	<p>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</p>	<p>Edited for consistency in ballot methods regardless of how the proposed Bylaws amendments are introduced and to allow for electronic voting in the future if practical.</p>

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	<p>next meeting of the medical staff or sent <del>by mail</del> to all voting members for a mail <u>or electronic</u> 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 <u>or electronic</u> ballot. A two-thirds majority vote of those present at the meeting or of those submitting mail <u>or electronic</u> ballots shall be required for adoption. The amendment shall become effective when approved by the Board of Directors.</p> <p>Section 2. Medical Staff Proposals. Written proposals of bylaws, rules, regulations, polices and amendments thereto signed by twenty (20) percent of the voting members may be submitted to the Medical Staff office. The Medical Board shall review the proposal at its next meeting that is at least ten (10) days after the receipt of the proposal. If the Medical Board approves the proposal, it shall be submitted to the Board of Directors. If the Medical Board does not approve the proposal, it shall be voted on by voting members of the medical staff by <del>an email</del> a mail <u>or electronic</u> ballot distributed by the Medical Staff Office within ten (10) days of the Medical Board meeting where the proposal is not approved. A written copy of the proposal and any comments by the Medical Board shall accompany the notice of the <del>email</del> ballot. A two-thirds majority vote of the voting members submitting <u>mail or electronic</u> <del>email</del> ballots shall be required for submission to the Board of Directors. The President of the Medical Board may submit comments to the Board of Directors regarding proposals submitted to the Board of Directors pursuant to medical staff vote. The proposal shall become effective when approved by the Board of Directors.</p>	

**RECOMMENDED AMENDMENTS FOR CLARITY, TO CORRECT TYPOGRAPHICAL ERRORS, AND TO REFLECT CURRENT PROCEDURES:**

<b>Section</b>	<b>Amendment</b>
Throughout	Updated numbering and lettering of various sections of bylaws, eliminated blank sections, corrected internal references, corrected formatting and spacing issues, and updated terminology to maintain consistency (e.g., referenced “president of the medical staff” rather than “chair of the Medical Board”).
Table of Contents	Renamed document to be entitled “Bylaws and Rules and Regulations of the Medical Staff.”
Article XIV, Section 1; other various sections  Standing Committees	Updated names of committees to conform to current terminology and reordered list of committees alphabetically.