

Proposed Medical Staff Bylaws Amendments—2014

Recommendations and Approvals:

- Approved by the Bylaws Committee: 6/20/14
- Approved by the Medical Board: 6/27/14
- Approved by the Medical Staff: 7/16/14
- Submitted to the UWHCA Board of Directors: 8/1/14
- Approved by UWHCA Board of Directors:

RECOMMENDED SUBSTANTIVE AMENDMENTS:

Section	Amendment	Explanation
<p>Article III, Sections (3)(e)(iii) and (iv)</p> <p>Page 3 of current Bylaws</p>	<p>“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 after <u>following the receipt of</u> any of the following [remainder of introductory language in section (e) remains unchanged]. . . .</p> <p>... (iii) Pending <u>investigation, disciplinary action, or other adverse action by a governmental agency and the progress of any investigation or action.</u> or other action adversely affecting his or her privileges at another health care facility.</p> <p>(iv) The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, or reduction, or termination <u>of privileges or ability or permission to practice at another hospital or health care facility.</u></p> <p><u>(v) Initiation of any corrective action or other disciplinary action at another hospital or health care facility.</u> 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.</p> <p><u>(vi) Any changes to information included in the application for medical staff</u></p>	<p>Changes intended to supplement this section with standard language, eliminate redundancy. In addition, changes intended to clarify when notice to the senior VP for medical affairs is required (e.g., notice of governmental agency investigations would be required, but notice of investigations at other health care facilities would not be required unless corrective action or other disciplinary action was initiated).</p>

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	<p><u>membership or clinical or professional privileges, including any change of the person’s health status or other change that affects his or her ability to safely and competently exercise privileges.</u></p> <p><u>(vii) Exclusion or preclusion from participation in Medicare, Medicaid, or other federal health care programs.”</u></p>	
<p>Article III, Section 3(h) (NEW SECTION)</p> <p>Page 3 of current Bylaws</p>	<p><u>“h. Each practitioner or other professional granted clinical or professional privileges is responsible for maintaining current contact information with the Medical Staff Office and promptly reporting any changes. Except as otherwise provided in these Bylaws, any notice to practitioners or other professionals granted clinical or professional privileges may be provided by email. Persons granted clinical or professional privileges are responsible for timely retrieval of communications from hospital or medical staff representatives at the contact information provided to the Medical Staff Office.”</u></p>	<p>Intended to catch up with current communication methods.</p>
<p>Article VII, Section 2(g) (NEW SECTION)</p> <p>Page 6 of current Bylaws</p>	<p><u>“Except in extraordinary circumstances, all action on an application shall be accomplished within one hundred twenty (120) calendar days of receipt of a completed application.”</u></p>	<p>Intended to ensure compliance with TJC standard MS.06.01.01, EP 11, which requires that “[c]ompleted applications for privileges are acted on within the time period specified in the medical staff bylaws.”</p>
<p>Article VIII, Section 5 (NEW SECTION)</p> <p>Page 7 of current Bylaws</p>	<p><u>“Section 5. Leave of Absence.</u></p> <p><u>a. Any medical staff member, independent clinical professional, or other clinical professional may request a voluntary leave of absence by submitting a written request to the senior vice president for medical affairs.</u></p> <p><u>b. In addition, any person with clinical or professional privileges who will not be exercising such privileges for a period of more than ninety (90) calendar</u></p>	<p>Added to address the issue of practitioners on leave for a significant period of time without notifying the medical staff office, including practitioners on leave for health reasons. These are standard terms in most medical staff</p>

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	<p><u>days shall request a leave of absence in writing to the senior vice president for medical affairs. This section is not intended to apply to practitioners or professionals who have a low volume at the hospital but are otherwise maintaining an active practice outside the hospital.</u></p> <p><u>c. A request for leave must include the reason for the request and state the beginning date and expected ending date for the period of leave requested.</u></p> <p><u>d. The senior vice president for medical affairs shall forward any request for leave to the Credentials Committee, which shall determine whether to grant the leave, subject to the approval of the Medical Board. Denial of a request for leave does not entitle the requesting person to a hearing or appeal under these Bylaws.</u></p> <p><u>e. During the period of leave, the medical staff member, independent clinical professional, or other clinical professional shall not exercise any clinical or professional privileges, and any responsibilities or prerogatives of medical staff membership shall be inactive. A medical staff member on leave is required to maintain his or her appointment to the faculty of the Medical School, in accordance with Article III, Section 1(d). A person granted a leave of absence is still required to timely submit an application for reappointment and/or renewal of clinical or professional privileges to avoid expiration of membership and privileges.</u></p> <p><u>f. At least thirty (30) calendar days prior to the requested termination of a leave of absence, a person granted leave may request reinstatement of membership and privileges by submitting a written request to the senior vice president for medical affairs. The request for reinstatement shall include: a summary of relevant activities during leave; a written plan from the clinical service chief or designee for reintroduction to clinical practice; and, if requested by the Credentials Committee or Medical Board, information regarding the person's current competence and health. The Credentials Committee shall determine whether to grant the request for reinstatement,</u></p>	<p>bylaws.</p>

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	<p><u>subject to the approval of the Medical Board, and shall promptly notify the person in writing whether the request has been granted. A person granted reinstatement shall provide a written report to the Credentials Committee promptly upon completion of the reintroduction plan. Any right to hearing or appeal for denial of reinstatement shall be governed by Exhibit 1 or Exhibit 2 to these Bylaws.”</u></p>	
<p>Article XIV, Section 2(3) Page 12 of current bylaws</p>	<p><u>“e. Two nursing nurse practitioner representatives and one physician assistant representative shall be appointed to be liaison members of the Credentials Committee. They nurse practitioner representatives may attend the meetings while the committee is considering the professional privileges of nurse practitioners, and the physician assistant representative may attend the meetings while the committee is considering the professional privileges of physician assistants. The nurse practitioner and physician assistant representatives may participate in such deliberations, and vote on such professional privileges. The chief nursing officer shall be consulted in the selection of these nurse practitioner liaison members, and the physician assistant subcommittee of the Credentials Committee shall be consulted in the selection of the physician assistant liaison member.”</u></p>	<p>Intended to provide for physician assistant input on the credentialing of PAs in the same manner as nurses have for nurse practitioners.</p>

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

Section	Amendment	Explanation
<p>Throughout Bylaws</p>	<p>Replace “nurse practitioner” with “advanced practice nurse” when the term “nurse practitioner” is used to describe several categories of nursing professionals with privileges.</p> <p>E.g., Article V, Section 2(b) (page 4 of current Bylaws) would be revised as follows:</p>	<p>Intended to reflect more accurate term for nursing professionals with privileges, which include NPs, nurse anesthetists, nurse-midwives, and other advanced practice nurse prescribers.</p>

Section	Amendment	Explanation
	<p>“Advanced practice nurses Nurse practitioners. Advanced practice nurses Nurse practitioners practicing in the 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. Advance practice nurse prescribers, nurse midwives, nurse practitioners and nurse anesthetists are included in the category of advanced practice nurses nurse practitioners for purposes of this subsection. Advanced practice nurses Nurse practitioners must submit an application for approval or reapproval to the hospital nursing department. The Chief Nursing Officer, or designee, shall make the recommendation whether to approve or reapprove the advanced practice nurse practitioner. Recommendations regarding approval or reapproval shall be made to the Credentials Committee.”</p>	
<p>Preamble Page 2 of current Bylaws</p>	<p>The medical staff is accountable for the quality of care in the University of Wisconsin Hospital and Clinics and American Family Children’s Hospital, an integral part of UW Hospital and Clinics, and it accepts and assumes this responsibility subject to the authority of the University of Wisconsin Hospitals and Clinics Authority Board of Directors (“Board of Directors”). The medical staff practicing in the University of Wisconsin Hospital and Clinics hereby organize themselves in conformity with the bylaws, rules, and regulations hereinafter stated. All references to University of Wisconsin Hospital and Clinics in these Bylaws which follow include <u>American Family Children’s Hospital and UW Health at The American Center, which are an integral part of University of Wisconsin Hospital and Clinics.</u></p> <p>For the purpose of these bylaws, the term “medical staff” shall be as defined in Article IV.</p>	<p>Add reference to UW Health at The American Center to ensure clarity about application of the Bylaws to that facility.</p>
<p>Article III, Section (1)(g)(ii) Page 2 of current Bylaws</p>	<p>“2. Demonstrate equivalent training and experience, plus (1) secure individual approval to be participants in all managed care plans for which UWHC performs delegated delegated credentialing” [remainder of section remains unchanged]</p>	<p>Correction of typographical error.</p>

Section	Amendment	Explanation
<p>Article V, Section 2(e) Page 4 of current Bylaws</p>	<p>Nurse practitioners and physicians assistants who were approved to practice on or before July 13, 2011 shall be permitted to continue to practice under such approval through December 31, 2011, unless action is taken under subsection (d). Their approved scope of practice shall be submitted to the Medical Board and Board of Directors for approval as professional privileges and, if approved by both boards prior to December 31, 2011, they shall be permitted to continue to practice with such professional privileges for the entire period of such prior practice approval, unless action is taken under subsection (b). When the approval under this section expires, they shall be subject to the reappointment provisions in these bylaws.</p> <p>[subsequent sections would be renumbered]</p>	<p>Removed because this section is no longer effective.</p>
<p>Article VIII, Section 2 Page 7 of current Bylaws</p>	<p>“a. Upon written recommendation of the chief of a clinical service submitted to the medical staff office, the CEO (or the chair of the Credentials Committee or other delegate of the CEO) may grant temporary admitting and clinical privileges to an appropriate licensed medical staff applicant <u>to meet an important patient care need whose application to the staff is pending, or for a specific purpose. . . .</u>” [remainder of section remains unchanged]</p>	<p>Intended to eliminate conflict between sections governing temporary privileges and to more closely align with the language of the applicable Joint Commission standard.</p>
<p>Article XII, Section 1 Page 10 of current Bylaws</p>	<p>Add Emergency Medicine as item (c) in listing of clinical services, move subsequent services back one letter.</p>	<p>Intended to reflect accurate listing of clinical services.</p>
<p>Article XIV, Section 5(k) Page 12 of current Bylaws</p>	<p>“The Medical Record Committee shall develop guidelines for the general form, accuracy, and completeness of all patient records. It shall define the essential elements of hospital medical records and ensure that these are maintained uniformly in all clinical services and patient care departments. It shall advise and cooperate in the functions of the Department of Health Information Services <u>Management</u> and approve all forms relative to patient records.”</p>	<p>Intended to include accurate department title.</p>

Section	Amendment	Explanation
<p>Article XIV, Section 5(n)</p> <p>Page 12 of current Bylaws</p>	<p>“The Nutrition Committee shall work with the <u>culinary and clinical nutrition services</u> food service director and therapeutic dietetics staff to ensure the necessary and proper nutrition programming <u>exists within the hospital for patients, including review of the dietary manual and diet therapy programs</u> and <u>shall advise in on matters relative related to the culinary and clinical nutrition services, including the review of hospital diets</u> hospital food service system.”</p>	<p>Intended to reflect accurate description of nutrition committee activities and terminology.</p>
<p>Exhibit 2, Section 1.2.5</p> <p>Page 21 of current Bylaws</p>	<p>“Before requesting a hearing under this plan, the practitioner must submit s a written request for reconsideration to the Senior Vice President for Medical Affairs with in fifteen (15) calendar days of written notice of adverse action or recommendation which gives rise to the hearing. . . .” [remainder of section remains unchanged]</p>	<p>Correction of typographical error.</p>
<p>Exhibit 2, Section 2.1.1</p> <p>Page 21 of current Bylaws</p>	<p>[beginning of section remains unchanged] “When the practitioner requesting the hearing is a nurse practitioner, the hearing subcommittee shall have at least one person from the hospital’s <u>hospital’s</u> department of nursing selected in consultation with the Chief Nursing Officer or designee. . . .” [remainder of section remains unchanged]</p>	<p>Correction of typographical error.</p>