UWHCA Board of Directors

July 27, 2017, 1:30 - 4:30 PM, Room H6/215
UWHCA Board of Directors - July 27, 2017

Agenda

1:30 PM

I. Call to Order
   Mr. Gary Wolter

1:30 PM

II. Introduction of New Member/Liaisons
   Mr. Gary Wolter
   Informational
   Attachment - UWHCA Board Member: Regent Regina Millner Bio  Page 5
   Attachment - UPH Liaison: George Kamperschroer Bio  Page 7
   Attachment - UPH Liaison (Alternate): Margaret Noreuil, RN, PhD Bio  Page 9

1:35 PM

III. Consent Agenda
   Mr. Gary Wolter
   Approval
   Meeting Minutes
   Attachment - Minutes from June 22, 2017  Page 11
   Medical Staff Membership and Clinical Privileges
   Attachment - Medical Staff Membership and Clinical Privileges  Page 15
   UWHCA Medical Staff Bylaws
   Resolution - Amendments to Medical Staff Bylaws and Rules and Regulations  Page 25
   Attachment - Medical Staff Bylaws Amendments  Page 27
   Attachment - 2016-2017 Bylaws and Rules and Regulations of the Medical Staff (Redline)  Page 48
   UW Health Conflict of Interest Extension
   Resolution - Conflict of Interest Extension  Page 94
   UWHCA Committee Membership
   Attachment - UWHCA Committee Membership  Page 98
   UW Health Organizational Scope of Service
   Attachment - UW Health Organization Scope of Service  Page 102
UW Health ACO, Inc. Nomination of New Officer and Board Members

Resolution - UW Health ACO, Inc. Nomination of New Officer and Board Members

Attachment - ACO, Inc. Vice President - Sarah Valencia (UPH-M) Bio

Attachment - ACO, Inc. Board Member - Thomas Bugliosi, MD (UPH-M) Bio

Attachment - ACO, Inc. Board Member - Farah Kahn, MD (UPH-M) Bio

1:35 PM

IV. Overview of the State of UW Health Information Security Program
Mr. Paul VanAmerongen

Presentation - Overview of the State of UW Health Information Security Program

1:45 PM

V. InnTowner Hotel Update
Ms. Liz Douglas, Mr. Shawn Arneson

Presentation - InnTowner Hotel Update

2:00 PM

VI. Charitable Contribution to Community Organization
Mr. Jay Robaidek

Presentation - Contribution to a Community Organization

Resolution - Charitable Contribution to Community Organization

2:15 PM

VII. Assembly Bill 206
Dr. Robert Golden

Attachment - Testimony--AB206--July 2017

Attachment - Response--AB206--May 2017

(Members received via email on July 14, 2017.)

Attachment - Questions & Answers--AB206--May 2017

(Members received via email on July 14, 2017.)

2:25 PM

VIII. Closed Session

Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: discussion of financial matters and Unity/Quartz Health Plan Performance; pursuant to Wisconsin Statutes sections 19.85(1)(f), 146.38, and 146.82, and other applicable privacy laws, which protect the private medical information of specific persons and the review of the services of health care providers, to discuss the Patient Safety and Quality Committee report and to discuss the review of a health care provider; and pursuant to Wisconsin Statutes section 19.85(1)(c), which authorizes closed session for consideration of employment, promotion, compensation or performance evaluation data of public employees over which the Authority has jurisdiction or exercised responsibility, for discussion of UW Health executive compensation; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal
counsel regarding these and other matters.

4:00 PM  

IX. Return To Open Session

X. ACTION: Endorsement of Approval of UW Health Executive Compensation

Mr. Gary Wolter
Motion to approve UW Health executive compensation as discussed in closed session.

Resolution - Approval of UW Health Executive Compensation

4:30 PM  

XI. Adjourn
Attachment

Regent Regina Millner
Regina Millner’s career as a lawyer, consultant, appraiser, and broker in commercial real estate spans more than 30 years. During these years, she founded two consulting companies and worked with public and private sector clients on a variety of complex real estate projects.

Millner earned a Juris Doctor from the University of Wisconsin Law School, Master of Science in Real Estate and Urban Land Economics from the UW-Madison School of Business, and Bachelor of Science in Education from the University of Nebraska-Lincoln. Millner has served in leadership positions on the boards of several for-profit corporations. Her involvement with UW Madison includes past board chair of the Wisconsin Alumni Association, UW-Madison Athletic Board, Wisconsin Real Estate Alumni Association, Chazen Art Museum Council, and Chancellor’s Advisory Board. Active in the Madison community, she served on the boards of Meriter Hospital and Health Services (chair); Physicians Plus Insurance Corporation; Wisconsin Chamber Orchestra (president); Downtown Madison, Inc. (chair); Madison Children’s Museum (chair); Madison Symphony Orchestra; YWCA; and Rotary Club of Madison (president). Millner is a board member on the University Research Park Board of Trustees and a member of the University of Wisconsin System Board of Regents; she served two years as Vice President and two years as President of the board.
Attachment

George Kamperschroer
UPH Liaison
George R. Kamperschroer currently serves as the Immediate Past Chair of the Board of Directors of UnityPoint - Meriter and its affiliates, and has served a total of eight years on those Boards.

George is a lifelong Madison resident, and received both his BA in Political Science and his Law Degree from UW - Madison. George is also a CPA.

George recently retired from his leadership position with the business law firm of Neider & Boucher, SC, where he practiced in the area of business formation and business transactions. He joined the firm as a partner in 2002, serving as Managing Partner during his entire tenure. George is currently Of Counsel with the firm.

George started his legal career with the Boardman Law Firm, and spent 17 years there, including 13 as a partner and several years in management roles. While with the Boardman Law Firm in 1986, George established and represented Physicians Plus Medical Group (acquired by UWMF in 1998) and Physicians Plus Medical Group (recently merged into Quartz).

From 1992 to 2001, George tried his hand at various business positions, including being Vice President for Corporate Development at CUNA Mutual, Vice President of Corporate Affairs at Nelson Industries in Stoughton, and CEO of Great Wolf Lodge Co. In 2002 he felt the need to return to helping small and family owned businesses navigate the difficulties of buying other businesses or selling their own business, and began practicing law with Neider & Boucher.

In addition to his roles on the UnityPoint - Meriter Boards, George also was one of the two Meriter directors named to the Board of Directors of the UnityPoint - Health System when Meriter affiliated with UnityPoint in 2014. He served on the UnityPoint board for two years until he became no longer eligible upon becoming Chair of the Meriter Boards.

In addition to his service on the Meriter and UnityPoint boards, George has always been active on community boards. He is currently Secretary of the Madison Police and Fire Commission, where he has served for nine years, including two stints as President. He served on the Board of Directors of Habitat for Humanity of Dane County, where his eight years of service included a two-year term as Chair and an additional two years as Co-Chair of the organization’s recent capital campaign. George spent six years on the Board of Directors of the Greater Madison Chamber of Commerce, including four years as Secretary, as well as three years on the board of the Greater Madison Convention and Visitors Bureau.

Earlier in his career, he is active in the State Bar of Wisconsin and both the Wisconsin and American CPA Associations. His activity in the AICPA included several years on the Board of Examiners where he was a member of, and chaired, the subcommittee responsible for the Law Section of the CPA exam.

One of the highlights of his early community involvement was being on the board of the directors of the Wisconsin Chamber Orchestra in the mid-1980s when the orchestra started its very successful summer concert series known as the Concerts on the Square.

George lives in Madison with his wife, Julie.
Attachment

Margaret Noreuil, RN, PhD
UPH Liaison (Alternate)
Margaret C. Noreuil, Ph.D., RN, joined Edgewood College as a faculty member in the Henry Predolin School of Nursing where she earned tenure as a professor in 2002. In 2017, she accepted the position of Dean of the Henry Predolin School of Nursing. With more than 30 years of experience in nursing, research, and higher education, she oversees the school’s undergraduate (BSN) and graduate (MSN and DNP) nursing programs as well as the graduate Marriage and Family Therapy (MFT) program. In her role as dean, Dr. Noreuil is responsible for building on the school’s excellent reputation, adding programs at the undergraduate and graduate levels, expanding alumni relations and development activities, and recruiting and retaining a diverse base of expert faculty, staff, and students.

Dr. Noreuil’s program of research focuses on the impact of chronic illness on mothers and their spouse/partners, specifically focusing on uncertainty, family hardiness, and psychological well-being. Earlier in her career her clinical expertise was in acute care nursing with a focus on intensive care nursing. Since then her clinical expertise has transitioned to public health nursing with a focus on underserved populations. She is a member of numerous professional organizations, including serving as an accreditation site evaluator for the Commission on Collegiate Nursing Education (CCNE), a board member of the Center for Healthcare Education and Simulation (CHES), the Association of Nurse Educators in Wisconsin (ANEW), and the Wisconsin Center for Nursing (WCN).

Dr. Noreuil received her Ph.D. in Nursing from the University of Wisconsin-Madison and M.S. and B.S. degrees in Nursing from the University of Illinois-Chicago. She completed a post-doctoral executive leadership fellowship in 2014 at the University of Pennsylvania Wharton School Of Business.
Attachment

Open Session
Meeting Minutes
June 22, 2017
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY
Minutes of Board of Directors Meeting

Open Session
June 22, 2017, 1:30 PM
HSLC 4201

UWHCA BOARD MEMBERS
PRESENT: Dean Robert Golden (Chair), David Ward (Vice Chair), Chancellor Rebecca Blank, Rep. Mark Born, Dr. Thomas Grist, Regent Tim Higgins, Andrew Hitt, John Litscher, Regent Janice Mueller, Gary Wolter

UWHCA BOARD MEMBERS
EXCUSED: Michael Heifetz, Senator Luther Olsen, Lisa Reardon, Pablo Sanchez, Dean Linda Scott

BOARD EXECUTIVE COMMITTEE
(Non-Voting): Patricia Brady, Dr. Alan Kaplan, Dr. Jon Matsumura

UW HEALTH STAFF:
PRESENT: Betsy Clough, Bob Flannery, Jen Hankwitz, Heidi Menaker, Patti Meyer, Sara Schoen, Andrea Stapelman, Tina Whitehorse, Kelly Wilson (Secretary).

1. **Call to Order**

Chair Robert Golden called the open session of the Board of Directors meeting to order at 1:32 p.m. Roll call was taken and a quorum was present.

2. **ACTION: Approval of UWHCA Consent Agenda**

Regent Tim Higgins moved approval of the items on the consent agenda, including: UWHCA May 25, 2017 Open Session Minutes; Medical Staff Membership and Clinical Privileges; Resolution approving Departments of Radiology and Medicine Request to Transfer Funds from UW Medical Foundation to UW Foundation [Resolution 17-030]; Chancellor Rebecca Blank seconded the motion; it passed unanimously.

3. **ACTION: Resolution of Gratitude for Service of Mr. Andrew Petersen**

Chair Golden read a Resolution thanking Mr. Andrew Petersen for his service to the Authority Board and expressing the Authority’s gratitude for his leadership, exemplary work and loyalty to UWHCA. Regent Janice Mueller moved approval of the resolution; Mr. Andrew Hitt seconded the motion; the motion passed unanimously by voice vote. Resolution 17-031

4. **ACTION: Election of Officers**

Chair Golden presented a slate of officers to the UWHCA Board including Chair, Mr. Gary Wolter; Vice Chair, Dean Robert Golden; Secretary, Ms. Kelly Wilson; and Assistant Secretaries, Messes. Elizabeth Bolt, Patricia Hutter and Mary Link. Regent Mueller moved approval of the resolution electing the officers; Vice Chancellor Ward seconded the motion; Mr. Gary Wolter abstained from UWHCA Board Chair vote. The vote passed unanimously by voice vote. Resolution 17-032
5. **Review of UWHCA Board Committees**

Ms. Wilson provided a review of the UWHCA Board of Directors committee structure referencing the way the UWHCA Board fulfills its fiduciary responsibility. She highlighted the role of each committee and membership. Members of the board were encouraged to attend the UW Health Patient Safety and Quality Committee at least once a year. Members were further encouraged to let Chair Golden or Dr. Alan Kaplan know if they were interested in serving on one of the committees.

6. **UW Health Patient Safety and Quality Committee – Unit Report (Trauma Life Support Center)**

Jen Hankwitz, Heidi Menaker, Sara Schoen, and Andrea Stapelman, team members from UW Health Trauma Life Support Center, reviewed a recent presentation to the Patient Safety and Quality Council regarding ongoing improvement work. They highlighted their objectives to standardize communication structure and to demonstrate how huddles and leader standards work to increase staff engagement, improve a culture of safety, improve quality, and to provide a venue to work through ongoing unit challenges and initiatives. They provided project feedback noting communication challenges amongst large staff and a sense of disconnect between organizational priorities, leader expectations and staff work. The current situation, root causes of the problems, development of a standardized communication structure and results were reviewed showing improved bi-directional communication, early intervention and problem solving, staff have a voice and are more informed and engaged, and the quality improvement efforts remain active between meetings. In closing, the team reviewed next steps including further refinement and intent to engage physician colleagues.

Members expressed appreciation to the presenters – noting the importance to quality and the ongoing commitment to working through issues to determine a solution which ultimately benefits the patient.

7. **UW Health Financial Matters**

Mr. Robert Flannery briefly reviewed the FY17 Consolidated Financials for YTD period ending May 31, 2017. He noted total operating margin of 2.3% compared to budget of 3.2%; hospital volumes statistics (admissions, clinic visits and surgeries) are trending below budget compared to prior year; UWMF wRVU’s are trending above budget and total net income is ahead of budget by $34M due to non-operating income.

8. **Closed Session**

There being no other matters for the open session, Chair Golden proposed to take the meeting into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: discussion of UW Health/UnityPoint Health-Meriter Co-Branding, property option, financial and FY18 budgetary matters and UWHCA Board Survey results; pursuant to Wisconsin Statutes section 146.38, for the review of the Patient Safety and Quality Committee report; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

Vice Chancellor Ward moved to go into closed session; Chancellor Blank seconded the motion; there was a unanimous roll call vote approving entering into closed session. The following members voted for the motion: Chair Golden, Vice Chair Ward, Chancellor Rebecca Blank, Rep. Mark Born, Dr. Thomas Grist, Regent Tim Higgins, Andrew Hitt, John Litscher, Regent Janice Mueller, and Gary Wolter.
9. **ACTION: Approval of UW Health Operating and Capital Budget**

After returning to Open Session, a motion was made by Mr. Hitt approving the UW Health FY18 Operating and Capital Budget as discussed in closed session, which motion was seconded by Regent Mueller. The motion was unanimously approved by voice vote. [Resolution 17-034]

10. **Adjournment**

A motion was made by Mr. Wolter and seconded by Mr. Litscher to adjourn the meeting. The meeting was adjourned in Open Session at 4:35 p.m.

Respectfully Submitted,

Kelly Wilson, Secretary
Attachment

Medical Staff Membership and Clinical Privileges
July 27, 2017
The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: June 28, 2017
Medical Board: July 13, 2017

Ann Sheehy MD.
Chair of Medical Board & President of Medical Staff

The following actions were endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action.

Credentials Committee: June 28, 2017

New Applications

**New Applications**

**Joel T. Adler, MD, Active Staff**

**Department of Surgery/Fellow**

- General Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with disorders, illnesses or injuries of the alimentary tract, the abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system and minor extremity surgery. These privileges include, but are not limited to, laparoscopic surgery, upper gastrointestinal endoscopy, colonoscopy, insertion and management of arterial catheter, insertion and management of chest tubes, insertion and management of central venous catheters, lumbar puncture, pericardiocentesis, tracheostomy, paracentesis, management of trauma, and complete care of critically ill patients with underlying surgical conditions; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
- Organ Procurement

**James D. Alstott, MD, Active Staff**

**Department of Medicine/Hospital Medicine**

- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Central venous catheter insertion for access
- Lumbar Puncture
- Paracentesis

**Jessica C. Babal, MD, Active Staff**

**Department of Pediatrics/General**

- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
Christopher M. Cassara, MD, Active Staff
Department of Anesthesiology
- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
- Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority and supervision of residents, fellows, and others in training.
- Advanced Transesophageal Echocardiography (TEE)

Lindsay R. Clark, PhD, Clinical Psychology
Department of Medicine/Geriatrics
- Psychological testing: adults
- Individual psychotherapy: adult
- Neuropsychology
- Psychological consultation

Kevin P. Cohoon, DO, Active Staff
Department of Medicine/Cardiovascular Medicine
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.
- Cardiovascular Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the heart and blood vessels. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Peripheral Vascular Interventions: Diagnostic percutaneous peripheral vascular interventions including renal, femoral and brachiophacic.
- Peripheral Vascular Interventions: Therapeutic percutaneous peripheral vascular interventions including renal, femoral and brachiophacic.
- Peripheral Vascular Interventions: Diagnostic percutaneous peripheral vascular interventions of the extracranial carotid
- Peripheral Vascular Interventions: Therapeutic percutaneous peripheral vascular interventions of the extracranial carotid
- Percutaneous interventions (primary operator): atherectomy, angioplasty and stent placement
- Percutaneous interventions: Intra-aortic balloon pump placement
- Diagnostic Cardiac Catheterization: Coronary Angiography
- Diagnostic Cardiac Catheterization: Endomyocardial biopsy
- Percutaneous VAD implant and management
- Adult Moderate Sedation--ONLY within University Hospital or UW Health at The American Center

Eli C. Garrard, MD, Active Staff
Department of Orthopedics and Rehabilitation/Fellow
- Orthopedic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the musculoskeletal system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training. Supervision of physician assistants with prescriptive authority
Katherine M. Gast, MD, Active Staff  
Department of Surgery/Plastic  
- Plastic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with both congenital and acquired defects of the body's soft tissue and skeleton, including functional and aesthetic management; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.

Nitasha Gupta, MD, Active Staff  
Department of Ophthalmology/Fellow  
- Ophthalmology Medical and Minor Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways*; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine. (* This does not include the procedures requiring fellowship training listed under special competence areas.)
- Ophthalmology Surgical Core Privileges: Privileges to perform basic surgical procedures considered a result of a residency training program including removal of radioactive plaque, corneal micropuncture and debridement, astigmatic keratotomy, cataract surgery with or without IOL placement, glaucoma filtration surgery with or without antimetabolite, combined cataract and filtering surgery, strabismus surgery on horizontal muscles, enucleation, cryotherapy, primary repair of entropion, ectropion, eyelid injury, tarsorrhaphy, blepharoplasty, lacrimal intubation and irrigation; supervision of physician assistants with prescriptive authority; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. These privileges include supervision of residents, fellows, and other persons in training.
  - Use of surgical laser - YAG capsulotomy, iridotomy, cyclophotocoagulation.

Jared R. Hylton, MD, Active Staff  
Department of Anesthesiology  
- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.

Viacheslav Iremashvili, MD, Active Staff  
Department of Urology/Fellow  
- Urology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses or injuries of the genitourinary system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
  - Use of surgical laser
  - Laparoscopic urologic procedures
  - Use of surgical robot for procedures otherwise privileged to perform.

Marc L. Kalin, DO, Active Staff  
Department of Psychiatry/General  
- Adult Psychiatry Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat patients, above the age of 15, who suffer from mental, behavioral, or emotional disorders. These privileges also include care of patients via telemedicine. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
  - Electroconvulsive therapy

Jonathan Kay, MD, Active Staff  
Department of Anesthesiology  
- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
• Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority and supervision of residents, fellows, and others in training.

Theodore Kim, MD, Active Staff
Department of Medicine/Hospital Medicine
• Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
  • Central venous catheter insertion for access
  • Lumbar Puncture
  • Paracentesis
  • Adult Moderate Sedation-- All locations - includes UH, TAC, DHC, and UWHC Clinics

Kyle L. Kleppe, MD, Active Staff
Department of Surgery/Fellow
• General Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with disorders, illnesses or injuries of the alimentary tract, the abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system and minor extremity surgery. These privileges include, but are not limited to, laparoscopic surgery, upper gastrointestinal endoscopy, colonoscopy, insertion and management of arterial catheter, insertion and management of chest tubes, insertion and management of central venous catheters, lumbar puncture, pericardiocentesis, tracheostomy, paracentesis, management of trauma, and complete care of critically ill patients with underlying surgical conditions; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
  • Use of surgical robot for procedures otherwise privileged to perform.
  • Adult Moderate Sedation-- All locations - includes UH, TAC, DHC, and UWHC Clinics

Lisa L. Klesius, MD, Active Staff
Department of Anesthesiology/Fellow
• Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.

Richard C. Lennertz, MD, Active Staff
Department of Anesthesiology/Fellow
• Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
  • Advanced Transesophageal Echocardiography (TEE)

Rebecca L. MacAllister, MD, Active Staff
Department of Medicine/Hospital Medicine
• Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
  • Adult Moderate Sedation-- ONLY within University Hospital or UW Health at The American Center
Johnny P. Mai, MD, Active Staff
Department of Surgery/Fellow
- Otolaryngology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system. These privileges include, but are not limited to, surgical procedures involving the temporal bone, nasal and paranasal sinuses, the skull-base, the thyroid, parathyroid, salivary glands, and lymphatic tissue of the head and neck, maxillofacial plastic and reconstructive procedures; sinus endoscopy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
- Use of surgical laser

Jon K. Peebles, MD, Active Staff
Department of Dermatology
- Dermatology Core Privileges: Privileges to admit, evaluate, diagnose, consult, and treat patients presenting with illnesses and or injuries of the integumentary system. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, excision or other means of removal (including by liposuction) of benign and malignant lesions; curettage; electro surgery; liquid nitrogen cryosurgery of the skin and other appropriate lesions; nail surgery; actinotherapy treatments (phototherapy - e.g. PUVA); collagen implantation; injectable fillers; Botox injections; dermabrasion; chemical peels; laser treatments; sclerotherapy; dermatopathology; flaps and grafts; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.

Patrick J. Peebles, MD, Active Staff
Department of Pediatrics/Neonatology
- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

Erica F. Reing, MD, Active Staff
Department of Pathology and Lab. Medicine
- Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.
- Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges include supervision of residents, fellows and others in training.

Jennifer L. Rodgers, MD, Active Staff
Department of Anesthesiology
- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
Nikolai Schnittke, MD, Active Staff
Department of Emergency Medicine

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Deep Sedation—Adults
- Point of Care Emergency Ultrasound

Benjamin J. Seides, MD, Active Staff
Department of Medicine/Allergy, Pulmonary & Critical Care

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Critical Care Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Pulmonary Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the organs of the thorax or chest. These privileges include, but are not limited to, management of mechanical ventilation; management of noninvasive ventilation; pulmonary function testing (including methacholine challenges) and interpretation; sleep study testing and interpretation; endotracheal intubation; chest tube placement; pulmonary treadmill exercise testing; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Interventional Pulmonary Core: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the organs of the thorax or chest. These privileges include, but are not limited to, supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Central venous catheter insertion for access
- Fiberoptic bronchoscopy
- Direct laryngoscopy
- Percutaneous needle biopsy of the pleura
- Flexible diagnostic bronchoscopy
- Rigid bronchoscopy
- Endobronchial ultrasound
- Advanced diagnostic bronchoscopy
- Bronchoscopic endoluminal intervent
- Advanced pleural procedures
- Percutaneous tracheostomy
- Percutaneous endoscopic gastrostomy
- Needle biopsy of the lung

- Adult Moderate Sedation—All locations - includes UIH, TAC, DHC, and UWHC Clinics
Joshua S. Shapiro, MD, Active Staff
Department of Medicine/Hospital Medicine

- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Central venous catheter insertion for access
- Joint Aspiration/Injection
- Lumbar Puncture
- Paracentesis
- Thoracentesis
- Ventilator management on Intermediate Care patients

Amita Singh, MD, Active Staff
Department of Medicine/Cardiovascular Medicine

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.
- Cardiovascular Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the heart and blood vessels. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Cardiac Imaging: Transthoracic echocardiography
- Cardiac Imaging: Transesophageal echocardiography
- Cardiac Imaging: Stress echocardiography
- Adult Moderate Sedation-- ONLY within University Hospital or UW Health at The American Center

Colin T. Son, MD, Active Staff
Department of Neurological Surgery/Fellow

- Neurological Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses, injuries, and disorders of the neurological system, including the supporting structures and vascular supply. These privileges include, but are not limited to, craniotomy and craniectomy; reconstructive cranioplasty; laminectomy; spinal fusion; chemoneurolysis; percutaneous discectomy; transsphenoidal hypophysectomy; CSF shunting procedures; radiofrequency chemical rhizotomy/chordotomy; intracarotid injection; peripheral nerve surgery; intra-extracranial anastomosis; carotid endarterectomy; myelomeningocele repair; neurostimulation and recording; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.
- Adult Moderate Sedation-- ONLY within University Hospital or UW Health at The American Center

Anna R. Sorenson, MD, Active Staff
Department of Emergency Medicine

- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
Beth A. VanderWiel, MD, Active Staff
Department of Anesthesiology/Fellow
- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants is included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
- Advanced Transesophageal Echocardiography (TEE)

Adam D. Wallace, MD, Active Staff
Department of Neurology
- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.

Michael A. Ward, MD, Active Staff
Department of Emergency Medicine
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound

Malinda T. West, MD, Active Staff
Department of Medicine/Hospital Medicine
- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Arterial Line Insertion
- Central venous catheter insertion for access
- Joint Aspiration/Injection
- Lumbar Puncture
- Paracentesis
- Thoracentesis

Additional Privileges

Ali I. Gardezi, MD, Active Staff
Department of Medicine/Fellow
- Dialysis Vascular Access
- Fistulagrams
- Declots
- Peripheral Vascular Interventions: Diagnostic percutaneous peripheral vascular interventions including renal, femoral and brachiocephalic.
- Peripheral Vascular Interventions: Therapeutic percutaneous peripheral vascular interventions including renal, femoral and brachiocephalic.
- Percutaneous interventions (primary operator): atherectomy, angioplasty and stent placement
Focused Professional Practice Evaluation Review
The following focused review applications have been endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department /Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biedermann, Christine L., MD</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
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<tr>
<td>Durre, Dawn M., DO</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
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<tr>
<td>Pryde, Peter G., MD</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
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<tr>
<td>Roy, Subhojit, MD</td>
<td>Pathology and Lab. Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Zolinski, Michael D., MD</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
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Leave of Absence
Anne M. Kolan, MD, Family Medicine & Community Health, 7/10/17 – 10/1/17

Return from Leave of Absence
Aeyal Raz, MD, Anesthesiology, returning from leave effective 7/10/2017

Professional Privileges-- New Applications
Patricia M. Jones-Cooper, NP, UW Advance Practice Nurse
Department of Anesthesiology/General
- Adult NP Core Professional Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- Pediatric NP Core Professional Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Pain Management Core Privileges: Privileges to manage and treat patients with chronic and acute pain and related conditions.
- Prescriptive Authority: Issuing written orders for medications and diagnostics tests within scope of practice and in accordance with WI Statutes and UWHC policies and procedures.

Professional Privileges—Additional Privileges
Carolyn L. Terry, NP, UW Advance Practice Nurse
Department of Pediatrics/Neonatology
- Chest Tube Placement

Shawna K. Wheeler, PA, UW Physician Assistant
Department of Neurology
- Supraorbital Nerve Block

Transfers
- Michael Zywicki, NP (Adult Gerontology Primary Care Nurse Practitioner): Anesthesia/Pain Management
  Adult NP Core Professional Privileges, NP Pain Management Core Privileges and Prescriptive Authority. (Transfer from Surgery/Peripheral Vascular)
Resolution

Amendments to Medical Staff Bylaws and Rules and Regulations
RESOLUTIONS OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approval of Amendments to Medical Staff Bylaws and Rules and Regulations

July 27, 2017

Whereas, the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority, having reviewed and discussed the proposed amendments to the Bylaws and Rules and Regulations of the Medical Staff, hereby approves the proposed amendments as adopted by the Medical Staff and in accordance with Article XVII, Section 1 of the Bylaws and Rules and Regulations of the Medical Staff.
Proposed Medical Staff Bylaws Amendments—2017

Recommendations and Approvals:
- Approved by the Bylaws Committee: May 8, 2017
- Approved by the Medical Board: June 8, 2017
- Approved by the Medical Staff: June 27, 2017
- Submitted to the UWHCA Board of Directors: June 30, 2017
- Approved by UWHCA Board of Directors:

RECOMMENDED SUBSTANTIVE AMENDMENTS:

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<tr>
<th>Section</th>
<th>Amendment</th>
<th>Explanation/Comment</th>
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<tbody>
<tr>
<td>Article III, Section 1(a)</td>
<td>Membership on the medical staff is limited to physicians, dentists, podiatrists, psychologists and certain other professional staff, as authorized in Article IV, licensed to practice in the State of Wisconsin who can document their background, experience, training, health status, and competence; their adherence to the ethics of their profession; and their ability to work with others sufficiently to assure the appropriate department, medical staff, and the Board of Directors that patients in the hospital will be given high quality medical care. In these Bylaws, “licensed” to practice in the State of Wisconsin shall mean having a professional license, certificate or other permit from the state permitting practice in the state.</td>
<td>Recommending deletion of the clinical psychology staff category (see Article IV), and addition of clinical psychologists to the list of professionals eligible to apply for privileges as advanced practice providers. This is an administrative change and has no practical effect — clinical psychologists previously were not eligible to vote or to be granted admitting privileges, but could serve on committees and exercise privileges granted to them. That will stay the same.</td>
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<td>Article III, Section 1(d)</td>
<td>Medical staff membership is contingent upon appointment to the faculty of the appropriate clinical department of the University of Wisconsin School of Medicine and Public Health (“Medical School”). “Faculty,” for the purpose of these Bylaws, includes tenure track, clinical health sciences track, clinician teacher track, and emeritus. This designation shall have no effect on an individual’s appointment as faculty under UW-Madison faculty policies and procedures.</td>
<td>Adding clarification regarding what constitutes faculty appointment for purposes of the medical staff bylaws (e.g., includes emeritus faculty), which is not the same definition used by SMPH.</td>
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<td>Article III, Section 1(f) Membership; Qualifications</td>
<td>A member is expected to comply with the hospital’s state licensure requirements by having both a pre-appointment and a periodic health assessment. Within thirty (30) calendar days after, a member shall undergo a pre-appointment 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 Medical Staff Affairs, consistent with hospital policy. 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 Medical Staff Affairs during the reappointment process.</td>
<td>Striking first phrase because it is incomplete/unclear (within thirty calendar days after what?), and striking language generally because health assessment details will be addressed by policy and are not required to be included in the bylaws.</td>
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<td>Article III, Section 1(g) Membership; Qualifications</td>
<td>Applicants and members must have no record of conviction of Medicare, Medicaid, or insurance fraud and abuse; payment of civil money penalties for same; or exclusion or prohibition from participation in such programs.</td>
<td>Adding qualification for membership. This provision is specific to federal/state health care program fraud, and would not affect an applicant or member who has had a patient classification billing issue (e.g., billed for observation services but ultimately changed to inpatient, etc.).</td>
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<td>Article III, Section 3(e) Membership; Additional Conditions of Appointment</td>
<td>Each practitioner or other professional granted clinical or professional privileges or with a pending application for such clinical or professional privileges shall notify the CMCO or senior vice president for medical affairs or designee within ten (10) calendar days after any of the following. Failure to notify shall constitute grounds for corrective action. Upon request from Medical Staff Affairs, 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</td>
<td>Striking unnecessary statement that clinical privileges and application processing will be suspended until documents are provided. With respect to suspension of privileges, such suspension is either automatic (addressed by Article IX, Section</td>
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<td>Article III, Section 3(e)(9) Membership; Additional Conditions of Appointment</td>
<td>Any indictment, conviction, or plea of guilty, no contest, or nolo contendere pertaining to any felony; or to any misdemeanor involving (i) controlled substances, (ii) illegal drugs, (iii) Medicare, Medicaid, or insurance or health care fraud or abuse, or (iv) violence against another.</td>
<td>Adding section requiring individuals with privileges or applying for privileges to notify the CCO or SVP for medical affairs or designee of any indictment, conviction, or certain pleas related to specific types of crimes.</td>
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<td>Article III, Section 3(f) Membership; Additional Conditions of Appointment</td>
<td>Failure to notify shall constitute grounds for corrective action. The CMO CCO or senior vice president for medical affairs will forward to the chair of the applicable clinical service a copy of any notice received under subsection (e).</td>
<td>Deleted first sentence as duplicative of Article III, Section 3(e).</td>
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<td>Article IV, Section 1 Categories of the Medical Staff; The Medical Staff</td>
<td>The medical staff shall be divided into active medical, courtesy medical, and honorary medical, and clinical psychology. The “privileged medical staff” shall include the active medical, and courtesy medical, and clinical psychology.</td>
<td>As noted above, recommending deletion of the clinical psychology staff category and addition of clinical psychologists to the list of professionals eligible to apply for privileges as advanced practice providers.</td>
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<td>Article IV, Section 5</td>
<td>The clinical psychology staff shall consist of clinical psychologists who are</td>
<td>As noted above, recommending</td>
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<td>granted membership on the clinical psychology staff and who are granted clinical privileges to provide clinical psychology services. They must be appointed to a clinical service. They shall have the rights and responsibilities of members of the active medical staff, except they shall not be eligible to admit patients nor vote in Medical Staff elections.</td>
<td>deletion of the clinical psychology staff category and addition of clinical psychologists to the list of professionals eligible to apply for privileges as advanced practice providers.</td>
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<td>Categories of the Medical Staff; Clinical Psychology Staff</td>
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<td>Article V</td>
<td>As outlined in more detail below, we are suggesting substantial revisions to Article V addressing advanced practice providers. This Article was previously titled “Clinical Professionals” and addressed two categories of clinical professionals: (1) “independent clinical professionals” and (2) “other clinical professionals.” We’ve combined these categories into one advanced practice provider category. Accordingly, certain sections have been deleted wholesale and new language has been added. Below we have described in more detail the new sections that were added.</td>
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<tr>
<td>Article V, Section 1</td>
<td>Advanced practice providers shall mean professionals other than physicians, dentists, and podiatrists who are eligible to apply for clinical privileges. The categories of professionals eligible to apply for privileges as advanced practice providers are listed in Exhibit 3 of these Bylaws. The categories of professionals listed in Exhibit 3 may be expanded as provided in Section 7 of this Article V.</td>
<td>Adding a definition of advanced practice providers, and including reference to Exhibit 3 listing all categories of practitioners eligible to apply for privileges as APPs.</td>
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<td>Article V, Section 2</td>
<td>a. “Independent clinical professionals” shall mean licensed individuals permitted by law and by the hospital to provide patient care services without direction or supervision in disciplines that are not eligible for membership on the medical staff. Independent clinical professionals advanced practice providers granted clinical privileges may provide patient care services only within the scope of their licenses and hospital policies, and in accordance with clinical privileges granted to the individual by the Board of Directors, which cannot include admitting privileges. b. Advanced practice providers shall have appropriate supervision and/or collaboration as required by law or hospital policy. c. Anyone applying for or receiving clinical privileges under this Article V shall also have to comply with the requirements in Article III except as provided in Article V.</td>
<td>Adding language regarding advanced practice provider qualifications and practice, including requiring APPs to satisfy the same qualifications, ethics/ethical relationships, and additional conditions of appointment (as outlined in Article III) that apply to medical staff members except as provided in Article V.</td>
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<td>Article V, Section 3</td>
<td><strong>Advanced Practice Providers; Application Process</strong> Applications for clinical privileges will be accepted only for disciplines for which the Credentials Committee has approved criteria for clinical privileges. The procedure and requirements for accepting and processing applications for appointment and reappointment in Article VII shall be followed for applications for clinical privileges from other independent clinical professionals, except that:</td>
<td>Moving prior language regarding application process for “independent clinical professionals” and “other clinical professionals” into one section addressing the application process for APPs.</td>
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<td>a. Such individuals Advanced practice providers shall not be members of the medical staff; and</td>
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<td>b. Such individuals must have a faculty appointment in the Medical School or be employed by the hospital, the University of Wisconsin Medical Foundation, or the Medical School. Persons who do not have such employment or Medical School faculty appointment shall automatically lose their clinical privileges without right to hearing or review under these Bylaws; and</td>
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<td>c. Such individuals must have a faculty appointment in the Medical School or be employed by the hospital, the University of Wisconsin Medical Foundation, or the Medical School. Persons who do not have such employment or Medical School faculty appointment shall automatically lose their clinical privileges without right to hearing or review under these bylaws.</td>
<td>Applications for privileges submitted by advanced practice nurse prescribers, certified nurse midwives, nurse practitioners, and certified registered nurse anesthetists must be submitted for approval first to the designated APNP approval body in accordance with Hospital policy. The chief nursing executive officer or designee shall make the recommendation whether to approve or renew approval of the advanced practice nurse. Recommendations regarding approval or renewal of approval shall be made to the Credentials Committee.</td>
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<td>Article V, Section 4</td>
<td><strong>Sections 1, 2, and 3 of Article IX shall not apply to persons advanced practice providers granted professional clinical privileges under this section.</strong> The Board</td>
<td>Clarifying that most sections of Article IX (collegial intervention,</td>
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<td>Advanced Practice Providers; Corrective Action; Hearing and Appeals</td>
<td>of Directors, CEO, CCO, Chief of the Hospital Division, CMO, senior vice president for medical affairs, or their designees may terminate or restrict any clinical professional privileges granted under this section. The chiefs of the clinical services, any officer of the medical staff, the Chief of the Hospital Division, the CMO, or the senior vice president for medical affairs may submit a request to the CEO, CCO, or their designees to take action under this subsection; such request shall not be required to initiate action. The chief nurse executive or his/her designee may also terminate or restrict any clinical professional privileges granted to an advanced practice nurse. When clinical privileges are terminated or restricted under this subsection, the other clinical professional advanced practice providers may be entitled to an opportunity for hearing and appellate review as specified in Article X.</td>
<td>corrective action, and summary suspension) do not apply to APPs, but automatic suspension (Section 4 of Article IX) does apply to APPs. The bylaws previously stated that all of Article IX did not apply to APPs.</td>
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<p>| Article V, Section 7 | Whenever a health care professional of a type not included in Exhibit 3 as permitted to apply for privileges as an advanced practice provider requests permission to practice at the hospital, the Board of Directors, with input from the Medical Board, shall evaluate the need for that type of health care professional as an advanced practice provider, taking into consideration the following factors: | Adding a section describing the process to be applied if a health care professional not listed in Exhibit 3 desires to apply for privileges as an APP. This process can assist in avoiding antitrust claims by types of professionals who are not eligible for privileges as an APP. |
| Advanced Practice Providers; Determining Need for New Advanced Practice Providers | a. The nature of the services that could be offered; b. Any state license or regulation that outlines the scope of practice for the health care professional; c. The business and patient care objectives of the hospital; d. How well the community's needs are currently being met and whether they could be better met if the services offered by the health care professional were provided by the hospital; e. The type of training that is necessary to perform the services that could be offered and whether there are individuals with more training that are currently providing those services; f. The availability of supplies, equipment, and other necessary | |</p>
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<td>resources to support the health care professional;</td>
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<td></td>
<td>g. The availability of trained staff;</td>
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<td>h. Patient convenience; and</td>
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<td></td>
<td>i. The ability to appropriately supervise performance.</td>
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<tr>
<td>Whenever the Board of Directors approves a new type of health care professional as an advanced practice provider, Exhibit 3 of these Bylaws shall be supplemented to reflect such approval.</td>
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<tr>
<td>Article VI, Section 1</td>
<td>GME trainees (residents and fellows) shall be graduates of approved schools of medicine, osteopathy, podiatry, or dentistry who are in graduate training programs approved by or formally affiliated with the University of Wisconsin Hospitals and Clinics. GME trainees must be licensed when required by Wisconsin law or hospital policy. GME trainees are not members of the medical staff, are not eligible to vote or hold office in the medical staff organization, but GME trainees in hospital sponsored training programs shall have voting representation on the Medical Board and its committees as provided in these Bylaws. Members of the medical staff may permit GME trainees to function under supervision within the scope of the clinical privileges granted to the supervising medical staff member. Whenever the term “supervision” is used in these bylaws and with reference to GME trainees or other students, it means direction, supervision, and oversight by a supervising member of the medical staff, but does not include a requirement that the medical staff member be present for the conduct of the supervised patient care unless such presence is appropriate under the circumstances or required by law or hospital policy. GME trainees were formerly called “house staff;” the term “house staff” in hospital documents refers to GME trainees.</td>
<td>Suggesting minor revisions for clarity, and deleting the last sentence given it is unnecessary to include in the bylaws.</td>
</tr>
<tr>
<td>Article VII, Section 2</td>
<td>a. The Credentials Committee shall review the qualifications, character, professional competence, and ethical standing of the applicant to the privileged medical staff and verify that all necessary qualifications for staff membership and requested privileges are</td>
<td>Suggesting revised language regarding deferral of an application by the Credentials Committee — specifically,</td>
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| Appointment Process | met. Through Medical Staff Affairs or United Credentials Committee, UWHC shall (i) verify in writing and from the primary source whenever feasible or from a credentials verification organization the following: the applicant’s current license, specific relevant training, and current competence, (ii) verify the applicant’s ability to perform the privileges requested, and (iii) confirm that the individual requesting approval is the same individual identified in the credentialing documents. UWHC shall query the National Practitioner Data Bank (NPDB) at the time of initial medical staff appointments and initial granting of privileges and at the time of expanding privileges or requesting to add new privileges. Upon receipt of the completed application, confirmation of required verifications, and the results of the NPDB query, the Credentials Committee shall review the application and all supporting documentation and may conduct further investigation. The Credentials Committee shall submit a report of its findings in whole or in part recommending that the application be accepted or rejected, or deferred.  
1. If the recommendation is to accept or defer, the report shall be submitted to the Medical Board and any recommendation for appointment shall include the recommended staff status and a delineation of privileges.  
2. When an applicant has submitted insufficient documentation to support one or more requested privileges, the Credentials Committee shall report on appointment and other privileges, but does not have to report on privileges with insufficient documentation; the committee shall respond to the applicant with a written request that the applicant provide additional documentation or rescind the request for such privileges.  
3. If the recommendation of the Credentials Committee is to reject the application, the report shall be submitted to the Medical Board and the application shall be reconsidered at the next regularly scheduled meeting of the Credentials Committee. | eliminating the requirement to submit a deferred application to the Medical Board, and eliminating the requirement to reconsider a deferred application within 75 days. The Bylaws already provide for an expected timeframe for completion of the credentialing and privileging process. |
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<td>senior vice president for medical affairs. The senior vice president for medical affairs or his/her designee shall review the recommendation and assess whether the recommendation was made in a discriminatory manner on the basis of a characteristic listed in Article III, section 1(e). If this review confirms that the recommendation was made in a nondiscriminatory manner, the recommendation shall be forwarded to the Medical Board. If this review cannot confirm that the recommendation was made in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee for further review or to the Medical Board with a report from the senior vice president for medical affairs or his/her designee recommending other steps that may be taken to address the possible discrimination.</td>
<td>4. The Credentials Committee may defer consideration of the application as needed.</td>
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<td>b. When the Credentials Committee has conducted its evaluation and recommended privileges, an applicant for new privileges may be granted temporary privileges in accordance with Article VII, Section 2.</td>
<td>b. When the Credentials Committee has conducted its evaluation and recommended privileges, an applicant for new privileges may be granted temporary privileges in accordance with Article VII, Section 2.</td>
</tr>
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<td>c. Any deferred applications must be reconsidered within seventy-five (75) calendar days with a recommendation for appointment or denial of appointment.</td>
<td>c. Any deferred applications must be reconsidered within seventy-five (75) calendar days with a recommendation for appointment or denial of appointment.</td>
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<td>d. When the Medical Board recommends denial of appointment or denial of requested privileges, the applicant may be entitled to an opportunity for hearing and appellate review as specified in Article X. The CEO or CCO shall give notice of the adverse recommendation. The CEO may delegate this and any other duty under these Bylaws.</td>
<td>d. When the Medical Board recommends denial of appointment or denial of requested privileges, the applicant may be entitled to an opportunity for hearing and appellate review as specified in Article X. The CEO or CCO shall give notice of the adverse recommendation. The CEO may delegate this and any other duty under these Bylaws.</td>
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<td>d. Favorable recommendations of the Medical Board regarding appointment and granting of clinical privileges shall be forwarded to</td>
<td>d. Favorable recommendations of the Medical Board regarding appointment and granting of clinical privileges shall be forwarded to</td>
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<tr>
<td>Article VIII, Section 1(a) (deleted)</td>
<td><strong>a.</strong> Independent practice at the hospital shall be limited to staff who have been granted clinical privileges.</td>
<td>Deleting as unnecessary and unclear – also covered by the next provision in the section (see next row).</td>
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<td>Clinical Privileges; Clinical Privileges</td>
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the Board of Directors to be acted upon at the next regular meeting. If the Board of Directors' decision is not to approve appointment or the requested clinical privileges and the affected member has not had a prior opportunity for the procedural rights provided in Article X, the affected member may be entitled to such procedural rights as specified in Article X. After any such procedural rights are waived or exhausted, the Board of Directors shall make the final decision. However, if the Board of Directors' decision is contrary to the recommendation of the Medical Board, the matter shall be returned to the Medical Board for an opportunity to comment before a final decision is made by the Board of Directors.

e. When the final decision of the Board of Directors is made, it shall send notice of such decision through the CEO to the applicant. The notice shall specify the period of appointment and privileges, which shall not exceed two years. If the medical staff category or privileges granted differ from those requested or recommended, notice shall also be provided to the chief of the clinical service concerned and the Credentials Committee.

f. 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.

g. An application once deemed complete may thereafter be deemed incomplete if at any time during the consideration of the application new, additional, or clarifying information is requested. An incomplete application will not be processed until all requested information is received.
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<tr>
<td>Article VIII, Section 1(a) Clinical Privileges; Clinical Privileges</td>
<td>Every member of the staff engaging in such practice at this hospital Medical staff members and advanced practice providers shall be entitled to exercise only those clinical privileges granted to him/her based on training, experience, current competence, and health status.</td>
<td>Adding language for clarity.</td>
</tr>
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</table>
| Article IX, Section 1 Collegial Intervention and Corrective Action | **Collegial Intervention.**  
  a. It is the policy of UWHC and its medical staff to encourage the use of progressive steps by medical staff leadership and the hospital, beginning with collegial and educational efforts, to address concerns regarding a medical staff member’s clinical practice or professional conduct. The goal of collegial intervention is to arrive at voluntary, responsive actions by the appointee to resolve questions that have been raised.  
  b. Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring, or additional training or education.  
  c. Collegial intervention efforts are encouraged, but are not mandatory. | Adding language addressing collegial intervention to reflect current practice and endorse progressive steps of intervention prior to initiation of corrective action. |
<p>| Article IX, Section 2(d) Collegial Intervention and Corrective Action Procedure | If the president of the medical staff decides there shall be an investigation or the Medical Board votes to override a decision not to have an investigation, the president of the medical staff shall select at least three members of the Investigation Committee to investigate the matter, refer the matter to the Corrective Action Peer Review Committee unless the president of the medical staff, with the concurrence of the CEO or CCO or designee, decides that external review is necessary due to the nature of the matter and the available resources to conduct internal review and investigation. No proceedings or investigation is considered to have started concerning a medical staff member until the president of the medical staff has referred the matter to the Corrective Action Peer Review Investigation Committee or to external review. The president of the medical staff shall notify the practitioner that an investigation is being conducted. | Adding language to clarify that at least three members of the Investigation Committee (formerly the CAPRC) will be selected to conduct an investigation. |</p>
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<tr>
<td>Article IX, Section 4(h)</td>
<td>Drug Enforcement Administration (DEA) Registration. Any limitation or restriction in DEA registration shall automatically restrict or limit the person’s clinical privileges in a similar way.</td>
<td>Adding that in the event a member’s/APP’s DEA registration is limited/restricted, his/her clinical privileges will be automatically restricted in the same way.</td>
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<td>Collegial Intervention and Corrective Action; Automatic Suspension</td>
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<td>Article XI, Section 1</td>
<td>The Medical Board shall be a forum for the medical staff and represent the medical staff to the Board of Directors, the CEO, and others. The Medical Board shall be composed of the chiefs of clinical services, the officers of the medical staff, and 14 at-large members elected by the staff, two advanced practice providers serving in a non-voting capacity elected as described in Article XIII, two GME trainees from hospital sponsored training programs, the CCO, and the senior vice president for medical affairs (individually or as designee of the CEO). There shall be no more than three elected members, including officers, from any one clinical department. In addition, there shall be two GME trainees from hospital sponsored training programs elected by the GME trainees in hospital sponsored training programs, the CMO-CCO (individually or as designee of the CEO), the senior vice president for medical affairs, the CEO, and the chief nurse executive shall serve on the Medical Board as ex-officio members without vote, the CEO, and the dental service chief. Subject to the approval of the president of the medical staff or designee, any member of the Medical Board may designate an alternate who may attend and vote in place of the Medical Board member. Such designation must be made annually within two months of the start of each medical staff year unless otherwise approved by the president of the medical staff or designee. Any member of the Medical Board may, within two months of becoming a member (or within two months of any September 1 thereafter), designate an alternate who may on occasion attend and vote in place of the Medical Board member until the next September 1. Alternates not appointed during this two-month period may attend but not vote. The president of the medical staff shall serve as chair of the Medical Board.</td>
<td>Changing the Medical Board composition to include two non-voting APPs; changing the composition to clarify that the CEO and the chief nurse executive serve on the Medical Board as ex-officio members without vote, and that the CCO and SVP for medical staff affairs serves with vote; providing that the SVP for medical affairs (instead of the CCO) may attend meetings as designee of CEO; and amending the requirement that members of the Medical Board designate their alternates within two months of becoming a member to allow delegates to be designated at any point during the year where approved by the medical staff president or designee.</td>
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<td>Article XI, Section 3 (deleted)</td>
<td>Meeting.</td>
<td>Deleting language because Medical Board meetings (among</td>
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| Medical Board; Meeting | a. The Medical Board shall meet monthly.  
b. A quorum shall consist of one-third of the members of the Medical Board. | others) are addressed in Article XV. See also Article XV, where the monthly Medical Board meeting requirement is recommended to be changed to once a month during at least 10 months of each medical staff year. |
<p>| Article XIII, Section 4(c) Officers and At-Large Members; Election | The Advanced Practice Providers Council (APP Council) shall solicit candidates from among the advanced practice providers to serve on the Medical Board. At least ten (10) calendar days prior to election by advanced practice providers with privileges, the APP Council shall nominate at least two candidates to serve on the Medical Board. The two nominated candidates receiving the most votes from advanced practice providers shall be elected to the Medical Board. | Adding process for selection of two APPs to serve on the Medical Board. |
| Article XIII, Section 5(b) Officers and At-Large Members; Vacancies | Elected At-Large Members of the Medical Board. Vacancies occurring during the medical staff year term of an at-large member or advanced practice provider member of the Medical Board shall be filled by the president of the medical staff appointing an interim member. In the event the president of the medical staff fills such a vacancy, the Medical Board shall be notified and shall have an opportunity to reject the appointment. | Adding language for clarity. |
| Article XIV, Section 2(c) Committees; Committee Members | Advanced practice providers and others may be appointed to serve as voting members of standing and ad hoc medical staff committees. | Adding language for clarity. |
| Article XIV, Section 2(d) Committees; Committee Members | One advanced practice nurse representative and one physician assistant representative shall be appointed to be liaison members of the Credentials Committee. The advanced practice nurse representative may attend the meetings while the committee is considering the professional privileges of advanced practice nurses, and the physician assistant representative may attend the meetings while the committee is considering the professional privileges of advanced practice nurses. | Adding language clarifying process for selection of APN / PA liaisons to Credentials Committee. |</p>
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<td>privileges of physician assistants. The advanced practice nurse and physician assistant representatives may participate in such deliberations, and vote on such professional privileges. The chief nursing executive (or designee), shall be consulted in the selection of the advanced practice nurse liaison member, and the responsible physician assistant subcommittee of the Credentials Committee shall be consulted in the selection of the physician assistant liaison member.</td>
<td>Deleting language because Committee meetings (among others) are addressed in Article XV.</td>
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</table>
| Article XIV, Section 3 (deleted) Committees; Meetings and Minutes | a. Each committee, with the exception of the Corrective Action Peer Review, Hearing Peer Review, GME Appeals, Medical Staff Behavior, and Medical Staff Health Committees, shall meet regularly and keep a permanent record of its proceedings. Copies of all minutes shall be submitted to the president of the medical staff for review and approval of recommended action items at Medical Board meetings.  
  b. The chair of all committees shall submit summary reports prior to meetings of the medical staff if there is business they wish to call to the attention of the medical staff. Such reports shall be submitted to the president of the medical staff to be distributed with the notices and agenda of medical staff meetings. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
<p>| Article XIV, Section 4(b) Committees; Duties of Respective Committees | The Corrective Action Peer Review Investigation Committee shall be a permanently constituted peer review committee from which panels may be selected to perform the peer review responsibilities specified in Article IX of the Bylaws.                                                                                                                                   | Adding language clarifying definition of Investigating Committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Article XIV, Section 4(j) Committees; Duties of Respective Committees | The Medical Staff Behavior Committee shall address issues of inappropriate professional behavior by any member of the medical staff through a professional peer review process. The Committee shall address issues only on referral from the CCMO or senior vice president for medical affairs. The committee’s activities shall not be considered formal investigation or discipline. When formal corrective action is required, investigation or discipline by the Medical Staff is required the matter shall be handled under | Revising language for clarity, and eliminating reference to “formal investigation or discipline.”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |</p>
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<td>Article IX.</td>
<td>The Peer Review Committee shall be responsible for a coordinated approach to the measurement and continuous improvement of quality, safety and patient experience through its oversight of the effectiveness of the medical staff performance and peer review process. Oversight of departmental quality assessment and improvement activities will be accomplished by annual departmental committee reports to the Peer Review Committee. Department quality assessment and improvement committee activities may include, but are not limited to, medical staff review (invasive procedure review, drug usage review, risk management activities, review of infection control activities, utilization review), multispecialty peer review of individual cases, development of an annual departmental quality assessment and improvement plan, and monitoring of compliance with all external regulatory agencies and state statutes relating to the provision of quality patient care. The committee will review and approve hospital-wide medical quality indicator reports and make recommendations regarding either need for further study or the initiation of improvement activities.</td>
</tr>
<tr>
<td>Article XIV, Section 4(n) Committees; Duties of Respective Committees</td>
<td>Adding language to include multispecialty peer review of individual cases as a responsibility of the Peer Review Committee.</td>
</tr>
<tr>
<td>Article XV, Section 2 Meetings; Medical Board Meetings</td>
<td>The Medical Board shall meet once a month during at least ten (10) months each medical staff year. Special meetings of the Medical Board may be called by the president of the medical staff, by majority vote, or by written petition of a majority of the Medical Board.</td>
</tr>
<tr>
<td>Article XV, Section 3 Meetings; Standing and Special Committee Meetings</td>
<td>The Medical Board shall meet once a month during at least ten (10) months each medical staff year. Special meetings of the Medical Board may be called by the president of the medical staff, by majority vote, or by written petition of a majority of the Medical Board.</td>
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<tr>
<td>Article XV, Section 6 Meetings; Attendance</td>
<td>Standing and special committees shall arrange their own meeting schedules. Each standing committee, with the exception of the Investigation, Hearing, Medical Staff Behavior, and Medical Staff Health Committees, shall meet regularly and keep a permanent record of its proceedings. Standing and special committees shall arrange their own meeting schedules.</td>
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<td>Moved language addressing committee meetings from Article XIV (Committees) to Article XV (Meetings) for consistency/clarity.</td>
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<td>Each member of the medical staff shall be expected to attend at least 50 percent of the meetings of his/her clinical service and committees of the medical staff. Any regular or special meeting of a board or committee or other group authorized by these Bylaws may be held by teleconference at the</td>
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<tr>
<td>Article XV, Section 7</td>
<td><strong>Meetings; Minutes</strong></td>
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<tr>
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<td>a. <strong>Medical Staff and Medical Board Meeting Minutes.</strong> Minutes of each regular and special meeting shall be prepared and shall include a record of attendance. The minutes shall be signed and submitted to the attendees for approval. Copies of the approved minutes shall be retained by Medical Staff Affairs.</td>
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<td>b. <strong>Standing and Special Committee Meeting Minutes.</strong> Copies of all minutes shall be submitted to the president of the medical staff for review and approval of recommended action items at Medical Board meetings.</td>
</tr>
<tr>
<td>Article XV, Section 9</td>
<td><strong>Meetings; Electronic Meetings and Approvals</strong></td>
</tr>
<tr>
<td></td>
<td>a. <strong>Any regular or special meeting of a board or committee or other group authorized by these Bylaws may be held electronically or by teleconference at the discretion of the chairperson. Persons participating electronically or by teleconference shall be considered present at the meeting.</strong></td>
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<td>b. <strong>Any action which may be approved by a board or committee or other group authorized by these Bylaws may be approved by an email, U Connect workspace, or other electronic vote at the discretion of the chairperson of the board or committee or group. Notice may be given of electronic vote by email. Members shall be given at least two business days to respond. If a quorum of the board or committee or group respond by the time set for the vote, the action shall be approved if approved by a majority of the timely respondents, unless one timely respondent requests that the matter be considered at a convened meeting of the board or committee or group. Any regular or special meeting of a board or committee or other group authorized by these Bylaws may be held by teleconference at the discretion of the chairperson. Persons participating by teleconference shall be considered present at the meeting.</strong></td>
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<tr>
<td>Article XVI, Section 1(d)</td>
<td><strong>No patient shall be denied care on the basis of race, creed, color, sex, national</strong></td>
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<td>origin, or handicap. Handicap refers to any impairment or condition, mental or physical, or such a perceived impairment or condition, which affects a major life activity, such as speech, movement, hearing, sight, cognitive functioning, etc., as further defined by federal and state law.</td>
</tr>
<tr>
<td>Rules and Regulations; General Rules</td>
<td>Physical therapists employed by the hospital may order outpatient physical therapy services to the extent authorized by hospital policy.</td>
</tr>
<tr>
<td>Article XVI, Section 2(k) (deleted)</td>
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<tr>
<td>Rules and Regulations; Patient Care</td>
<td>Other Persons Providing Patient Care</td>
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<tr>
<td>Article XVI, Section 8 (deleted)</td>
<td>a.— All persons who provide patient care services that do not constitute services that the Centers for Medicaid and Medicare Services consider to be “medical level of care” must act within the scope of practice permitted by law and hospital policies and procedures. Such persons may not practice independently.</td>
</tr>
<tr>
<td>Rules and Regulations; Other Persons Providing Care</td>
<td>b.— Such persons employed by the hospital will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. Subject to (a), they may practice within the scope of such approval.</td>
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<td>c.— Such persons employed by the Medical School or by the UW Medical Foundation, who are not practicing independently, will be reviewed, approved, evaluated, and supervised by the applicable clinical departments pursuant to medical staff and hospital policies and procedures, and the clinical departments shall provide verification of licensure and other reviews required by UW Health policy as requested by the hospital. Subject to (a), these persons may practice within the scope of such approval.</td>
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<td>d.— Such persons who are trainees in UWHC-sponsored or UWHC-affiliated training programs will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. Subject</td>
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<td>to (a), they may practice within the scope of such approval.</td>
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<tr>
<td>e.</td>
<td>Such persons who are not employed by the hospital, the Medical School or the UW Medical Foundation, and who are not practicing independently, will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures, which shall be developed in consultation with the medical staff. Subject to (a), these persons may practice within the scope of such approval.</td>
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<tr>
<td>f.</td>
<td>Upon written application of the supervising physician(s), the CMO or senior vice president for medical affairs may temporarily authorize individuals to provide patient care services that do not constitute services that the Centers for Medicaid and Medicare Services consider to be “medical level of care” under supervision of a physician with clinical privileges to provide those services. Such authorization can be given only after confirmation that the individual has any required licensure, has completed the criminal background form, and has appropriate arrangements for supervision. The temporary authorization shall describe the authorized services and cannot exceed one month.</td>
</tr>
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<td>g.</td>
<td>No medical staff member shall permit a person to provide patient care, unless the person has been granted clinical or professional privileges, is a GME trainee or has been approved under this section.</td>
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<td>h.</td>
<td>The CEO or his/her designee may terminate any approval under this section and there shall be no right to hearing or appeal.</td>
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Exhibit 3

Advanced Practice Providers

The following categories of health care professionals are eligible to apply for clinical privileges as advanced practice professionals.

- Advanced practice nurse prescriber;
- Nurse practitioner;
- Physician assistant;

Adding list of professionals eligible to apply for privileges as APPs.
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<td>• Certified nurse midwife;</td>
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<td>• Certified registered nurse anesthetist;</td>
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<td></td>
<td>• Anesthesiologist assistant;</td>
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<td>• Clinical psychologist.</td>
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**RECOMMENDED AMENDMENTS FOR CLARITY, TO CORRECT TYPOGRAPHICAL ERRORS, AND TO REFLECT CURRENT PROCEDURES:**

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<tr>
<td>Throughout</td>
<td>Removed reference to “professional privileges.”</td>
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<td>Throughout</td>
<td>Updated numbering and lettering of various sections of bylaws, corrected internal references, and corrected formatting and spacing issues.</td>
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<td>Throughout</td>
<td>Adjusted titles and roles as needed following integration</td>
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<tr>
<td>Throughout</td>
<td>Changed references to “independent clinical professional” and “other clinical professional” to “advanced practice provider” given the fact the two categories have been combined.</td>
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<tr>
<td>Article IX, Section 4</td>
<td>Added headings to subsections for clarity.</td>
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<tr>
<td>Article XIV, Section 1; other various sections</td>
<td>Changed the name of the Corrective Action Peer Review Committee to Investigation Committee and changed the name of the Hearing Peer Review Committee to Hearing Committee. These are more common names for these committees, and the inclusion of “peer review” in the committee names is unnecessary—there is no doubt their activities are protected by state and federal laws governing peer review. Also, deleted reference to GME Appeals Committee given it is not required to be included in the bylaws and GME office is considering revisions to current processes; re-ordered list of standing committees in light of name changes and removal of GME Appeals Committee.</td>
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<tr>
<td>Article XVI, Section 2(f)</td>
<td>Changed reference to University of Wisconsin – Madison Human Subjects Committee to University of Wisconsin – Madison institutional review boards.</td>
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<td>Amendment</td>
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<td>Article XVI, Section 2(i) Rules and Regulations; General Rules</td>
<td>Deleted Section 2(i) because the language is outdated and does not conform to current practice. Current practice does not need to be addressed in the bylaws, so we are not proposing new language.</td>
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Attachment

2016-2017
Bylaws and Rules and Regulations
of the
Medical Staff (Redline)
2016-2017–2018 Bylaws and Rules and Regulations of the Medical Staff

Table of Contents Page numbers to be updated later

Preamble ................................................................. 2
Article I: Name ............................................................. 2
Article II: Purpose ......................................................... 2
Article III: Membership .................................................. 2
Article IV: Categories of the Medical Staff .......................... 3
Article V: Clinical Professionals and Advanced Practice Providers .......................................................... 3
Article VI: Trainees and Learners ........................................ 5
Article VII: Procedure for Appointment and Reappointment .................................................. 5
Article VIII: Clinical Privileges ............................................. 7
Article IX: Collegial Intervention and Corrective Action .................................................. 8
Article X: Hearing Procedure ................................................ 9
Article XI: Medical Board .................................................. 10
Article XII: Clinical Services ............................................... 10
Article XIII: Officers and At-Large Members ............................ 11
Article XIV: Committees ...................................................... 12
Article XV: Meetings ....................................................... 13
Article XVI: Rules and Regulations ........................................ 14
Article XVII: Amendments ................................................ 15
Article XVIII: Adoption ..................................................... 16
Exhibit 1: Fair Hearing and Appellate Review Plan .................... 16
Exhibit 2: Fair Hearing and Appellate Review Plan .................... 20
Exhibit 3: Advanced Practice Providers ................................... XX
Preamble

The medical staff is accountable for the quality of care in the University of Wisconsin Hospitals and Clinics ("UWHC"), 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 Hospitals and Clinics hereby organizes themselves in conformity with the bylaws and rules and regulations hereinafter stated. University of Wisconsin Hospitals and Clinics comprises all locations of the hospital, including, but not limited to, University Hospital, American Family Children’s Hospital, and UW Health at The American Center. For the purpose of these bylaws, the term "medical staff" shall be as defined in Article IV.

Article I: Name

The name of this organization shall be the medical staff of the University of Wisconsin Hospitals and Clinics.

Article II: Purpose

The purposes of this organization shall be:

1. To monitor and be responsible for the quality of medical care in the hospital.
2. To recommend to the Board of Directors the appointment or reappointment of applicants to the medical staff of the hospital, the granting or limiting of clinical and professional privileges, and other actions affecting members of the medical staff.
3. To promote clinical education and research.

Article III: Membership

Section 1. Qualifications.

b. Membership on the medical staff is limited to physicians, dentists, podiatrists, psychologists and certain other professional staff, as authorized in Article IV, licensed to practice in the State of Wisconsin who can document their background, experience, training, health status, and competence; their adherence to the ethics of their profession; and their ability to work with others sufficiently to assure the appropriate department, medical staff, and the Board of Directors that patients in the hospital will be given high quality medical care. In these Bylaws, “licensed” to practice in the State of Wisconsin shall mean having a professional license, certificate or other permit from the state permitting practice in the state.

c. Each member shall be free of any significant physical, mental, or behavioral impairment that interferes with, or presents a substantial probability of interfering with patient care, the exercise of clinical privileges, or the assumption and discharge of required responsibilities. Each member shall cooperate in any health assessment required by the UW Health chief executive officer ("CEO"), president, UW Hospitals & chief of clinical operations ("CCO"), chief medical officer ("CMO/Chief Clinical Officer ("CCO"), Chief of the Hospital Division)

d. Each applicant must agree to participate in the educational programs associated with the University of Wisconsin Hospitals and Clinics. Appointments must be adjudged by the department to be consistent with its overall goals.

e. Medical staff membership is contingent upon appointment to the faculty of the appropriate clinical department of the University of Wisconsin School of Medicine and Public Health ("Medical School").

"Faculty", for the purposes of these medical staff bylaws, includes tenure track, clinical health sciences track, clinician teaching track, and emeritus. This designation shall have no effect on an
individual’s appointment as faculty under UW-Madison faculty policies and procedures.

f. Membership shall not be denied on the basis of age, race, color, sex, religion, creed, sexual orientation, national origin, ethnic/national identity, or type of procedure or patient (e.g., Medicaid) in which the applicant specializes.

g. A member is expected to comply with the hospital’s state licensure requirements by having both a pre-appointment and a periodic health assessment. Within thirty (30) calendar days after, a member shall undergo a pre-appointment 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 Medical Staff Affairs, consistent with hospital policy. 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 Medical Staff Affairs during the reappointment process.

h. Applicants and members must have no record of conviction of Medicare, Medicaid, or insurance fraud and abuse; payment of civil money penalties for same; or exclusion or prohibition from participation in such programs.

1. 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). “Board eligible” is as defined by ABMS and 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 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.
e. Each practitioner or other professional granted clinical or professional privileges or with a pending application for such clinical or professional privileges shall notify the CMO or senior vice president for medical affairs or designee within ten (10) calendar days after any of the following. Failure to notify shall constitute grounds for corrective action. Upon request from Medical Staff Affairs, 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.

1. 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 or professional practice.

2. 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 Hospitals and Clinics.

3. Pending investigation, disciplinary action, or other adverse action by a governmental agency and the progress of any investigation or action.

4. The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or termination of privileges or ability or permission to practice at another hospital or health care facility.

5. Initiation of any corrective action or other disciplinary action at another hospital or health care facility. The affected practitioner or other professional shall provide complete information as to the reasons for the initiation of corrective or disciplinary action and the progress of the proceedings.

6. Any changes to information included in the application for medical staff 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.

7. Exclusion or preclusion from participation in Medicare, Medicaid, or other federal or state health care programs.

8. Any notice of complaint or investigation by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice.

9. Any indictment, conviction, or plea of guilty, no contest, or nolo contendere pertaining to any felony; or to any misdemeanor involving (i) controlled substances, (ii) illegal drugs, (iii) Medicare, Medicaid, or insurance or health care fraud or abuse, or (iv) violence against another.

f. Failure to notify shall constitute grounds for corrective action. The CMO or senior vice president for medical affairs will forward to the chair of the applicable clinical service a copy of any notice received under subsection (e).

g. Each practitioner or other professional granted professional or clinical privileges or with a pending application for such professional or clinical privileges 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).
h. Each practitioner or other professional granted clinical privileges is responsible for maintaining current contact information with Medical Staff Affairs and promptly reporting any changes. Except as otherwise provided in these Bylaws, any notice to practitioners or other professionals granted clinical privileges may be provided by email. Persons granted clinical privileges are responsible for timely retrieval of communications from hospital or medical staff representatives at the contact information provided to Medical Staff Affairs.

Article IV: Categories of the Medical Staff

Section 1. The Medical Staff. The medical staff shall be divided into active medical, courtesy medical, and honorary medical, and clinical psychology. The “privileged medical staff” shall include the active medical and courtesy medical, and clinical psychology.

Section 2. The Active Medical Staff. The active medical staff shall consist of physicians, dentists, and podiatrists who are granted membership on the active medical staff and who regularly utilize the hospital, and who assume all the functions and responsibilities that membership on the active medical staff entails. Members of the active medical staff shall be appointed to a clinical service; shall be eligible to vote in the medical staff organization, hold office, and serve on medical staff committees; and are required to attend medical staff meetings.

Section 3. The Courtesy Medical Staff. The courtesy medical staff shall consist of physicians, dentists, and podiatrists who are granted membership on the courtesy medical staff and who are privileged to act as consultants, to admit no more than 20 patients per year to the hospital, and to have no more than 20 scheduled outpatient appointments per year in UWHC clinics. Courtesy medical staff members shall be appointed to a clinical service, but shall not be eligible to vote or hold office in this medical staff organization, except they may be members of the Medical Board.

Section 4. The Honorary Medical Staff. The honorary medical staff shall consist of individuals who are granted membership on the honorary medical staff and who have retired from active hospital service or who are of outstanding competence. Honorary staff members are not eligible to vote or hold office, will not be permitted to admit patients, and shall have no clinical privileges, including consultation. Membership on the honorary medical staff may be granted or terminated by the Board of Directors on recommendation of the Medical Board. The other procedures regarding appointment and reappointment in these Bylaws shall not apply to the honorary medical staff.

Section 5. Clinical Psychology Staff. The clinical psychology staff shall consist of clinical psychologists who are granted membership on the clinical psychology staff and who are granted clinical privileges to provide clinical psychology services. They must be appointed to a clinical service. They shall have the rights and responsibilities of members of the active medical staff, except they shall not be eligible to admit patients nor vote in Medical Staff elections.

Article V: Clinical Professionals

Section 1. Independent Clinical Professionals

Definition. Advanced practice providers shall mean professionals other than physicians, dentists, and podiatrists who are eligible to apply for clinical privileges. The categories of professionals eligible to apply for privileges as advanced practice providers are listed in Exhibit 3 of these Bylaws. The categories of professionals listed in Exhibit 3 may be expanded as provided in Section 7 of this Article V.

Section 2. Qualifications and Practice.

a. “Independent clinical professionals” shall mean licensed individuals permitted by law and by the hospital to provide patient care services without direction or supervision in disciplines that are not eligible for membership in the medical staff. Independent clinical professionals granted clinical privileges may provide patient care services only within the scope of their licenses and hospital policies, and in accordance with clinical privileges granted to the individual by the Board of Directors,
which cannot include admitting privileges.

b. Advanced practice providers shall have appropriate supervision and/or collaboration as required by law or hospital policy.

c. Anyone applying for or receiving clinical privileges under this Article V shall also have to comply with the requirements in Article III except as otherwise provided in this Article.

b. **Section 3. Application Process.** Applications for clinical privileges will be accepted only for disciplines for which the Credentials Committee has approved criteria for clinical privileges. The procedure and requirements for accepting and processing applications for appointment and reappointment in Article VII shall be followed for applications for clinical privileges from other independent clinical professionals, advanced practice providers, except that:

a. Such individuals shall not be members of the medical staff, and

b. Such individuals must have a faculty appointment in the Medical School or be employed by the hospital, the University of Wisconsin Medical Foundation, or the Medical School. Persons who do not have such employment or Medical School faculty appointment shall automatically lose their clinical privileges without right to hearing or review under these Bylaws; and

c. Such individuals must have a faculty appointment in the Medical School or be employed by the hospital, the University of Wisconsin Medical Foundation, or the Medical School. Persons who do not have such employment or Medical School faculty appointment shall automatically lose their clinical privileges without right to hearing or review under these Bylaws. Applications for privileges submitted by advanced practice nurse prescribers, certified nurse midwives, nurse practitioners, and certified registered nurse anesthetists must be submitted for approval first to the designated APNP approval body in accordance with Hospital policy. The chief nursing executive or designee shall make the recommendation whether to approve or renew approval of the advanced practice nurse. Recommendations regarding approval or renewal of approval shall be made to the Credentials Committee.

d. Such individuals shall not be members of the medical staff; and

e. Such individuals must be employed by or under contract to the hospital, the University of Wisconsin Medical Foundation, the Medical School, or, in the case of advanced practice nurses, the Nursing School of the University of Wisconsin, to provide professional services. Persons who do not have such employment or contract shall automatically lose their professional privileges; and

f. The additional provisions related to advanced practice nurses and physician assistants in subsections (b) and (c) shall apply to persons in those disciplines.
Section 4. Corrective Action; Hearing and Appeals. Sections 1, 2, and 3 of Advanced practice nurses. Advanced practice nurses 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 UW Health and the medical staff. Advanced practice nurse prescribers, nurse midwives, nurse practitioners, and nurse anesthetists are included in the category of advanced practice nurses. Advanced practice nurses must submit an application for approval or renewal of approval to the hospital nursing department. The chief nursing officer or designee shall make the recommendation whether to approve or renew approval of the advanced practice nurse. Recommendations regarding approval or renewal of approval shall be made to the Credentials Committee.

h. Physician assistants. All patient care services provided by physician assistants in UWHC facilities and programs shall be within the scope of professional privileges granted under these Bylaws and under the supervision of a physician who has assumed responsibility for the care provided by the physician assistant. If the physician assistant ceases to have an approved supervising physician, the physician assistant shall cease providing patient care services until a new supervising physician has been approved. The individual physician assistant must be reviewed, approved, and act within the professional privileges, scope of practice, and supervision as required by law and the policies and procedures of UW Health and the medical staff. The Credentials Committee may request additional information related to the evaluation and renewal of approval.

i. 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 UW Health and the medical staff. Anesthesiologist assistants must submit an application for approval or renewal of approval to Medical Staff Affairs. Recommendations regarding approval or renewal of approval shall be made by the Credentials Committee.

j. Article IX shall not apply to persons advanced practice providers granted professional-clinical privileges under this section. The Board of Directors, CEO, CCO, Chief of the Hospital Division, CMO, senior vice president for medical affairs, or their designees may terminate or restrict any professional-clinical privileges granted under this section. The chiefs of the clinical services, any officer of the medical staff, the Chief of the Hospital Division, the CMO, or the senior vice president for medical affairs may submit a request to the CEO, CCO, or their designees to take action under this subsection; such request shall not be required to initiate action. The chief nurse executive, officer or his/her designee may also terminate or restrict any professional-clinical privileges granted to an advanced practice nurse. When professional-clinical privileges are terminated or restricted under this subsection, the other clinical professional advanced practice providers may be entitled to an opportunity for hearing and appellate review as specified in Article X.

k. Section 5. Peer Review. Peer review of persons granted professional-clinical privileges shall be conducted in accordance with the policies and procedures of UW Health and the medical staff.

l. Section 6. Trainees. Advanced practice nurses, physician assistants and other granted professional privileges under this section may exercise prescribing authority within UWHC facilities only when professional privileges granted under these Bylaws expressly authorize such practice.

To the extent permitted by law, persons who are trainees in UWHC-sponsored or UWHC-affiliated training programs may assist in providing services within the training program under supervision of persons who have the clinical or professional privileges to provide the services. Such trainees will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. They may act within the scope of such approval. This section does not apply to Graduate Medical Education (GME) trainees, who are governed by Article VI, Section 1.

Section 7. Determining Need for New Advanced Practice Providers.

Whenever a health care professional of a type not included in Exhibit 3 as permitted to apply for privileges as an advanced practice provider requests permission to practice at the hospital, the Board of Directors, with input
from the Medical Board, shall evaluate the need for that type of health care professional as an advanced practice provider, taking into consideration the following factors:

1. The nature of the services that could be offered;
2. Any state license or regulation that outlines the scope of practice for the health care professional;
3. The business and patient care objectives of the hospital;
4. How well the community’s needs are currently being met and whether they could be better met if the services offered by the health care professional were provided by the hospital;
5. The type of training that is necessary to perform the services that could be offered and whether there are individuals with more training that are currently providing those services;
6. The availability of supplies, equipment, and other necessary resources to support the health care professional;
7. The availability of trained staff;
8. Patient convenience; and
9. The ability to appropriately supervise performance.

Whenever the Board of Directors approves a new type of health care professional as an advanced practice provider, Exhibit 3 of these Bylaws shall be supplemented to reflect such approval.

Section 3. Other requirements.

All clinical or professional privileges granted under Article V shall be within a clinical service. Their activities may be restricted and/or require supervision as deemed appropriate by the chief of clinical service.

Anyone applying for or receiving clinical or professional privileges under this Article V shall also have to comply with the requirements in Article III, except subsection d of Section 1, which shall apply only to the extent otherwise provided in this Article.

Article VI: Trainees and Learners

Section 1. GME trainees. GME trainees (residents and fellows) shall be graduates of approved schools of medicine, osteopathy, podiatry, or dentistry who are in graduate training programs approved by or formally affiliated with the University of Wisconsin Hospitals and Clinics. GME trainees must be licensed when required by Wisconsin law or hospital policy. GME trainees are not members of the medical staff, are not eligible to vote or hold office in the medical staff organization, but GME trainees in hospital sponsored training programs shall have voting representation on the Medical Board and its committees as provided in these bylaws. Members of the medical staff may permit GME trainees to function under supervision within the scope of the clinical privileges granted to the supervising medical staff member. Whenever the term “supervision” is used in these bylaws and rules and regulations, with reference to GME trainees or other students, it means direction, supervision, and oversight by a supervising member of the medical staff, but does not include a requirement that the medical staff member be present for the conduct of the supervised patient care unless such presence is appropriate under the circumstances or required by law or hospital policy. GME trainees were formerly called “house staff,” the term “house staff” in hospital documents refers to GME trainees.

Section 2. Other physician learners. Visiting physicians may attend training at the University of Wisconsin Hospitals and Clinics as observers and/or delegated learners (hereinafter “learners”). Visiting physicians may have direct patient contact as learners only when approved pursuant to UW Health policies. Such learners will be reviewed, approved, evaluated, and supervised pursuant to UW Health policies and procedures. They may act only within the scope of such approval. These learners have no independent clinical privileges and shall not be members of the medical staff. They shall not bill for their services and shall not give orders or make entries in the medical record. To the extent permitted by law and such approval, delegated learners may assist in providing services under direct
supervision of members of the medical staff who have the clinical privileges to provide the services. Delegated learners may be approved for gloves-on training for a period not to exceed ten days, and such training must be to learn specific defined patient techniques. The learners shall comply with the requirements in Article III, Section 3(c) through (g) to the same extent as members of the medical staff, but shall not be entitled to the corrective action procedures. Unless otherwise provided by UW Health policy, the CEO, CCO, CMO, senior vice president for medical affairs, or their designees may terminate any approval of a learner, and there shall be no right to hearing or appeal. This section does not apply to GME trainees, who are governed by Article VI, Section 1.

**Article VII: Procedure for Appointment and Reappointment**

**Section 1. Application for Appointment.**

a. Application for membership on the privileged medical staff must be recommended by the chief of clinical service and forwarded to Medical Staff Affairs. The chief of clinical service is acting as the authorized designee of the medical staff president in making this recommendation. After review and approval by the Credentials Committee and Medical Board, the initial appointment is made by the Board of Directors for the period specified in Article VII, Section 2(e).

b. Applications to the privileged medical staff shall be submitted on the prescribed forms and shall include detailed information on the applicant’s professional qualifications and indicate professional references and shall include a statement granting the hospital and others immunity in civil liability cases. The applicant shall indicate whether any of his/her previous memberships, clinical privileges, licenses, or registrations have been revoked, suspended, reduced, not renewed, or voluntarily terminated or limited. The applicant shall also indicate any settlement, judgment, or verdict entered in an action or currently pending action, where the applicant was alleged to have breached the professional standard of care, currently pending or previously successful challenges to any licensure or registration, the voluntary relinquishment of such licensure or registration, or any lapse in licensure or registration. In these cases the applicant shall provide a written explanation. The applicant must submit a photograph and all other information requested to assist in confirming the identity of the applicant. All materials will be forwarded by Medical Staff Affairs to the Credentials Committee.

The chief of clinical service must recommend specific privileges as well as the category of appointment. Requests for privileges that overlap departments must have the approval of the chairs of affected departments. An application may be accepted and processed prior to receipt of the required medical school faculty appointment, but only if the applicable department chair has provided written notice that faculty appointment has been recommended. Any approval of membership or clinical privileges shall not be effective until the faculty appointment is received.

c. By applying for membership on the privileged medical staff, the applicant signifies a willingness to appear before the Credentials Committee and authorizes members of those committees to consult with any and all members of medical staffs of other hospitals with which the applicant has been associated, as well as with other persons or entities who may have information bearing on his/her competence, ethical qualifications, and current health status. If there is doubt as to the competence, ethical character, or health status of the applicant, the applicant shall not be granted privileges unless the doubts can be resolved to the satisfaction of the Board of Directors.

d. 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 Injured Patients and Families Compensation Fund (“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 Medical Staff Affairs and all privileges will be automatically suspended in accordance with Article IX, Section 34.
Section 2. Appointment Process.

a. The Credentials Committee shall review the qualifications, character, professional competence, and ethical standing of the applicant to the privileged medical staff and verify that all necessary qualifications for staff membership and requested privileges are met. Through Medical Staff Affairs or United Credentials Committee, UWHC shall (i) verify in writing and from the primary source whenever feasible or from a credentials verification organization the following: the applicant’s current license, specific relevant training, and current competence, (ii) verify the applicant’s ability to perform the privileges requested, and (iii) confirm that the individual requesting approval is the same individual identified in the credentialing documents. UWHC shall query the National Practitioner Data Bank (NPDB) at the time of initial medical staff appointments and initial granting of privileges and at the time of expanding privileges or requesting to add new privileges. Upon receipt of the completed application, confirmation of required verifications, and the results of the NPDB query, the Credentials Committee shall review the application and all supporting documentation and conduct further investigation. The Credentials Committee shall submit a report of its findings in whole or in part recommending that the application be accepted or rejected or deferred.

1. If the recommendation is to accept or defer, the report shall be submitted to the Medical Board and any recommendation for appointment shall include the recommended staff status and a delineation of privileges.

2. When an applicant has submitted insufficient documentation to support one or more requested privileges, the Credentials Committee shall report on appointment and other privileges, but does not have to report on privileges with insufficient documentation; the committee shall respond to the applicant with a written request that the applicant provide additional documentation or rescind the request for such privileges.

3. If the recommendation of the Credentials Committee is to reject the application, the report shall be submitted to the senior vice president for medical affairs. The senior vice president for medical affairs or his/her designee shall review the recommendation and assess whether the recommendation was made in a discriminatory manner on the basis of a characteristic listed in Article III, section 1(e). If this review confirms that the recommendation was made in a nondiscriminatory manner, the recommendation shall be forwarded to the Medical Board. If this review cannot confirm that the recommendation was made in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee for further review or to the Medical Board with a report from the senior vice president for medical affairs or his/her designee recommending other steps that may be taken to address the possible discrimination.

b. When the Credentials Committee has conducted its evaluation and recommended privileges, an applicant for new privileges may be granted temporary privileges in accordance with Article VIII, Section 2.

c. Any deferred applications must be reconsidered within seventy-five (75) calendar days with a recommendation for appointment or denial of appointment.

d. When the Medical Board recommends denial of appointment or denial of requested privileges, the applicant may be entitled to an opportunity for hearing and appellate review as specified in Article X. The CEO or CCO shall give notice of the adverse recommendation. The CEO may delegate this and any other duty under these Bylaws.

e. Favorable recommendations of the Medical Board regarding appointment and granting of clinical privileges shall be forwarded to the Board of Directors to be acted upon at the next regular meeting. If the Board of Directors’ decision is not to approve appointment or the requested clinical privileges and the affected member has not had a prior opportunity for the procedural rights provided in Article X, the affected member may be entitled to such procedural rights as specified in Article X. After any such
procedural rights are waived or exhausted, the Board of Directors shall make the final decision. However, if
the Board of Directors’ decision is contrary to the recommendation of the Medical Board, the matter shall
be returned to the Medical Board for an opportunity to comment before a final decision is made by the
Board of Directors.

f. When the final decision of the Board of Directors is made, it shall send notice of such decision through the
CEO to the applicant. The notice shall specify the period of appointment and privileges, which shall not
exceed two years. If the medical staff category or privileges granted differ from those requested or
recommended, notice shall also be provided to the chief of the clinical service concerned and the
Credentials Committee.

g. 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.

h. An application once deemed complete may thereafter be deemed incomplete if at any time during the
consideration of the application new, additional, or clarifying information is requested. An incomplete
application will not be processed until all requested information is received.

Section 3. Reappointment Process.

a. 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.

b. The Credentials Committee shall review these recommendations and all other pertinent information
available on each member for the purpose of determining its recommendations for reappointment to the
medical staff, and for the delineation and granting of clinical privileges for the ensuing period. The
information shall include a query of the National Practitioner Data Bank (NPDB).

c. Each recommendation concerning the reappointment of a medical staff member and the clinical privileges
to be granted shall be based upon such member’s professional competence and clinical judgment in the
treatment of patients; clinical and/or technical skills as indicated in part by the results of quality assurance
activities, conduct, health status, attendance at medical staff and departmental meetings, and
participation in staff affairs; compliance with the \(b\)y\(l\)aws of the Board of Directors, the Bylaws and Rules
and Regulations of the Medical Staff, and policies and procedures of UW Health and the medical staff;
cooperation with hospital personnel; use of the hospital’s facilities for patients; and relationships with
other members of the staff. Each medical staff member must comply with continuing medical education
requirements for licensure.

d. The Credentials Committee shall submit a written report of its recommendations.

1. If the recommendation is not to approve the reappointment, the report shall be submitted to the
senior vice president for medical affairs. The senior vice president for medical affairs or his/her
designee shall review the recommendation and assess whether the recommendation was made in a
discriminatory manner on the basis of a characteristic listed in Article III, section 1(e). If this review
confirms that the recommendation was made in a nondiscriminatory manner, the recommendation
shall be forward to the Medical Board. If this review cannot confirm that the recommendation was
made in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee
for further review or to the Medical Board with a report from the senior vice president for medical
affairs or his/her designee recommending other steps that may be taken to address the possible
discrimination.

2. If the recommendation is to approve the reappointment, the report shall be submitted to the Medical
Board, which shall, after review, act on the recommendations of the Credentials Committee.
Recommendations by the Medical Board for reappointment shall be forwarded to the Board of
Directors to be acted upon at the next regular meeting. Where the Medical Board recommends non-
reappointment or a denial or reduction in clinical privileges, the CEO or CCO shall promptly notify the
affected person of such recommendation by certified mail, return receipt requested. No such adverse
recommendation shall be forwarded to the Board of Directors until after the affected person has
exercised or waived any applicable right to a hearing as provided in Article X. The Board of Directors’
decision with respect to reappointment shall be final.

e. Thereafter, the procedure provided in Section 2(fg) of this Article VII shall be followed and Sections 2(af)
and 2(he) shall apply to the processing of a reappointment application.

Section 4. Education. Each individual with clinical or professional privileges must complete training in risk
management, safety and infection control, and such other topics as are designated by the Medical Board in
programs approved by the Medical Board. Reappointment will not be approved until this requirement is met.

Section 5. License check at time of expiration of license or certification. When the Wisconsin license or
certification of a medical staff member or other person with clinical or professional privileges is scheduled to
expire, renewal of Wisconsin license or certification shall be verified.

Article VIII: Clinical Privileges

Section 1. Clinical Privileges.

a. Independent practice at the hospital shall be limited to staff who have been granted clinical privileges.

b. Every member of the staff engaging in such practice at this hospital, medical staff members and advanced
practice providers shall be entitled to exercise only those clinical privileges granted to him/her based on
training, experience, current competence, and health status.

c. Initial applications for staff appointment must contain a request for the specific clinical privileges desired
by the applicant.

d. The Credentials Committee shall list each member’s specific clinical privileges. However, it is recognized
that the listing of clinical privileges may not provide sufficient detail to cover all procedures done and that
acceptable new practices may be developed.

e. Periodic determination of clinical privileges and increase or limitation of same shall be based on the
recommendations of the chief of the clinical service following consultation with the head of the
appropriate subspecialty section.

f. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the
chief of the clinical service in which they have clinical privileges. Patients admitted by a dentist or
podiatrist shall be examined upon admission by a physician member of the medical staff who shall be
responsible for the care of medical problems that may be present at the time of admission or that may
arise during hospitalization.

Section 2. Temporary Privileges.

a. Temporary privileges may be granted to individuals seeking clinical or professional privileges as outlined in
this section.

b. An applicant for new privileges with a complete, pending application may be granted temporary privileges,
provided (i) the Credentials Committee has recommended granting of such privileges, (ii) the applicant does
not have a current or previously successful challenge to licensure or registration, (iii) the applicant has not
been subjected to involuntary termination of medical staff membership in another organization, and (iv) the
applicant has not been subject to any involuntary limitation, reduction, denial or loss of privileges.
Temporary privileges under this subsection may be granted for the lesser of the time until the Board
approves or denies the privileges, the Medical Board recommends not granting a particular privilege, or one
hundred and twenty (120) calendar days. “Applicant for new privileges” includes an individual applying for
clinical privileges at the hospital for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is seeking renewal of privileges and is requesting one or more additional privileges.

c. Temporary privileges may be granted to meet an important patient care need, provided the individual granting privileges has appropriate documentation and information available to him/her that may be reasonably relied upon to establish the competence and ethical standing of the applicant. The information shall include verification of current licensure and current competence. Temporary privileges granted under this subsection shall ordinarily be granted for brief periods, not to exceed ninety (90) calendar days, but may be renewed if necessary to address an important patient care need.

d. All temporary privileges are granted by the senior vice president for medical affairs (as designee of the Chief Executive Officer) on the recommendation of the chief of the appropriate clinical service (as designee of the Medical Staff President). The senior vice president for medical affairs may terminate temporary privileges at any time, and there shall be no right to a hearing.

e. All applicants with temporary privileges shall abide by the bylaws of the Board of Directors, the Bylaws and Rules and Regulations of the Medical Staff, and the policies and procedures of UW Health and the medical staff, and shall be under the supervision of the chief of the appropriate clinical service. Specific requirements for supervision and reporting may be imposed on any temporary appointment.

Section 3. Emergencies. In an emergency situation, any medical staff member or other licensed professional staff, to the degree permitted by his/her license and regardless of service or staff status or lack of it, shall be permitted to do everything possible to save the life of a patient, and/or prevent permanent harm to the patient. Every facility of the hospital necessary may be used, including consultations. For the purpose of this section, an “emergency” is defined as a condition in which serious permanent harm would result to a patient, or in which the life of a patient is in immediate danger, and any delay in initiation of treatment would add to that danger.

Section 4. Disaster Privileges. Clinical and professional privileges may be granted in disasters by the CEO, CCO, CMO, or senior vice president for medical affairs, or their designees, in accordance with policies and procedures approved by the Medical Board and CEO, when the hospital emergency management plan has been activated and the hospital is unable to handle immediate patient needs.

Section 5. Leave of Absence.

a. Any medical staff member, independent clinical professional, or other clinical professional or advanced practice provider may request a voluntary leave of absence by submitting a written request to the senior vice president for medical affairs.

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 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.

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.

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.

e. During the period of leave, the medical staff member, independent clinical professional, or other clinical professional or advanced practice provider 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 privileges.
membership and privileges.

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, 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.

Article IX: **Collegial Intervention and Corrective Action**

**Section 1. Collegial Intervention.**

a. It is the policy of UW Health and its medical staff to encourage the use of progressive steps by medical staff leadership and the hospital, beginning with collegial and educational efforts, to address concerns regarding a medical staff member’s clinical practice or professional conduct. The goal of collegial intervention is to arrive at voluntary, responsive actions by the appointee to resolve questions that have been raised.

b. Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring, or additional training or education.

c. Collegial intervention efforts are encouraged, but are not mandatory.

**Section 2. Corrective Action Procedure.**

a. The Board of Directors may take corrective action against any member of the medical staff or other person with clinical privileges (i) for violation of the Bylaws of the Board of Directors, Bylaws and Rules and Regulations of the Medical Staff, or policies and procedures of UW Health and the medical staff, (ii) for activities or professional conduct considered to be lower than the standards or aims of the medical staff, or (iii) for disruption of the operations of the hospital. Corrective action may also be initiated based on disciplinary action by the applicable state licensing or certification agency. Corrective action that may be taken by the Board of Directors includes, but is not limited to, a warning; letter of reprimand; probation; requirement for consultation; reduction, suspension, or revocation of clinical privileges; or suspension or revocation of staff membership.

b. Requests for corrective action may be initiated by the chiefs of clinical services, an officer of the medical staff, the CEO, the CCO, the CMO, the senior vice president for medical affairs, or by the Board of Directors. Requests must be submitted in writing to the president of the medical staff and be supported by reference to the specific activities or conduct that constitutes the grounds for the request. The person for whom corrective action is requested shall be called the “practitioner” in this Article IX.

c. The president of the medical staff shall review the request and may determine with the concurrence of the CEO or CCO that no investigation appears to be warranted. If there is a determination not to investigate or take action, the president of the medical staff shall notify the requester, the practitioner and the Medical Board. No further action shall be taken on the request unless a member of the Medical Board calls for a vote on the matter and the Medical Board votes to require an investigation.

d. If the president of the medical staff decides there shall be an investigation or the Medical Board votes to override a decision not to have an investigation, the president of the medical staff shall select at least three members of the Investigation Committee to investigate the matter. Refer the matter to the Corrective Action Peer Review Committee, unless the president of the medical staff, with the concurrence of the CEO.
If the Medical Board does not make a materially adverse recommendation, the practitioner shall have ten (10) calendar days in which to submit a written statement to the Medical Board. At its next meeting that is at least ten (10) calendar days after the expiration of the period to submit a written statement, the Medical Board shall consider the results of the investigation and recommendations of the Corrective Action Peer Review Investigation Committee or the external review and any submitted statement and decide what corrective action, if any, to recommend to the Board of Directors.

The president of the medical staff 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. This interview shall not constitute a hearing, and none of the rights or procedural rules for hearings in these Bylaws shall apply. The practitioner does not have the right to have an attorney present, nor shall recording devices be permitted in the interview. Failure to attend the interview shall be a waiver of the opportunity for the interview unless excused by the committee. The practitioner is expected to cooperate in providing all information requested by the Corrective Action Peer Review Investigation Committee. The Corrective Action Peer Review Investigation 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. 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.

e. Upon referral from the president of the medical staff, the Corrective Action Peer Review Investigation Committee shall investigate the matter. The president of the medical staff, after consultation with the senior vice president for medical affairs, shall appoint the members of the Corrective Action Peer Review Investigation Committee for an investigation from among the full roster of members established under Article XIV. The Corrective Action Peer Review Investigation 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 Investigation 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 Investigation 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. This interview shall not constitute a hearing, and none of the rights or procedural rules for hearings in these Bylaws shall apply. The practitioner does not have the right to have an attorney present, nor shall recording devices be permitted in the interview. Failure to attend the interview shall be a waiver of the opportunity for the interview unless excused by the committee. The practitioner is expected to cooperate in providing all information requested by the Corrective Action Peer Review Investigation Committee. The Corrective Action Peer Review Investigation Committee shall notify the practitioner by certified mail, return receipt requested, or by hand delivery. The practitioner shall have ten (10) calendar days in which to submit a written statement to the Medical Board. At its next meeting that is at least ten (10) calendar days after the expiration of the period to submit a written statement, the Medical Board shall consider the results of the investigation and recommendations of the Corrective Action Peer Review Investigation Committee or the external review and any submitted statement and decide what corrective action, if any, to recommend to the Board of Directors.

f. The president of the medical staff shall send a copy of the results of the investigation and recommendations of the Corrective Action Peer Review Investigation Committee or the external review to the practitioner by certified mail, return receipt requested, or by hand delivery. The practitioner shall have ten (10) calendar days in which to submit a written statement to the Medical Board. At its next meeting that is at least ten (10) calendar days after the expiration of the period to submit a written statement, the Medical Board shall consider the results of the investigation and recommendations of the Corrective Action Peer Review Investigation Committee or the external review and any submitted statement and decide what corrective action, if any, to recommend to the Board of Directors.

g. The president of the medical staff shall notify the practitioner of the Medical Board recommendation in writing, by certified mail, return receipt requested, or hand delivery. If the Medical Board makes a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the practitioner shall have the right to request a hearing as provided in the Plan.

h. If the Medical Board does not make a materially adverse recommendation, the practitioner shall have ten (10) calendar days in which to submit a written statement to the Board of Directors. At its next meeting that is at least fifteen (15) calendar days after the expiration of the period to submit a written statement, the Board of Directors shall consider the recommendation of the Medical Board and any submitted statement and decide what corrective action, if any, to take. If the decision is in accord with the Medical Board recommendation, it shall be immediate and final, and the CEO shall send written notice to the practitioner. If the decision is to impose a materially adverse recommendation and the practitioner has not had a previous opportunity for a hearing on the matter which is the subject of the recommendation, the
practitioner shall have the right to request a hearing provided in the Plan and the Plan shall be followed. If the Board of Directors’ decision is otherwise materially different from the Medical Board recommendation, the procedure in sections 3.8 and 3.9 of the Plan shall be followed.

Section 32. Summary Suspension.

a. Whenever action must be taken immediately in the best interest of patient care and/or due to disruption to the operations of the hospital all or any portion of the clinical privileges of a person may be summarily suspended by the CEO, CCO, CMO, or senior vice president for medical affairs. When possible, the individual initiating summary suspension shall seek prior consultation with the appropriate chief of service (or his/her delegate), the president of the medical staff, and the senior vice president for medical affairs. Such summary suspension shall become effective immediately upon imposition. During the period that all of the clinical privileges of a member are suspended, the member is not in good standing.

b. The CEO, CCO, CMO, or senior vice president for medical affairs may, after consultation with the appropriate chief of service or his/her delegate and with approval of the president of the medical staff or the senior vice president for medical affairs, terminate or modify the scope of any summary suspension of clinical privileges. Such termination or modification shall take effect immediately upon imposition.

c. A summary suspension under this section shall be treated as a request for corrective action under Section 1 of this Article IX for purposes of further investigation and final action, except that the CEO or CCO may, after consultation with the appropriate chief of service or his/her delegate and with approval of the president of the medical staff or the senior vice president for medical affairs, terminate the corrective action process after a summary suspension has been terminated under subsection (b). Whenever the corrective action process is terminated under the prior sentence, the Medical Board shall be informed.

d. The individual initiating summary suspension shall provide the practitioner with written reasons for the summary suspension.

e. No later than ten (10) calendar days after receipt of the written reasons, the practitioner may submit a written statement to Medical Staff Affairs requesting that the Medical Board conduct a preliminary review to determine whether the suspension of privileges should be continued throughout the corrective action proceedings provided in subsection (c). This review shall be conducted at the next regularly scheduled meeting of the Medical Board that occurs at least two (2) calendar days after the receipt of the request. The individual initiating the summary suspension (or delegate) and the practitioner shall each be provided an opportunity to present a written statement to the Medical Board to determine whether summary suspension should continue throughout corrective action proceedings. The Medical Board may modify, continue, or end the suspension of privileges after considering these statements. The Medical Board may place conditions on the modification or ending of the suspension.

Section 43. Automatic Suspension.

a. Medical Record Completion. A temporary suspension in the form of withdrawal of admitting privileges, effective until medical records are completed, shall be imposed automatically after warning the person of his/her delinquency regarding failure to complete medical records within a reasonable period after a patient’s outpatient visit or inpatient discharge as defined by hospital and medical staff policies and procedures. There is no right to hearing or appeal for such suspensions. If the suspension exceeds fourteen (14) calendar days despite diligent efforts to complete records, the person under temporary suspension may submit to Medical Staff Affairs a written request to the president of the medical staff for informal review. The president of the medical staff, in his/her discretion, may (a) leave the suspension in place, (b) reinstate admitting privileges subject to conditions that will result in completion of medical records, or (c) initiate corrective action, with or without reinstatement of admitting privileges pending the outcome of the corrective action process.

b. Licensure / Medicare and Medicaid Participation. Action by the applicable state professional licensing body revoking or suspending a person’s license or action by any governmental body to exclude the person from
participation in Medicare, Medicaid, and/or any other federal health care program shall automatically suspend all clinical privileges. There is no right to hearing or appeal for such suspensions. Upon restoration of the license, end of the suspension, or termination of the exclusion, clinical privileges are not automatically reinstated. If the person wants to be reinstated, the person shall submit an application for reinstatement to Medical Staff Affairs. The person must provide all requested information regarding the revocation, suspension, or exclusion. If the appointment period in effect at the time of the suspension has not expired, the president of the medical staff, with concurrence of the CEO or CCO, may end the suspension of clinical privileges. If the suspension is not ended under the prior sentence, the application shall be processed as a new appointment application.

c. Health Requirements. 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.

d. Educational Requirements. 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 4. 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.

e. Professional Liability Coverage. 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.

f. Onboarding Activities. A temporary suspension of all clinical or professional privileges shall be imposed automatically for failure to complete all necessary onboarding activities including but not limited to electronic medical record training. There is no right to hearing or appeal for such suspensions.

g. Faculty Status. The loss of faculty status in the Medical School automatically results in termination of medical staff membership and clinical privileges. There is no right to hearing or appeal for such suspensions or terminations.

h. Drug Enforcement Administration (DEA) Registration. Any limitation or restriction in DEA registration shall automatically restrict or limit the person’s clinical privileges in a similar way.

Article X: Hearing Procedure

Section 1. Medical Staff Members. Medical Staff members, independent clinical professionals and applicants to the Medical Staff shall be entitled to fair hearing and appellate review when authorized by and in accordance with the Fair Hearing and Appellate Review Plan incorporated into these Bylaws as Exhibit 1.

Section 2. Non-Medical Staff Members. Persons who apply for or are granted clinical professional privileges under these Bylaws who are not members of the Medical Staff shall be entitled to fair hearing and appellate review when authorized by and in accordance with the Fair Hearing and Appellate Review Plan incorporated into these Bylaws as Exhibit 2.

Article XI: Medical Board

Section 1. Composition. The Medical Board shall be a forum for the medical staff and represent the medical staff to the Board of Directors, the CEO, and others. The Medical Board shall be composed of the chiefs of clinical services, the officers of the medical staff, and 14 at-large members elected by the staff, and two advanced practice providers serving in a non-voting capacity elected as described in Article XIII, two GME trainees from hospital sponsored...
Training programs, the CCO, and the senior vice president for medical affairs (individually or as designee of the CEO). There shall be no more than three elected members, including officers, from any one clinical department. In addition, the CEO and the chief nurse executive shall serve on the Medical Board as ex-officio members without vote. In addition, there shall be two GME trainees from hospital sponsored training programs elected by the GME trainees in hospital sponsored training programs, the CMO, the CCO (individually or as designee of the CEO), the senior vice president for medical affairs, the CEO, the chief nurse executive officer, and the dental service chief. Subject to the approval of the president of the medical staff or designee, any member of the Medical Board may designate an alternate who may attend and vote in place of the Medical Board member. Such designation must be made annually within two months of the start of each medical staff year unless otherwise approved by the president of the medical staff or designee. Any member of the Medical Board may, within two months of becoming a member, (or within two months of any September 1 thereafter), designate an alternate who may on occasion attend and vote in place of the Medical Board member until the next September 1. Alternates not appointed during this two-month period may attend but not vote. The president of the medical staff shall serve as chair of the Medical Board.

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 for the medical 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 committee reports and make recommendations regarding medical staff status, privileges, and quality assurance to the Board of Directors. 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, UW Health policies and procedures of a clinical nature will be developed in consultation with appropriate medical staff and will be reviewed as needed by the Medical Board.

b. In cases of documented need for an urgent amendment to the rules and regulations Rules and Regulations in Article XVI of these Bylaws and 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 Medical Staff Affairs. Voting medical staff members may submit comments to the Medical Board up to thirty (30) calendar days after the Board of Directors approves 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.

Section 3. Meeting

The Medical Board shall meet monthly.

A quorum shall consist of one-third of the members of the Medical Board.

Section 3A. Conflicts with Medical Staff. If twenty (20) percent of the medical staff sign a petition stating a matter of conflict, the matter shall be placed on the agenda of the Medical Board and at least one of the petitioners shall be permitted to make an oral presentation at the meeting when it is considered.

Article XII: Clinical Services
Section 1. Services. The clinical services of the medical staff include the following:

a. Anesthesiology
b. Dermatology
c. Emergency Medicine
d. Family Medicine and Community Health
e. Human Oncology
f. Medicine
g. Neurological Surgery
h. Neurology
i. Obstetrics and Gynecology
j. Ophthalmology and Visual Sciences
k. Orthopedics and Rehabilitation Medicine
l. Pathology and Laboratory Medicine
m. Pediatrics
n. Psychiatry
o. Radiology
p. Surgery
q. Urology

Section 2. Organization of Services. The Board of Directors, upon the joint recommendation of the CEO or CCO and the dean of the Medical School, shall appoint the chief of each clinical service. If the chief of clinical service is to be other than the corresponding Medical School departmental chair, the additional recommendation of the department chair is required. Each chief of a clinical service shall be a member of the active medical staff in good standing. All such appointments shall be for one year and be reviewed periodically by the Board of Directors. Chief of clinical service appointments may be made on an interim basis by the CEO or CCO and dean. The chief of each clinical service must be certified by the appropriate specialty board or have comparable competence affirmatively established through the credentialing process.

Section 3. Functions of Chief of Clinical Service.

Each chief shall:

a. Be responsible for all professional, clinical, and administrative activities within the service;
b. Be responsible for continuing surveillance of the professional performance of all individuals who have clinical or professional privileges in the department;
c. Be responsible for enforcement of the Bylaws and Rules and Regulations of the Medical Staff affecting his/her service;
d. Implement actions taken by the Medical Board affecting his/her service;
e. Transmit to the Medical Board the service’s recommendations concerning (i) the staff classification, reappointment, and delineation of clinical privileges for all members of the staff, and (ii) the granting and renewal of clinical privileges for other Advance Practice Professionals, independent clinical professionals, and (iii) the granting and renewal of clinical professional privileges for other clinical professionals;
f. Participate in every phase of administration of the service through cooperation with the nursing service and
UW Health administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders, policies, procedures, and space;

g. Be responsible for recommending to the medical staff the criteria for clinical and professional privileges in the department;

h. Be responsible for continuous assessment and improvement of quality of care, and for the implementation of quality control programs as appropriate;

i. Be responsible for the orientation and continuing education of all persons in the service; and

j. Coordinate and integrate interdepartmental and intradepartmental services.

Article XIII: Officers and At-Large Members

Section 1. Officers of the Medical Staff. 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 president. The secretary-treasurer shall succeed to the vice presidency for the two years following a term as secretary-treasurer.

Section 2. Qualifications. Officers of the medical staff must be members of the active medical staff, and at-large members of the Medical Board must be members of the privileged medical staff. Officers of the medical staff and at-large members of the Medical Board must remain members in good standing through their term of office.

Section 3. Term of Office. Officers and other elected members of the Medical Board shall serve a two-year term or until a successor is appointed or elected. The term shall begin on the first day of September. When vacancies occur during a term, the successor shall serve the balance of the term.

Section 4. Election.

a. The secretary-treasurer of the medical staff and at-large members of the Medical Board shall be elected by a majority of those voting in a secret mail ballot. The offices of president and vice president of the medical staff shall be filled by succession as outlined in Article XIII, Section 1, unless a vacancy shall occur, in which case the process outlined in Section 5 shall be followed. Only members of the active medical staff are eligible to vote.

b. A nominating committee of members of the active medical staff and selected by the president of the medical staff shall offer one or more nominees for each position. At least ten (10) calendar days prior to elections by the membership of the Medical Staff, nominations may be submitted to Medical Staff Affairs provided three members of the Medical Staff support the nomination and the nominated person agrees to serve. Such nominations may be submitted by hard copy or by email.

b. The Advanced Practice Providers Council (APP Council) shall solicit candidates from among the advanced practice providers to serve on the Medical Board. At least ten (10) calendar days prior to election by advanced practice providers with privileges, the APP Council shall nominate at least two candidates to serve on the Medical Board. Two nominated candidates receiving the most votes from advanced practice providers shall be elected to the Medical Board.

Section 5. Vacancies.

a. Officers of the Medical Staff. If the presidency becomes vacant, the vice president shall become president. If the vice presidency becomes vacant, the secretary-treasurer shall become vice president. If the office of secretary-treasurer shall become vacant, an interim secretary-treasurer shall be appointed to complete the remaining term of office. The president shall appoint the interim secretary-treasurer with concurrence of the Medical Board. The president shall appoint other interim officers as required with concurrence of the Medical Board until the next regular meeting of the medical staff. If all three offices become vacant, the Medical Board shall elect replacements to serve until the next regular meeting of the medical staff.

b. Elected At-Large. Members of the Medical Board. Vacancies occurring during the medical staff year term of...
an at-large member or advanced practice provider member of the Medical Board shall be filled by the president of the medical staff appointing an interim member. In the event the president of the medical staff fills such a vacancy, the Medical Board shall be notified and shall have an opportunity to reject the appointment by the president of the medical staff with the concurrence of the Medical Board.

Section 6. Duties.

a. The president shall call and conduct the medical staff meetings and participate in the long-range planning activities of the hospital. The president shall appoint, annually, one or more members of the medical staff to serve on the Dane County Medical Society Board of Trustees. The physician(s) shall serve no more than three two-year terms as representative(s) of the UWHC medical staff.

b. The vice president of the medical staff shall be vice-chair of the Medical Board and serve as the president of the medical staff in the president’s temporary absence. The vice president shall serve as the chair of the Credentials Committee and shall serve as the designee for the president of the medical staff in recommending the granting of temporary privileges.

c. The secretary-treasurer shall serve as the chair of the Medical Record Committee.

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.

Section 8. Medical Staff Members in Administrative Positions.

Medical Staff members employed by the hospital, or otherwise assigned to a hospital administrative position, either full-time or part-time, whose duties are administrative in nature and include medical staff clinical responsibilities or functions involving their professional capability, must be members of the medical staff, achieving the status by the same procedure applicable to other medical staff members. A medical staff member in a hospital administrative position serves at the pleasure of the authorized official who appointed the medical staff member to the position. A medical staff member may be removed from his/her administrative responsibilities without affecting his/her medical staff privileges. Termination of medical staff privileges must follow the same provisions applicable to any other member of the medical staff.

Article XIV: Committees

Section 1. Standing Committees.

a. Bylaws
b. Corrective Action Peer Review
c. Credentials
d. Critical Care
e. Ethics
f. Graduate Medical Education
gh. GME Appeals
hi. Hearing Peer Review
j. Infection Control
k. Investigation
Section 2. Committee Members.

a. The president of the medical staff, in consultation with the CEO or CCO 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 president of the medical staff, and the president of the medical staff shall, in consultation with the CEO or CCO and senior vice president for medical affairs, appoint replacements 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 president of the medical staff may, in consultation with the CEO or CCO and senior vice president for medical affairs, exercise the above appointment power to appoint additional alternates as necessary for the committee to perform its functions.

b. The GME Appeals Committee shall consist of three members and one alternate from the medical staff and two members and one alternate from GME trainees in hospital sponsored training programs. The committee chair shall be appointed by the president of the medical staff from among the medical staff members of the committee. The alternate(s) will serve in case of unavailability or a conflict of interest of any member.

c. GME trainees may be appointed to serve as voting members of standing and ad hoc medical staff committees listed in Section 1, except the Bylaws, Investigation, Credentials, Hearing Committee, Medical Staff Behavior and Medical Staff Health Committees.

c. Advanced practice providers and others may be appointed to serve as voting members of other medical staff committees. GME trainees may be appointed to serve as voting members of other medical Staff Committees listed in Section 5, except the Bylaws, Corrective Action Peer Review, Credentials, Hearing Peer Review, Medical Staff Behavior and Medical Staff Health Committees.

---Need to fix letters in this section—goes from b to d---

c. Advanced practice providers and others may be appointed to serve as voting members of standing and ad hoc medical staff committees.

d. One advanced practice nurse representative and one physician assistant representative shall be appointed to be liaison members of the Credentials Committee. The advanced practice nurse representative may attend the meetings while the committee is considering the professional privileges of advanced practice nurses, and the physician assistant representative may attend the meetings while the committee is considering the professional privileges of physician assistants. The advanced practice nurse and physician assistant representatives may participate in such deliberations, and vote on such professional privileges. The chief nursing executive, or designee, shall be consulted in the selection of the advanced
practice nurse liaison member, and the responsible physician assistant subcommittee of the Credentials Committee shall be consulted in the selection of the physician assistant liaison member.

b. Overlapping membership is not allowed for Corrective Action Peer Review, Hearing Peer Review, and/or Medical Board.

c. Section 3. Meetings and Minutes.

d. Each committee, with the exception of the Corrective Action Peer Review, Hearing Peer Review, GME Appeals, Medical Staff Behavior, and Medical Staff Health Committees, shall meet regularly and keep a permanent record of its proceedings. Copies of all minutes shall be submitted to the president of the medical staff for review and approval of recommended action items at Medical Board meetings.

e. The chairs of all committees shall submit summary reports prior to meetings of the medical staff if there is business they wish to call to the attention of the medical staff. Such reports shall be submitted to the president of the medical staff to be distributed with the notices and agenda of medical staff meetings.

Section 34. Other Committees. The Medical Board may establish additional standing or ad hoc committees as necessary.

Section 45. Duties of Respective Committees. In addition to the duties described below, all standing and ad hoc committees of the medical staff may engage in peer review activities as requested by the chair of the committee, the CMO, the senior vice president for medical affairs, or the Peer Review Committee.

a. The Bylaws Committee shall consider all proposals for changes in the Bylaws and Rules and Regulations of the Medical Staff. It shall make recommendations to the medical staff relating to revisions of the Bylaws and Rules and Regulations. The Bylaws Committee shall include the CMO, the senior vice president for medical affairs; the president, vice-president, secretary-treasurer, and immediate past-president of the medical staff; the CEO, CCO, or their representative, and others selected through the committee appointment process. The Bylaws and Rules and Regulations shall be reviewed annually.

b. The Corrective Action Peer Review Investigation Committee shall be a permanently constituted peer review committee from which panels may be selected to perform the peer review responsibilities specified in Article IX of the Bylaws.

c. The Credentials Committee shall review and investigate the credentials of applicants for the medical staff and shall make recommendations on the appointment, staff status, and privileges for each applicant to the Medical Board. It shall also periodically review all information available on the competence of staff members and make recommendations to the Medical Board regarding reappointment, staff status, and privileges. It shall also perform the functions specified in Article V and, upon request of the hospital, review and take action with respect to applications of individuals to be affiliates of the hospital.

d. The Critical Care Committee shall be responsible for reviewing and recommending policies and procedures necessary for the effective operation of all critical care units in the hospital. The committee will actively participate in the institutional review of existing critical care programs and resources and will advise the institution regarding future program development.

e. The Ethics Committee shall serve in an advisory capacity in the following matters: consultation on difficult clinical cases involving medical-ethical issues; consideration, when so requested, of clinical-ethical policy issues related to this hospital; examination of matters referred by the Medical Board; and provision of an educational role in the area of medical ethics. For case review, the committee’s general policy will be one of discussion with consensus development and formal recommendation being offered if requested.

f. The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of
graduate medical education. It carries broad responsibility for overseeing and ensuring the quality of
the institution’s graduate medical education programs.

g. The Hearing Peer Review Hearing Committee shall be a permanently constituted peer review committee
from which panels may be selected to perform peer review hearings under Article X of the Bylaws or
otherwise as directed by the senior vice president for medical affairs or the president of the medical staff.

h. The GME Appeals Committee shall deal with grievances and appeals of nonrenewal decisions filed by GME
trainees.

i. The Infection Control Committee shall maintain surveillance and records of infections, investigate sources of
infection, promulgate rules for the prevention of infection, and make recommendations for the control of
infections.

j. 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 all 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 all activities that relate to documentation within the patient medical record.

k. The Medical Staff Behavior Committee shall address issues of inappropriate professional behavior by any
member of the medical staff through a professional peer review process. The Committee shall address
issues only on referral from the CMO or senior vice president for medical affairs. The committee's activities
shall not be considered formal investigation or discipline. When formal corrective action is required,
investigation or discipline by the Medical Staff is required the matter shall be handled under Article IX.

l. The Medical Staff Health Committee shall be responsible for:

1. Assisting departmental chairs and/or the CMO or senior vice president for medical affairs with any
members of the medical staff who may be impaired secondary to substance use disorders, mental
health problems or cognitive and/or physical deficits where such impairment is interfering or may
interfere with patient care or other responsibilities;

2. Monitoring such impaired medical staff members who are in treatment or those who require
periodic follow-up assessments;

3. Other activities related to such impaired medical staff members; and

4. In carrying out these responsibilities, the Medical Staff Health Committee shall conduct
assessments, review treatment plans, establish monitoring procedures, devise plans of
reintegration, and may make recommendations to the Credentials Committee.

m. The Nutrition Committee shall work with culinary and clinical nutrition services to ensure the necessary and
proper nutrition programming exists within the hospital and shall advise on matters related to the culinary
and clinical nutrition services, including the review of hospital diets.

n. The Operating Room Committee shall develop and regularly review Rules and Regulations for the safe and effective functioning of the operating room. Its membership shall be comprised
of representatives from the clinical services utilizing the operating rooms.

o. The Peer Review Committee shall be responsible for a coordinated approach to the measurement and
continuous improvement of quality, safety and patient experience through its oversight of the effectiveness
of the medical staff performance and peer review process. Oversight of departmental quality assessment
and improvement activities will be accomplished by annual departmental committee reports to the Peer
Review Committee. Department quality assessment and improvement committee activities may include, but
are not limited to, medical staff review (invasive procedure review, drug usage review, risk management
activities, review of infection control activities, utilization review), multispecialty peer review of individual
cases, development of an annual departmental quality assessment and improvement plan, and monitoring
of compliance with all external regulatory agencies and state statutes relating to the provision of quality
patient care. The committee will review and approve hospital-wide medical quality indicator reports and make recommendations regarding either need for further study or the initiation of improvement activities.

The Pharmacy and Therapeutics Committee shall develop guidelines concerning the activities of the hospital pharmacy and shall review the hospital formulary. It shall develop and recommend programs in drug education and policies to ensure the safe administration and use of drugs, including research and experimental procedures. It shall investigate drug reactions and medication errors as well as appropriate use of drugs.

The Respiratory Care Committee shall develop policies and procedures governing respiratory care. Its membership shall be comprised of representatives from those disciplines included in the delivery of respiratory care.

The Resuscitation Review Committee shall be responsible for establishing policies for the initiation, conduct, termination and teaching of cardiopulmonary resuscitation and to outline the procedures and responsibilities of personnel involved in a resuscitative effort.

The UW Health Clinical Policy Committee shall develop, review, and recommend patient care policies and procedures.

Article XV: Meetings

Section 1. Medical Staff Meetings. The medical staff shall hold at least one meeting per year at which the officers and committee chairs shall make such reports as may be desirable and at which officers shall be nominated. The president of the medical staff shall preside and in his/her absence, the vice-president. Special meetings may be called by the Medical Board or by written petition of at least 10 percent of the members of the active medical staff to the president of the medical staff.

Section 2. Medical Board Meetings. The Medical Board shall meet once a month during at least ten (10) months each medical staff year monthly. Special meetings of the Medical Board may be called by the president of the medical staff, by majority vote, or by written petition of a majority of the Medical Board.

Section 3. Standing and Special Committee Meetings. Standing and special committees shall arrange their own meeting schedules. Each standing committee, with the exception of the Investigation, Hearing, Medical Staff, Behavior, and Medical Staff Health Committees, shall meet regularly and keep a permanent record of its proceedings. Standing and special committees shall arrange their own meeting schedules.

Section 4. Agenda.

a. The agenda of all regularly scheduled meetings of the Medical Board shall be set by the president and vice-president of the medical staff.

b. The agenda of all regularly scheduled meetings of the medical staff shall be set by the president of the medical staff.

Section 5. Quorum. A quorum, unless otherwise specified, shall consist of one third of the membership of the Medical Board or a committee. For medical staff meetings, fifteen (15) members of the active staff shall constitute a quorum.

Section 6. Attendance. Each member of the medical staff shall be expected to attend at least 50 percent of the meetings of his/her clinical service and committees of the medical staff. Any regular or special meeting of a board, or committee or other group authorized by these Bylaws may be held by teleconference at the discretion of the chairperson. Persons participating by teleconference shall be considered present at the meeting.

Section 7. Minutes.
Medical Staff and Medical Board Meeting Minutes. Minutes of each regular and special meeting shall be prepared and shall include a record of attendance. The minutes shall be signed and submitted to the attendees for approval. Copies of the approved minutes shall be retained by Medical Staff Affairs.

Standing and Special Committee Meeting Minutes. Copies of all minutes shall be submitted to the president of the medical staff for review and approval of recommended action items at Medical Board meetings.

Section 8. Parliamentary Procedure. All meetings shall be in accordance with Robert’s Rules of Order, Newly Revised. The presiding officer may appoint a parliamentarian.

Section 9. Electronic Meetings and Approvals.

Any regular or special meeting of a board or committee or other group authorized by these Bylaws may be held electronically or by teleconference at the discretion of the chairperson. Persons participating electronically or by teleconference shall be considered present at the meeting.

Any action which may be approved by a board or committee or other group authorized by these Bylaws may be approved by an email, U Connect workspace, or other electronic vote at the discretion of the chairperson of the board or committee or group. Notice may be given of electronic vote by email. Members shall be given at least two business days to respond. If a quorum of the board or committee or group respond by the time set for the vote, the action shall be approved if approved by a majority of the timely respondents, unless one timely respondent requests that the matter be considered at a convened meeting of the board or committee or group.

Any regular or special meeting of a board or committee or other group authorized by these Bylaws may be held by teleconference at the discretion of the chairperson. Persons participating by teleconference shall be considered present at the meeting.

Article XVI: Rules and Regulations

The Medical Board has adopted the following rules and regulations for the proper conduct of its work.

Section 1. General Rules.

The attending physician shall have ultimate responsibility and authority for the care of each patient.

All patients are considered to be included in teaching programs in University of Wisconsin Hospitals and Clinics unless the patient objects.

It is the responsibility of each clinical service to arrange that sufficient numbers of qualified members of its active or courtesy staff are available at all times to ensure prompt and continuing function of essential patient care activities.

No patient shall be denied care on the basis of race, creed, color, sex, national origin, or handicap. Handicap refers to any impairment or condition, mental or physical, or such a perceived impairment or condition, which affects a major life activity, such as speech, movement, hearing, sight, cognitive functioning, etc., as further defined by federal and state law.

Members of the medical staff and other persons granted clinical or professional privileges shall comply with the policies and procedures UW Health and the medical staff, and the applicable clinical department.

Section 2. Patient Care.

All patient care should be conducted in accordance with the prevailing professional standards. The attending staff is responsible for supervision of all medical care provided by GME trainees. This supervision will include the presence of the medical staff when appropriate. Specific mechanisms for supervision of GME trainees will be determined by the appropriate departments, consistent with the requirements of accrediting bodies and hospital policies, and will be reviewed by the UWHC Graduate Medical Education Committee. GME trainees may write patient orders.
b. All tissue specimens must be examined, except when exempted by hospital policy. Tissue specimens and body fluids obtained from inpatients and outpatients of UWHC shall be processed under the authority of or pursuant to arrangements by the Department of Pathology and Laboratory Medicine. Special requests and arrangements for specimen testing outside the Department of Pathology and Laboratory Medicine must be reviewed by the department and reviewed annually by the department and hospital administration.

c. Informed consent shall be obtained in accordance with UW Health policies and procedures concerning informed consent and with the policies and procedures of the applicable clinical department. UW Health policies and procedures shall specify which procedures and treatments require written informed consent.

d. Members of the medical staff can be called for consultation within their area of expertise. The service to which consultations are addressed should answer all requests as soon as practical. A consultant member of the active or courtesy medical staff shall see the patient on every such request and shall record and sign his/her findings and recommendations.

e. The medical staff may delegate to nursing personnel and allied health personnel the performance of medical acts to the extent authorized by policies and protocols approved by UW Health and the Medical Board.

f. Research involving human subjects shall be reviewed and conducted in accordance with hospital policies and procedures which include review and approval by the University of Wisconsin-Madison Human Subjects Committee and University of Wisconsin-Madison institutional review boards.

g. Medical staff orders may be accepted and implemented only by categories of personnel authorized in hospital policies and procedures.

h. The medical staff authorizes healthcare professionals who are not members of the medical staff to order outpatient services to the extent authorized by hospital policy that is approved by the Medical Board.

i. After a patient is admitted to the hospital (into inpatient status, admitted outpatient status, or without specifying which status) by a medical staff member with admitting privileges, nurses who are employed by the hospital as case managers may designate and/or change the status of patients between inpatient and outpatient status in accordance with protocols approved by the Medical Board. This delegated act may be performed without countersignature of a physician. The patient shall retain the same attending physician upon designation or change of status until replaced by another attending physician. The attending physician shall be notified of the change of status in accordance with the approved protocol.

j. A medical history and physical examination must be completed and documented for each patient no more than thirty (30) calendar 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 thirty (30) calendar 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.

Physical therapists employed by the hospital may order outpatient physical therapy services to the extent authorized by hospital policy.

Section 3. Dental Service.

a. The Department of Surgery shall be responsible for service performed by dentists with the understanding that dental or oral surgical procedures undertaken in the operating room shall be under the supervision of the Chief of Surgery.
Every dental patient must have a staff physician who is available and will be responsible for other than dental care of the patient's care throughout the hospital stay.

Section 4. Pharmacy and Therapeutics.

a. Drugs dispensed at University of Wisconsin Hospitals and Clinics shall be those approved by the Pharmacy and Therapeutics Committee.

b. When trade or proprietary nomenclature is employed for a drug approved by the Pharmacy and Therapeutics Committee, the pharmacist may dispense officially accepted University of Wisconsin Hospitals and Clinics formulary drugs of the same generic name and specific therapeutic action.

c. All orders for medication or treatment shall be documented and otherwise comply with the pharmacy and therapeutics policies and procedures of UW Health and the medical staff.

d. Automatic stop orders on certain drugs shall take effect as required by the policies and procedures of UW Health and the medical staff.

e. Investigational drugs and devices may be used only within the scope of approval granted by the University of Wisconsin-Madison Human Subjects Committee.

Section 5. Admission, Transfer, and Discharge.

a. Patient admissions, transfers, passes and discharges shall comply with hospital and medical staff policies and procedures. Admissions to the hospital and clinics shall be only:
   1. By members of the medical staff in categories that permit admission; or
   2. By GME trainees acting under the supervision of such medical staff member.

b. Certification and reporting of deaths shall be in accordance with hospital and medical staff policies and procedures and with applicable law.

Section 6. Performance Improvement Activities. Medical staff members shall cooperate with the implementation of the plan for improving organizational performance approved by the hospital and the Medical Board.

Section 7. Medical Records. Medical records for inpatients and outpatients shall be completed in the manner and time frame required by hospital and medical staff policies and procedures. Release of medical information shall be only in accordance with hospital and medical staff policies and procedures which include compliance with Wisconsin and federal law.

Section 8. Other Persons Providing Patient Care.

b. All persons who provide patient care services that do not constitute services that the Centers for Medicaid and Medicare Services consider to be "medical level of care" must act within the scope of practice permitted by law and hospital policies and procedures. Such persons may not practice independently.

c. Such persons employed by the hospital will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. Subject to (a), they may practice within the scope of such approval.

d. Such persons employed by the Medical School or by the UW Medical Foundation, who are not practicing independently, will be reviewed, approved, evaluated, and supervised by the applicable clinical departments pursuant to medical staff and hospital policies and procedures, and the clinical departments shall provide verification of licensure and other reviews required by UW Health policy as requested by the hospital. Subject to (a), these persons may practice within the scope of such approval.

e. Such persons who are trainees in UWMC-sponsored or UWMC-affiliated training programs will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. Subject to (a), they may practice within the scope of such approval.
Such persons who are not employed by the hospital, the Medical School or the UW Medical Foundation, and who are not practicing independently, will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures, which shall be developed in consultation with the medical staff. Subject to (a), these persons may practice within the scope of such approval.

Upon written application of the supervising physician(s), the CMO or senior vice president for medical affairs may temporarily authorize individuals to provide patient care services that do not constitute services that the Centers for Medicaid and Medicare Services consider to be “medical level of care” under supervision of a physician with clinical privileges to provide those services. Such authorization can be given only after confirmation that the individual has any required licensure, has completed the criminal background form, and has appropriate arrangements for supervision. The temporary authorization shall describe the authorized services and cannot exceed one month.

No medical staff member shall permit a person to provide patient care, unless the person has been granted, clinical or professional privileges, is a GME trainee or has been approved under this section.

The CEO or his/her designee may terminate any approval under this section and there shall be no right to hearing or appeal.

Article XVII: Amendments

Section 1. Annual Review. These bylaws may 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 to all voting members for a mail or electronic 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 or electronic ballot. A two-thirds majority vote of those present at the meeting or of those submitting mail or electronic ballots shall be required for adoption. The amendment shall become effective when approved by the Board of Directors.

Section 2. Medical Staff Proposals. Written proposals of bylaws may be submitted to Medical Staff Affairs. 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 a mail or electronic ballot distributed by Medical Staff Affairs 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 medical staff or the notice of the mail or electronic ballot. A two-thirds majority vote of the voting members submitting mail or electronic 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.

Article XVIII: Adoption

These bylaws shall be adopted at any regular meeting of the active medical staff, shall replace any previous bylaws, and shall become effective when approved by the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority.

Approved by Bylaws Committee............................................................... May 9, 2016
Approved by Medical Board................................................................. June 9, 2016
Approved by Medical Staff................................................................. July 1, 2016

Page 28 v.1
Exhibit 1: Fair Hearing and Appellate Review Plan Article I

1.1. Purposes. This Fair Hearing and Appellate Review Plan sets forth procedures to be followed in connection with all hearings to be provided to members of the University of Wisconsin Hospitals and Clinics Medical Staff (the “Hospital”), in accordance with the Bylaws of the Medical Staff. For purposes of this Fair Hearing and Appellate Review Plan, members of the Medical Staff are all referred to as “practitioners.”

1.2. Right to Hearing. No practitioner shall be entitled to any hearing except as expressly provided in the Medical Staff Bylaws.

1.2.1. In the event a practitioner is entitled to a hearing after a materially adverse recommendation by the Medical Board, or a materially adverse decision by the Board of Directors, such hearing shall be held before a committee of members of the Medical Staff in accordance with Article II of this Fair Hearing and Appellate Review Plan. A recommendation shall be considered to be materially adverse if the recommendation would have a significant adverse effect on the practitioner’s Medical Staff membership or clinical privileges. A material adverse recommendation shall include, but not necessarily be limited to, a recommendation of

- Termination of Medical Staff membership or clinical privileges,
- Suspension of clinical privileges,
- Denial of appointment or any requested clinical privileges,
- Denial of reappointment, and
- Imposition of conditions or restrictions on privileges that limit the practitioner’s ability to exercise clinical privileges.

1.2.2. Except as otherwise specifically provided in the Medical Staff Bylaws or this Fair Hearing and Appellate Review Plan, no practitioner shall be entitled to a hearing as a result of any action that is recommended or taken which is not related to the practitioner’s professional qualifications, competence or conduct, including but not limited to, the following:

- Letters of warning, reprimand, censure or admonition;
- Imposition of monitoring, proctoring, consultation or review requirements that do not restrict the practitioner’s ability to exercise clinical privileges and is not reportable to the National Practitioner Data Bank;
- Requiring provision of information or documents, such as office records, or notice of events or actions;
- Imposition of educational or training requirements;
- Placement on probationary or other conditional status;
- Failure to place a practitioner on any on-call or interpretation roster, or removal of any practitioner from any such roster;
- Appointment or reappointment for less than two years;
- Continuation of provisional appointment;
- The refusal to waive or extend the time for compliance with any requirement of these Bylaws;
- Termination or refusal to reappoint for failure to comply with any objective requirement such as board certification or recertification, malpractice insurance coverage, licensure, faculty appointment, or failure to meet any objective requirement imposed on all staff members that specific numbers of procedures be performed to maintain or demonstrate clinical competence;
- Any action that is not related to the practitioner’s professional conduct or competence and the action is not reportable to the state or the National Practitioner Data Bank, such as termination for failure to pay dues or assessments, denial of request for privileges because the hospital does not permit certain services or procedures to
be performed in the hospital, or the hospital elects to enter into an exclusive contract for the provision of certain services.

If any action is taken that does not entitle a practitioner to a hearing, the practitioner shall be offered the opportunity to submit a written statement or any information which the practitioner wishes to be considered. Such statement or information shall be included in the practitioner’s peer review records along with the documentation regarding the action taken.

1.2.3. No individual 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 practitioner.

1.3. Request for Hearing. Except as may otherwise be specified in the Medical Staff Bylaws, any request for a hearing must be made in writing and delivered to the CEO or CCO within thirty (30) calendar days after the practitioner receives written notice of the adverse action or recommendation which gives rise to a hearing.

Article II Hearing Process

2.1. Appointment of Hearing Committee Members.

2.1.1. Upon receipt of a request for a hearing, the President of the Medical Staff shall assign to a subcommittee of the Hearing Peer Review Committee the responsibility to conduct the hearing, unless the president of the medical staff determines that conflicts preclude use of the Hearing Peer Review Committee, in which case the president may select another existing medical staff peer review committee to conduct the hearing. The President of the Medical Staff, with the approval of the CEO or CCO, shall designate the composition of the subcommittee and its chair and may augment the subcommittee with additional medical staff members who are not regular members of the peer review committee. The hearing committee shall be composed of members of the Medical Staff and shall have not less than three members. There also may be appointed one or more alternate members of the hearing committee. No medical staff member who has requested corrective action against the practitioner, or actively participated in the investigation or consideration of the adverse recommendation, or is in direct economic competition with the practitioner shall be a member of the hearing committee or an alternate, except in unusual circumstances where mutually agreed upon by the practitioner and the president of the medical staff.

2.1.2. Any member of the hearing committee, including any alternate, who participates in the entire hearing, or reviews the transcript (or listens to the tapes) of any portions of the hearing for which the committee member was not in personal attendance, shall be permitted to participate in the deliberations and to vote on the recommendations of the hearing committee. The hearing committee may make a recommendation as long as a majority of the panel members, including any alternates, have attended all the hearings or read the transcript of any hearings for which a panel member was not in personal attendance. A majority of the members of the hearing committee, including any alternates, shall constitute a quorum for purposes of conducting a hearing.

2.1.3. No person shall be a member of any hearing committee, or alternate, if that person has had any prior involvement in the specific clinical cases to be considered by the committee or is in direct economic competition with the practitioner involved or actively participated in the investigation or consideration of the adverse recommendation.

2.2. Notification of Prospective Committee Members. The practitioner shall be notified of the prospective members of the hearing committee and if the practitioner has any objection to any proposed committee member, the practitioner shall, within ten (10) calendar days after notification, state in writing any objection and the reasons for the objection in writing. The President of the Medical Staff and the CEO or CCO shall, after considering such objections, decide in their sole discretion whether to replace any person objected to and the practitioner shall be notified of the action taken on the objection. The practitioner shall have the same opportunity to object to any replacement panel member.

2.3. Notice to Practitioner of Hearing Date and Summary of Hearing Rights. At least thirty (30) calendar days prior to the date scheduled for the hearing, a notice shall be sent to the practitioner advising the practitioner of the
following:

a. The date, time and place of the hearing; and,

b. A summary of the practitioner’s rights in connection with the hearing.


2.4.1. At least fifteen (15) calendar days prior to the hearing, the practitioner involved shall be sent by certified and regular mail a statement:

a. setting forth the reasons for the proposed action;

b. identifying any witnesses expected to testify before the committee in support of the recommendation under consideration; and,

c. identifying all medical records or documents expected to be submitted to the committee for consideration. The practitioner shall be provided copies of such documents not previously provided.

2.4.2. If any expert witnesses are to be called to testify at the hearing in support of the recommendations of the Medical Staff, the practitioner shall be notified at least fifteen (15) calendar days before the hearing the identity of each expert to be called, and provided (i) a copy of each expert’s curriculum vitae, (ii) a written report from the experts setting forth the substance of the experts’ testimony, the opinions of the experts and the grounds for the opinions, and (iii) copies of all documents or materials provided to the expert for review.

2.4.3. At least ten (10) calendar days prior to the hearing, the practitioner shall provide to Medical Staff Affairs the following:

a. a statement setting forth the reasons why the practitioner contends that the adverse recommendation is unreasonable, inappropriate or lacks any factual basis,

b. A list of any witnesses the practitioner will call to testify and a summary of the subject matter of each witness’s testimony,

c. A copy of all documents the practitioner intends to introduce at the hearing, and d. If the practitioner intends to call any expert witness to testify at the hearing, the practitioner shall identify each expert to be called and provide (i) a copy of each expert’s curriculum vitae,

(ii) a written report from the experts setting forth the substance of each expert’s testimony, including the opinions of the experts and the grounds for the opinions, and (iii) copies of all documents or materials provided for review by each expert.

2.4.4. No witness may be called, and no testimony or opinions may be elicited from any expert nor any documents submitted for consideration by the committee, which have not been disclosed in accordance with this section, unless the Hearing Officer (see section 2.6) determines that any failure to disclose was unavoidable. The failure of the practitioner requesting a hearing to comply with the requirements related to the disclosure or exchange of information set forth in this Hearing and Appellate Review Article, or ordered by the Hearing Officer, shall be deemed to be a withdrawal of the request for a hearing, the waiver of the right to a hearing, and agreement to and acceptance of the recommended or summary action which is the subject of the hearing.

2.5. Rights of Practitioner

a. Representation by an attorney or other person of choice;

b. To have a record made of the hearing, but not of deliberations, and to obtain copies of same;

c. To call, examine, and cross-examine witnesses;

d. To present relevant evidence;

e. To submit a written statement at the close of the hearing;
f. To receive a written recommendation, including the basis of the recommendation;
g. To receive a written final decision of the hospital, including the basis of the decision.

2.6. Hearing Officer.

2.6.1. The President of the Medical Staff and the CEO or CCO shall select a hearing officer to preside at the hearing. The hearing officer shall be an attorney or other practitioner familiar with procedures relating to peer review hearings.

2.6.1.1. The practitioner shall be notified of the name of the prospective hearing officer and if the practitioner has any objection to any hearing officer, the practitioner shall, within ten (10) calendar days after notification, state the objection in writing and the reasons for the objection. The President of the Medical Staff and the CEO or CCO shall, after considering such objections, decide in their sole discretion whether to uphold the objection and replace any hearing officer.

2.6.2. The hearing officer shall rule on all procedural matters at the hearing, advise the members of the hearing committee concerning procedural and legal issues, rule on any objections to testimony or evidence that is offered at the hearing, decide whether evidence has sufficient relevance and reliability to be submitted to the hearing committee for consideration, rule on requests for postponements or extensions of time, and shall generally be responsible for regulating the proceedings.

2.6.3. The hearing officer shall have the authority to resolve all issues regarding scheduling of hearings, and shall have the authority to recess and reconvene the hearing, to impose time limits for examination and cross-examination of witnesses, and to limit the number of witnesses to be called by the Medical Staff or member.

2.6.4. The hearing officer shall be available to the members of the hearing committee during and after the conclusion of the hearing to advise them on any procedural matters and to assist the committee with the preparation of their report and recommendations.

2.7. Burden of Proof. Whenever a hearing relates to the denial of a practitioner’s request for reappointment or modification of privileges, the practitioner need only be advised of the nature and source of the information upon which the adverse recommendation is based. In all cases the practitioner shall have the burden of proving by a preponderance of the evidence that the adverse recommendation or decision lacks any factual basis, or that the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. It shall not be a defense to any action proposed by the Medical Board or the Governing Body that different action has been taken in the past with regard to any other staff member, and no evidence shall be introduced regarding actions taken or not taken with regard to other staff members.

2.8. Report and Recommendations of Hearing Committee. After final adjournment of the hearing, including receipt of all written submissions, the hearing committee shall deliver a written report to the Medical Board stating in full its findings, the reasons and evidence upon which it based its findings, and its recommendations. The recommendations of the hearing committee need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of all reports and recommendations shall be delivered to the practitioner.

2.9. Practitioner Response to Report and Recommendations. Within fifteen (15) calendar days after the report and recommendations of the hearing committee are delivered to the practitioner, the practitioner shall submit a written statement to the Medical Board specifying the findings of fact, conclusions, or procedural matters with which the practitioner disagrees and the reasons for such disagreement. Failure to identify any findings of fact, conclusions, or procedural matters with which the practitioner disagrees shall constitute a waiver of those issues. The practitioner may not submit new information, nor evidence not previously considered by the hearing committee, except as may be requested or approved by the Medical Board.

2.10. Appearance before Medical Board. The Medical Staff President may, in his/her sole discretion, permit or require the practitioner or his/ her representative to appear before the Medical Board, to present oral argument or respond to inquiries.
2.11. Medical Board Action. The Medical Board shall consider the report and recommendations of the hearing committee. If additional information or clarification is needed by the Medical Board, the Board may remand the case to the hearing committee for any further proceedings the Medical Board deems appropriate. After receipt of the report of the hearing committee and any additional information requested, the Medical Board shall consider the entire case and vote on its recommendations to the Board of Directors. The recommendations of the Medical Board need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of all reports and recommendations of the Medical Board shall be sent to the practitioner.

2.12. Board of Directors Action. Final action by the Board of Directors shall be taken in accordance with the provisions of the Medical Staff Bylaws.

Article III Appellate Review

3.1. Request for Appellate Review. The practitioner may, within ten (10) calendar days after the practitioner is notified of the recommendations of the Medical Board, request the opportunity to appear before the Board of Directors, or any Committee of the Board designated by the Board (collectively referred to as the “Board”), to present oral argument. Such a request must be submitted in writing to the CEO or CCO. The practitioner may appear before the Board and the Chair of the Board may require the parties to appear before the Board and present oral argument and respond to inquiries. If the practitioner does not request appellate review, the recommendations of the Medical Board shall be forwarded to the Board of Directors for final action.

3.2. Standard of Appellate Review. Appellate review by the Board of Directors, or any Committee of the Board designated by the Board, shall be limited to determining whether the practitioner has established by clear and convincing evidence that:

a. There has been a substantial failure to comply with the bylaws during the course of the corrective action which has materially prejudiced the practitioner;

b. The recommendation is arbitrary or unreasonable; or,

c. The recommendation is not supported by any reliable evidence.

3.3. Written Statement of Practitioner. In lieu of appearing before the Board to present oral argument, the practitioner may submit a written statement to the Board setting forth specifically any findings of fact, conclusions, recommendations and procedural matters with which the practitioner disagrees and the reasons therefore.

3.3.1. If the practitioner requests an opportunity to appear before the Board and present oral argument, the practitioner shall be required to submit a written statement as set forth in section 3.3 above. Any written statement must be delivered to the CEO or CCO within fifteen (15) calendar days after the practitioner receives the report and recommendations of the Medical Board. Failure to identify any findings of fact, conclusions, or procedural matters with which the practitioner disagrees shall constitute a waiver of those issues and the practitioner shall not be permitted to raise in any future proceedings or litigation any issues not identified by the practitioner.

3.3.2. The practitioner shall provide a copy of the practitioner’s written statement to the Medical Board, which may submit a response to the Board of Directors, with a copy to the practitioner, within ten (10) calendar days after receipt.

3.3.3. The President of the Medical Board may, but is not required to, submit to the Appellate Review Body a response to the Practitioner’s written statement. Any response from the President of the Medical Board shall be submitted fifteen (15) calendar days after receipt of the practitioner’s statement and a copy of the response shall be sent to the practitioner.
3.4. Notice of Appearance before Board. The practitioner shall be notified of the date, time and place the practitioner is to appear before the Board at least seven (7) calendar days in advance. The failure of the practitioner to appear shall be considered a withdrawal of any request to appear before the Board.

3.5. Oral Argument before Board of Directors. Any presentation before the board shall be limited to oral argument, and the practitioner shall not be permitted to introduce any new facts or evidence which was not introduced at any hearing, unless there are extenuating circumstances. No witnesses shall be permitted to present testimony before the Board unless the Board consents to such testimony. The practitioner may be accompanied by an attorney who may advise and speak on behalf of the practitioner; however, the members of the Board shall be permitted to direct questions to the practitioner who shall be required to respond personally. The amount of time available for the practitioner’s presentation may be limited by the Board or Committee Chair or subject to such conditions as the Board determines to be appropriate.

3.6. Issues on Appeal. The issues considered on appeal shall be limited to the following:

a. Whether there was material failure to comply with the Bylaws or applicable policies of the Hospital or Medical Staff during or prior to the hearing, so as to deny a fair hearing; and/or

b. Whether the recommendations of the Medical Board were arbitrary, unreasonable or capricious and/or were not supported by any credible evidence.

3.7. Action by Board of Directors. Within sixty (60) calendar days after the practitioner’s appearance before the Board, or sixty (60) calendar days after the date of the report of the Medical Board if the practitioner does not appear before the Board, the Board of Directors shall act to accept, reject, or accept with modification, the recommendations of the Medical Board, or refer the matter back to the Medical Board for further consideration or investigation. If the Board of Directors refers the matter back to the Medical Board for further consideration, the Board of Directors shall state the reasons for such referral and the Medical Board shall conduct any further investigation as it deems appropriate and submit a written report to the Board of Directors.

3.8. Reconsideration by Medical Board. In the event the decision of the Board of Directors differs substantially from the recommendations of the Medical Board, further action on that decision shall be held in abeyance for a period not to exceed sixty (60) calendar days. The Medical Board shall be advised of the intended action by the Board of Directors and the reasons for such action. The Medical Board shall review the proposed action of the Board of Directors, conduct any further investigation and make such additional comments or recommendations as the Medical Board deems appropriate. The Medical Staff President shall prepare a further report to the Board of Directors setting forth any additional findings or recommendations of the Medical Board and the reasons for the recommendations. If the Medical Board continues to disagree with the action proposed by the Board of Directors, the matter shall be referred to a Joint Conference Committee which shall consider the issues and make a final recommendation to the Board of Directors. The practitioner shall be notified of any further findings or recommendations of the Medical Board or Joint Conference Committee and provided a copy of the report. The practitioner may, within seven (7) calendar days of receiving any such report, submit to the Board of Directors any written comments the practitioner wishes to make concerning the further report of the Medical Board or Joint Conference Committee.

3.9. Final Action of Board. After receiving any further comments or recommendations from the Medical Board, the Board of Directors shall take final action. In the event no comments or recommendations are received from the Medical Board within sixty (60) calendar days of the original decision of the Board of Directors, the decision of the Board of Directors shall become final, unless the Board of Directors extends the time for the Medical Board to submit a report or comments. The final action of the Board of Directors shall be effective at such time as the Board designates and such action shall not be stayed without the consent of the Board or a court order. 3.10. Written Statement from Board. If the final decision of the Board of Directors is materially adverse to the practitioner, the practitioner shall be provided a statement from the Board of Directors setting
3.11. Right to Hearing after Board Action. If the decision of the Board of Directors is more severe than the recommendations of the Medical Board, and the practitioner has not previously had a hearing concerning the matters that gave rise to the adverse recommendation or action, the practitioner may, within thirty (30) calendar days after receipt of notice of the final action of the Board of Directors, request a hearing and further review by delivering a written request to the CEO or CCO. Any such hearing and review shall be conducted in accordance with this Hearing and Appellate Review article. Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as a right to more than one hearing and one appellate review under this Article X on any matter which shall have been the subject of action by the Medical Board or by the Board of Directors or both.

3.12. Notification of Board Action. The CEO or CCO shall notify the applicant, the Medical Board and chair of the appropriate department of the final action taken by the Board of Directors.

Article IV General Provisions

4.1. Timely Objections to Actions. In the event any applicant or member of the Medical Staff has any objection to any action taken or procedures followed by the Hospital, the Medical Staff, or any individual or committee with regard to the consideration of any application for appointment or reappointment, any investigation, any corrective action, any hearing, or other action, the applicant or practitioner shall immediately state such objection and the reasons for the objection to the individual or body concerned in writing, or verbally if the objection arises during any recorded proceedings, in order to permit the Hospital to address the objection and take any corrective action the Hospital deems necessary. The failure to give such notice of any objection shall be deemed to be a waiver of any such objection and consent to the procedures being followed or action being taken.

4.2. Attorney Representation. The practitioner may be represented by an attorney at any hearing, or before the Medical Board or the Board of Directors; however, the members of the hearing committee, Medical Board and the Board of Directors shall be permitted to direct questions to the practitioner, who shall be required to respond personally. If the practitioner will be represented by counsel or another representative at any hearing or appearance, the practitioner shall notify the Medical Staff of the name of the attorney or other representative at least fifteen (15) calendar days prior to the hearing or appearance.

4.3. Medical Staff Representative and Attorney Representation. The committee or body whose recommendations are challenged may designate a member of the Medical Staff to represent the position of the committee before the hearing committee. The CEO or CCO may designate a Hospital representative to represent the position of the Hospital or Medical Staff committee, department, or section. In addition, the Hospital and Medical Staff may be represented by an attorney before any hearing committee, the Medical Board, or the Board of Directors. The CEO, CCO, or designee may appear and testify concerning any matters and present evidence to the hearing committee, Medical Board, or the Board of Directors.

4.4. Presence of Practitioner. The practitioner shall be personally present at all hearings, except for good cause shown, and the failure of the practitioner to appear personally shall be a waiver of the right to a hearing.

4.5. Examination and Cross-Examination of Witnesses. The practitioner, any attorney or other person representing the practitioner, any designated representative of the committee or body whose recommendations are challenged, the CEO, CCO, or designee, and the Hospital or Medical Staff attorney shall have the right to call, examine, cross-examine, and impeach witnesses, to introduce any exhibits, and to rebut any evidence.

4.6. Testimony of Practitioner. If the practitioner involved does not testify in his or her own behalf, the practitioner may be called and examined as if under cross-examination. The refusal of the practitioner to testify shall constitute a withdrawal of the request for a hearing, a waiver of any further rights to review, a failure to exhaust the remedies, and acceptance by the practitioner and agreement to the recommendations of the Medical Board.
4.7. Evidence and Testimony Requested by Hearing Committee. The hearing committee may call and examine witnesses and receive and examine such exhibits as it deems appropriate on its own initiative, provided all parties involved shall be given reasonable notice of all witnesses or exhibits to be examined by the committee and adequate opportunity to challenge or rebut such evidence.

4.8. Discovery. Except as specifically provided in this Fair Hearing and Appellate Review Plan, there shall be no right to conduct discovery in connection with any hearing and no practitioner shall be permitted access to any peer review records, medical records, minutes or other documents relating to any other practitioner, or any action taken or not taken with regard to any other practitioner. The practitioner requesting a hearing shall, however, be entitled to any documents relied on by the Medical Board or Board of Directors in making any recommendation or decision, any documents to be introduced at the hearing, and any medical records relied on or to be introduced at the hearing, so long as the practitioner and his/her counsel agree in writing to keep all such documents confidential and not use them for any purpose other than in the hearing and appellate review proceedings. The production of such documents shall not constitute a waiver of any peer review protection for those documents or any other documents.

4.9. Rules of Evidence. Hearings need not be conducted according to technical rules of evidence relating to the admissibility or presentation of evidence and all evidence determined to be relevant and reliable by the hearing officer shall be considered. All testimony shall be presented under oath or affirmation.

4.10. Recording the hearing. Unless all parties agree otherwise, the hearing shall be recorded by a sound recording. Either party may have a court reporter record the proceedings. The record of the hearing need not be transcribed unless specifically requested and the person or body requesting the transcript shall be responsible for the cost of transcription.

4.11. Recess of Hearing. The hearing committee may recess any hearing to obtain further information.

4.12. Written Statement by Practitioner. The practitioner shall have the right to submit a written statement at the close of the hearing. Such statement shall be submitted within a reasonable time as established by the hearing officer.

4.13. Failure to Make Request or Appearance. If any practitioner fails to make a required request or appearance within the time specified herein or otherwise fails to comply with procedures for hearing and review set forth herein, the practitioner shall be deemed to have waived all further rights hereunder and shall be deemed to have consented to the recommendations then under consideration.

4.14. Modification of Time Requirements. All time periods may be modified for good cause shown by the hearing officer or chair of the committee or body before which the case is currently pending.

4.15. Confidentiality and Privilege. All information received, notes, records, minutes, documents, or materials of any kind which are obtained, reviewed, or considered in connection with any matters considered or action or investigation taken pursuant to the Medical Staff Bylaws relating to Medical Staff membership and/or clinical or professional privileges shall be confidential and privileged, shall be confidential peer review documents and, to the extent permitted by law, shall not be admissible or discoverable in any legal proceedings, and shall be subject to all other protection afforded to such documents or proceedings by law.

4.16. Immunity. All practitioners and all those participating in or providing information to any department, section, committee, hearing committee, officer of the Medical Staff, or others participating in the hearing and appellate review process shall, to the fullest extent permitted by law, not be liable for any actions taken or information provided in connection with the review, granting, or denial of Medical Staff membership or clinical privileges, or any other action taken pursuant to the Bylaws of the Medical Staff.

4.17. Closed Hearings. Hearings shall be closed unless the practitioner requests an open hearing (see Sec. 19.85, Wis. Stats.). If an open hearing is conducted, no patient names or identities shall be disclosed in the hearing. The hearing committee shall assign numbers for reference which all parties, representatives, witnesses, and the committee shall use.
Exhibit 2: Fair Hearing and Appellate Review Plan for Persons Granted or Applying for Professional Privileges Under Article V, Section 2 of the Bylaws.

Article I

1.1. Purposes. This Fair Hearing and Appellate Review Plan sets forth procedures to be followed in connection with all hearings to be provided to persons who apply for or are granted professional privileges under Article V, Section 2, of the Bylaws of the University of Wisconsin Hospitals and Clinics Medical Staff (the "Hospital") and are not members or applicants for membership on the Medical Staff, in accordance with the Bylaws of the Medical Staff. For purposes of this Fair Hearing and Appellate Review Plan for persons who apply for or are granted professional privileges under Article V, Section 2, of the Bylaws are all referred to as “practitioners.”

1.2. Right to Hearing. No practitioner shall be entitled to any hearing except as expressly provided in the Medical Staff Bylaws.

1.2.1. In the event a practitioner is entitled to a hearing after a materially adverse recommendation by the Medical Board, or a materially adverse decision by the Board of Directors, such hearing shall be held before a committee of designated under and in accordance with Article II of this Fair Hearing and Appellate Review Plan. A recommendation shall be considered to be materially adverse if the recommendation would have a significant adverse effect on the practitioner’s professional privileges. A material adverse recommendation shall include, but not necessarily be limited to, a recommendation of:

a. Termination of professional privileges,
b. Suspension of professional privileges,
c. Denial of appointment or any requested professional privileges,
d. Denial of reappointment, and
e. Imposition of conditions or restrictions on professional privileges that limit the practitioner’s ability to exercise professional privileges.

1.2.2. Except as otherwise specifically provided in the Medical Staff Bylaws or this Fair Hearing and Appellate Review Plan, no practitioner shall be entitled to a hearing as a result of any action that is recommended or taken which is not related to the practitioner’s professional qualifications, competence or conduct, including but not limited to, the following:

a. Letters of warning, reprimand, censure or admonition;
b. Imposition of monitoring, proctoring, consultation or review requirements that do not restrict the practitioner’s ability to exercise professional privileges and is not reportable to the National Practitioner Data Bank;
c. Requiring provision of information or documents, such as office records, or notice of events or actions;
d. Imposition of educational or training requirements;
e. Placement on probationary or other conditional status;
f. Failure to place a practitioner on any on-call or interpretation roster, or removal of any practitioner from any such roster;
g. Appointment or reappointment for less than two years;
h. Continuation of provisional appointment;
i. The refusal to waive or extend the time for compliance with any requirement of these Bylaws;
j. Termination or refusal to reappoint for failure to comply with any objective requirement such as board certification or recertification, malpractice insurance coverage, licensure, faculty appointment, employment, or failure to meet any objective requirement imposed on all staff members that specific numbers of procedures be
performed to maintain or demonstrate clinical competence;

k. Any action that is not related to the practitioner’s professional conduct or competence and the action is not reportable to the state or the National Practitioner Data Bank, such as termination for failure to pay dues or assessments, denial of request for professional privileges because the hospital does not permit certain services or procedures to be performed in the hospital, or the hospital elects to enter into an exclusive contract for the provision of certain services. If any action is taken that does not entitle a practitioner to a hearing, the practitioner shall be offered the opportunity to submit a written statement or any information which the practitioner wishes to be considered. Such statement or information shall be included in the practitioner’s peer review records along with the documentation regarding the action taken.

1. Any action that is taken as an employment action by the practitioner’s employer and not as an action under these medical staff bylaws.

1.2.3. No individual 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 practitioner.

1.2.4. No practitioner shall be entitled to a hearing under this plan as a result of actions that are taken as employment actions by the practitioner’s employer.

1.2.5. Before requesting a hearing under this plan, the practitioner must submit a written request for reconsideration to the CCMO or senior vice president for medical affairs within fifteen (15) calendar days of written notice of adverse action or recommendation which gives rise to the hearing. The CCMO, senior vice president for medical affairs, or designee shall consult with the chief nurse executive or designee before issuing a response with respect to an advanced practice nurse. The CCMO, senior Vice President for Medical Affairs, or designee shall issue a written response within fifteen (15) calendar days. The written response shall state the action or intended action and charges or complaints that are the basis for the action. If the action that would have entitled the practitioner to hearing is modified so that no action entitling the practitioner to a hearing remains then the practitioner shall not be entitled to a hearing.

1.3. Request for Hearing. Except as may otherwise be specified in the Medical Staff Bylaws, any request for a hearing must be made in writing and delivered to Medical Staff Affairs within fifteen (15) calendar days after the practitioner receives written response from the CCMO, Senior Vice President for Medical Affairs, or designee stating that there remains an adverse action or recommendation which gives rise to a hearing.

Article II Hearing Process

2.1. Appointment of Hearing Committee Members.

2.1.1. Upon receipt of a request for a hearing, the CCMO, Senior Vice President for Medical Affairs, or designee shall assign to a subcommittee of the Hearing Peer Review Committee the responsibility to conduct the hearing, unless the CCMO or Senior Vice President for Medical Affairs or designee determines that conflicts preclude use of the Hearing Peer Review Committee, in which case the president may select another existing medical staff peer review committee to conduct the hearing. The CCMO or Senior Vice President for Medical Affairs shall designate the composition of the subcommittee and its chair and may augment the subcommittee with additional medical staff members who are not regular members of the peer review committee. The subcommittee shall be further augmented with at least two persons in the same discipline as the practitioner who requested the hearing. The hearing subcommittee shall have at least one member of the Medical Staff. When the practitioner requesting the hearing is an advanced practice nurse, the hearing subcommittee shall have at least two persons from the hospital’s department of nursing selected in consultation with the chief nurse executive or designee. The hearing subcommittee shall have not less than three members. There also may be appointed one or more alternate members of the hearing committee.

2.1.2. Any member of the hearing committee, including any alternate, who participates in the entire hearing, or reviews the transcript (or listens to the tapes) of any portions of the hearing for which the committee member was not in personal attendance, shall be permitted to participate in the deliberations and to vote on the
recommendations of the hearing committee. The hearing committee may make a recommendation as long as a majority of the panel members, including any alternates, have attended all the hearings or read the transcript of any hearings for which a panel member was not in personal attendance. A majority of the members of the hearing committee, including any alternates, shall constitute a quorum for purposes of conducting a hearing.

2.1.3. No person shall be a member of any hearing committee, or alternate, if that person has had any prior involvement in the specific clinical cases to be considered by the committee or is in direct economic competition with the practitioner involved or actively participated in the investigation or consideration of the adverse recommendation.

2.2. Notice to Practitioner of Hearing Date and Summary of Hearing Rights. At least fifteen (15) calendar days prior to the date scheduled for the hearing, a notice shall be sent to the practitioner advising the practitioner of the following:

a. The date, time and place of the hearing; and,
b. A summary of the practitioner’s rights in connection with the hearing.
c. The available documentary evidence against the practitioner.

2.3. At least five (5) calendar days prior to the hearing, the practitioner shall provide to the Medical Staff Office the following:

a. A statement setting forth the reasons why the practitioner contends that the adverse recommendation is unreasonable, inappropriate or lacks any factual basis, and
b. A copy of all documents the practitioner intends to introduce at the hearing.

2.4. No documents shall be submitted for consideration by the committee, which have not been disclosed in accordance with sections 2.2 and 2.3, unless the chair of the hearing subcommittee determines that any failure to disclose was unavoidable.

2.5. Rights of Practitioner

a. To present relevant documentary evidence and arguments concerning allegations and the action or proposed action.
b. To submit a written statement at the close of the hearing;
c. To receive a written recommendation, including the basis of the recommendation;
d. To receive a written final decision of the hospital, including the basis of the decision.

2.6. Witnesses. No witnesses shall be presented at the hearing other than the practitioner.

2.7. Chair of Subcommittee.

2.7.1. The chair of the subcommittee shall rule on all procedural matters at the hearing.

2.7.2. The chair shall have the authority to resolve all issues regarding scheduling of hearings, and shall have the authority to recess and reconvene the hearing, to impose time limits for presentations.

2.8. Burden of Proof. Whenever a hearing relates to the denial of a practitioner’s request for reappointment or modification of professional privileges, the practitioner need only be advised of the nature and source of the information upon which the adverse recommendation is based. In all cases the practitioner shall have the burden of proving by a preponderance of the evidence that the adverse recommendation or decision lacks any factual basis, or that the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. It shall not be a defense to any action or proposed action that different action has been taken in the past with regard to any other practitioner, and no evidence shall be introduced regarding actions taken or not taken with regard to other practitioners.

2.9. Report and Recommendations of Hearing Committee. Within fifteen (15) calendar days after final adjournment of the hearing, including receipt of all written submissions, the hearing committee shall deliver a written report to
the CEO, CCO, or designee and the president of the Medical Staff or designee stating in full its findings, the reasons and evidence upon which it based its findings, and its recommendations. The recommendations of the hearing committee need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of all reports and recommendations shall be delivered to the practitioner.

2.10. The CEO, CCO, or designee shall review the matter and, after consultation with the President of the Medical Staff or designee, shall make the final decision, subject only to appeal to the Board of Directors. The decision of the CEO, CCO, or designee shall be submitted in writing to the practitioner and the President of the Medical Staff. If the action that would have entitled the practitioner to hearing is modified so that no action entitling the practitioner to a hearing remains then the practitioner shall not be entitled to request a hearing. If the action remains one that would have entitled the practitioner to a hearing, the practitioner may request an appellate review by the Board of Directors by submitting a written request the Chair of the Board within fifteen (15) days of receipt of the decision of the CEO, CCO, or designee. The request shall specify the findings of fact, conclusions, or procedural matters with which the practitioner disagrees and the reasons for such disagreement. Failure to identify any findings of fact, conclusions, or procedural matters with which the practitioner disagrees shall constitute a waiver of those issues. The practitioner may not submit new information, nor evidence not previously considered by the hearing committee, except as may be requested or approved by the Chair of the Board of Directors.

2.11 The decision of the CEO or CCO shall be final if no timely request or appellate review is received.

Article III Appellate Review

3.1. Request for Appellate Review. The Chair of the Board of Directors or designee shall review any timely request for appellate review, the decision of the CEO, CCO, or designee and the report of the hearing subcommittee, and shall determine whether to grant a discretionary appellate. If the Chair of the Board of Directors grants discretionary appellate review, the matter shall be reviewed by the Board of Directors, or any Committee of the Board designated by the Chair of the Board (collectively referred to as the “Board”). The Board may request additional information from the hospital or the practitioner. If the practitioner fails to provide requested additional information, it shall be considered a waiver of appellate review. The Board shall review the request for appellate review, the decision of the CEO, CCO or designee, the report of the hearing subcommittee, and any additional information requested by the Board, and shall make a final decision within sixty (60) calendar days after the Chair grants discretionary appellate review. The written decision of the Board, including the reasons therefore, shall be provided to the CEO or CCO.

3.2. Standard of Appellate Review. Appellate review by the Board of Directors, or any Committee of the Board designated by the Board, shall be limited to determining whether the practitioner has established by clear and convincing evidence that:

a. There has been a substantial failure to comply with the bylaws during the course of the corrective action which has materially prejudiced the practitioner;

b. The recommendation is arbitrary or unreasonable; or,

c. The recommendation is not supported by any reliable evidence.

3.3. Notification of Board Action. The CEO or CCO shall notify the applicant, the Medical Board and chair of the appropriate department of the final action taken by the Board of Directors.

Article IV General Provisions

4.1. Timely Objections to Actions. In the event any practitioner has any objection to any action taken or procedures followed by the Hospital, the Medical Staff, or any individual or committee with regard to the consideration of any application for appointment or reappointment, any investigation, any corrective action, any hearing, or other action, the applicant or practitioner shall immediately state such objection and the reasons for the objection to the individual or body concerned in writing, or verbally if the objection arises during any recorded proceedings, in order to permit the Hospital to address the objection and take any corrective action the Hospital deems necessary. The
failure to give such notice of any objection shall be deemed to be a waiver of any such objection and consent to the procedures being followed or action being taken.

4.2. Presence of Practitioner. The practitioner shall be personally present at all hearings, except for good cause shown, and the failure of the practitioner to appear personally shall be a waiver of the right to a hearing.

4.3. Testimony of Practitioner. If the practitioner involved does not testify in his or her own behalf, the practitioner may be called and examined as if under cross-examination. The refusal of the practitioner to testify shall constitute a withdrawal of the request for a hearing, a waiver of any further rights to review, a failure to exhaust the remedies, and acceptance by the practitioner and agreement to the recommendations of the Medical Board.

4.4. Evidence and Testimony Requested by Hearing Committee. The hearing committee may receive and examine such exhibits as it deems appropriate on its own initiative, provided all parties involved shall be given reasonable notice of all exhibits to be examined by the committee and adequate opportunity to challenge or rebut such evidence.

4.5. Discovery. Except as specifically provided in this Fair Hearing and Appellate Review Plan, there shall be no right to conduct discovery in connection with any hearing and no practitioner shall be permitted access to any peer review records, medical records, minutes or other documents relating to any other practitioner, or any action taken or not taken with regard to any other practitioner. The practitioner requesting a hearing shall, however, be entitled to any documents relied on by the hearing subcommittee, CEO, CCO, or Board of Directors in making any recommendation or decision and, any documents to be introduced at the hearing, so long as the practitioner agrees in writing to keep all such documents confidential and not use them for any purpose other than in the hearing and appellate review proceedings. The production of such documents shall not constitute a waiver of any peer review protection for those documents or any other documents.

4.6. Rules of Evidence. Hearings need not be conducted according to technical rules of evidence relating to the admissibility or presentation of evidence and all evidence determined to be relevant and reliable by the hearing officer shall be considered. All testimony shall be presented under oath or affirmation.

4.7. Recording the hearing. Unless all parties agree otherwise, the hearing shall be recorded by a sound recording. Either party may have a court reporter record the proceedings. The record of the hearing need not be transcribed unless specifically requested and the person or body requesting the transcript shall be responsible for the cost of transcription.

4.8. Recess of Hearing. The hearing committee may recess any hearing to obtain further information.

4.9. Written Statement by Practitioner. The practitioner shall have the right to submit a written statement at the close of the hearing. Such statement shall be submitted within a reasonable time as established by the chair of the hearing subcommittee.

4.10. Failure to Make Request or Appearance. If any practitioner fails to make a required request or appearance within the time specified herein or otherwise fails to comply with procedures for hearing and review set forth herein, the practitioner shall be deemed to have waived all further rights hereunder and shall be deemed to have consented to the recommendations then under consideration.

4.11. Modification of Time Requirements. All time periods may be modified for good cause shown by the chair of the committee or body before which the case is currently pending.

4.12. Confidentiality and Privilege. All information received, notes, records, minutes, documents, or materials of any kind which are obtained, reviewed, or considered in connection with any matters considered or action or investigation taken pursuant to the Medical Staff Bylaws relating to Medical Staff membership and/or professional or clinical privileges shall be confidential and privileged, shall be confidential peer review documents and, to the extent permitted by law, shall not be admissible or discoverable in any legal proceedings, and shall be subject to all other protection afforded to such documents or proceedings by law.

4.13. Immunity. All practitioners and all those participating in or providing information to any department, section,
committee, hearing committee, officer of the Medical Staff, or others participating in the hearing and appellate review process shall, to the fullest extent permitted by law, not be liable for any actions taken or information provided in connection with the review, granting, or denial of professional privileges, or any other action taken pursuant to the Bylaws of the Medical Staff.

4.14. Closed Hearings. Hearings shall be closed unless the practitioner requests an open hearing (see Sec. 19.85, Wis. Stats.). If an open hearing is conducted, no patient names or identities shall be disclosed in the hearing. The hearing committee shall assign numbers for reference which all parties, representatives, witnesses, and the committee shall use.
Exhibit 3: Advanced Practice Providers

The following categories of health care professionals are eligible to apply for clinical privileges as Advanced Practice Professionals.

- Advanced practice nurse prescriber;
- Nurse practitioner;
- Physician assistant;
- Certified nurse midwife;
- Certified registered nurse anesthetist;
- Anesthesiologist assistant;
- Clinical psychologist.
Resolution

Conflict of Interest

Extension
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approving Change to the Code of Ethics on Conflicts of Interest

WHEREAS, the last of several contracts between the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) and employee unions ended as of January 2015.

WHEREAS, on and prior to January 2015, UWHCA’s Board-approved Code of Ethics on Conflicts of Interest (“COI”) required “all non-represented” (i.e., non-unionized) UWHCA employees to complete an annual report of outside interests and activities as part of UWHCA’s conflict of interest management program.

WHEREAS, on May 6, 2015, the UWHCA Board resolved that data gathering from 100% of employees (which requirement technically resulted from the elimination of unions at UWHCA) was not the intent of the Code of Ethics and was not warranted; and, further resolved a one year stay on gathering data from non-management employees (Attachment I).

WHEREAS, on July 1, 2015, UWHCA integrated with the University of Wisconsin Medical Foundation (“UWMF”), and a multiprong process of operationalizing that integration began in earnest. The COI processes of legacy UWMF, done in coordination with the University of Wisconsin School of Medicine and Public Health (“SMPH”) and legacy UWHCA were separate at that time and presently are separately operated.

WHEREAS, UWHCA and SMPH leaders are evaluating the viability of a joint UW Health / SMPH program for identifying outside interests and managing conflicts of interest. It was anticipated that a new integrated approach to COI would be presented to the Board not later than May 2017. However, this activity was not completed by the May 2017 date due to staffing changes.

WHEREAS, on May 26, 2016, the UWHCA Code of Ethics on Conflicts of Interest was amended such that the reference to “All non-represented employees” be stricken and replaced with “All managers and others as determined by UWHCA leadership”;

WHEREAS, on July 27, 2017, the Audit Committee recommended that the UWHCA Board adopt a resolution supporting continued exploration of a joint UW Health / SMPH program for identifying outside interests and managing conflicts of interest, and recognizing that a joint program would be presented for approval no later than July 2018; and

WHEREAS, until such time as a joint program is commenced, the UWHCA Board wants to continue the intent of the current approach to COI, but does not want to subject all employees to requirements that were originally intended only for management.

NOW, THEREFORE, BE IT RESOLVED, the UWHCA Board resolves that the effective immediately, UWHCA and SMPH leaders continue to evaluate the viability of a joint
UW Health / SMPH program for identifying outside interests and managing conflicts of interest. It is anticipated that a new integrated approach to COI would be presented to the Board not later than July 2018.
RESOLUTION OF THE BOARD OF DIRECTORS OF 
THE UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY 

APPROVAL OF CODE OF ETHICS ON CONFLICTS OF INTEREST 

Whereas, Wisconsin statute §19.45(11)(d) states “The board of directors of the University of Wisconsin Hospitals and Clinics Authority shall establish a code of ethics for employees of the authority who are not state public officials”; and, 

Whereas, the UWHC Code of Ethics on Conflicts of Interest (“COI Code”) was reapproved by the Board in February 2014; and, 

Whereas, Section 1.025(2)(b) of the COI Code requires that “all non-represented employees” of UWHC submit by April 30 of each year a report of specified outside activities; and, 

Whereas, over the past year the UWHC labor force has changed significantly in that now, for the first time, all employees are non-represented; and, 

Whereas, this change would require, under the technical language of Section 1.025(2)(b) of the COI Code, all employees of the UWHC to submit a report of outside activities; and, 

Whereas, the intent of Section 1.025(2)(b) was not to require all employees to submit a report of outside activities, but rather only those in a position to influence purchasing and operational decisions. 

Now, therefore, the UWHCA Board resolves that UWHCA management suspends this reporting requirement for a period of 12 months during which management will prepare and the Board will review/accept revisions to the COI Code. Via a separate and uninterrupted process, UWHCA would continue with an annual requirement that UWHCA Directors, Vice Presidents and select Purchasing staff report outside activities and income. 

May 6, 2015
Attachment

UWHCA Committee Membership
Committee Membership of
The University of Wisconsin Hospitals and Clinics Authority
Board of Directors

Relevant Excerpts from UWHCA Bylaws

ARTICLE IV: COMMITTEES

Section 4.1 Committee Designation. The Board shall establish an Executive Committee, a Finance Committee, an Audit Committee, an Executive Compensation Committee, and a Patient Safety and Quality Committee. In addition, the Board may establish other standing and special committees.

Section 4.2 Composition. The Chairperson shall appoint the members of committees, unless another method of selection for a particular committee is specified in these Bylaws or by resolution of the Board. Non-board members may be appointed to serve on committees of the Board of the Directors, unless these Bylaws or a Board resolution specifies otherwise. At least two members of each committee shall be members of the Board. One or more members of the medical staff shall be included on all committees appointed to deliberate issues affecting the discharge of medical responsibilities, except for Board committees, if any, reviewing medical staff appointment, reappointment, clinical privileges, or corrective action.

Executive Committee.

The Executive Committee shall consist of the following voting and non-voting members: (Voting members) the Chairperson, the Vice Chairperson, the UW-Madison Chancellor or designee, a chairperson of a Medical School clinical department, and a separate Authority Director; and (Non-voting members) the CEO, and three individuals nominated by the Foundation and elected by the Authority Board.

<table>
<thead>
<tr>
<th>Membership</th>
<th>Staff</th>
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</thead>
<tbody>
<tr>
<td>Chair Gary Wolter</td>
<td>Kelly Wilson, Secretary</td>
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<tr>
<td>Committee Chair</td>
<td>Patti Meyer</td>
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<tr>
<td>Vice Chair Dean Robert Golden</td>
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<tr>
<td>Chancellor Rebecca Blank</td>
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<td>Dr. Thomas Grist</td>
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<td>Senator Luther Olsen</td>
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<tr>
<td>Dr. Alan Kaplan (ex-officio, non-voting)</td>
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<tr>
<td>Patricia Brady (UWMF nominee, non-voting)</td>
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<tr>
<td>Dr. Richard Page (UWMF nominee, non-voting)</td>
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<tr>
<td>Dr. Jon Matsumura (UWMF nominee, non-voting)</td>
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</tbody>
</table>
Finance Committee

The Finance Committee shall consist of the Chairperson, the Vice Chairperson, and two or more additional persons appointed by the Chairperson. The CEO shall be an ex-officio member of the Finance Committee without vote.

Membership  
**Ken Mount, Committee Chair**  
Board Chair, Gary Wolter  
Board Vice Chair, Dean Robert Golden  
Andrew Hitt  
Janice Mueller  
Sen. Luther Olsen  
Rick Page, MD  
Lisa Reardon  
David Ward  
Alan Kaplan (ex-officio, non-voting)

Staff  
Kelly Wilson, Secretary  
Bob Flannery

Audit Committee

The Audit Committee shall consist of the Chairperson, the Vice Chairperson, the CEO, and two (2) or more other persons appointed by the Chairperson.

Membership  
**Fritz Wenzel, Committee Chair**  
Board Chair, Gary Wolter  
Board Vice Chair, Dean Robert Golden  
John Litscher  
Ken Mount  
Sen. Luther Olsen  
Kathleen Shannon, MD  
David Ward  
Dr. Alan Kaplan (ex-officio, non-voting)

Staff  
Kelly Wilson, Secretary  
Robert Flannery

Executive Compensation Committee

The Executive Compensation Committee shall consist of the Chairperson, the Vice Chairperson, and two (2) or more other independent members of the Board appointed by the Chairperson. “Independent” shall mean that the member (a) is not an officer or employee of an entity (except the State of Wisconsin or an agency of the State of Wisconsin) that has any contract with the Authority, unless the Board unanimously approves an exception after full disclosure, and (b) is not an employee of the Authority, the Foundation, the University of Wisconsin-Madison (except the Chancellor), or any organization representing such employees.

Membership  
**Board Chair, Gary Wolter**  
(Committee Chair)  
Board Vice Chair, Dean Robert Golden

Staff  
Elizabeth Bolt, Assistant Secretary
Patient Safety and Quality Committee

The Patient Safety and Quality Committee shall consist of at least three members of the Board of Directors appointed by the Chair of the Board, the Chief Executive Officer, the Chief Medical Officer, the Associate Chief Medical Officer (Inpatient), the Associate Chief Medical Officer (Ambulatory), the Senior Vice President and Chief Nursing Officer, the President of UW Hospitals/Chief of Clinical Operations, the Chair of the Council of Chairs, the President of the Medical Board, the Foundation President, the Chief Population Health Officer, a faculty representative appointed by the Foundation Board of Directors, and two Patient and Family Advisors appointed by the Patient and Family Advisory Council. Other Vice Presidents and Senior Vice Presidents appointed by the CEO shall be ex-officio members without vote. In addition, each member of the Board of Directors is encouraged to attend at least one Patient Safety and Quality Committee meeting each year and, when in attendance, shall be a member of the committee with vote.

Membership
Pablo Sanchez, Chair
Florence Chenoweth
Ann Sheehy
Dr. Chris Green
Dr. Tom Grist
Dr. Nizar Jarjour
Beth Houlanah, RN
Dr. Jonathan Jaffery
John Litscher
Dr. Pete Newcomer
Dean Linda Scott
Ann Sheehy
Ron Sliwinski
Peggy Zimdars
Vacant – (UWMF Faculty Representative)
Barb Byrne (non-voting)
Dr. Michael Garren (non-voting)
Deb Ankowicz (non-voting)
Dr. Jason Lai (non-voting)
Crosby Reuvers (non-voting)
Dr. Thomas Schiller (non-voting)
Vacant - (Resident Representative – non-voting)

Staff
Betsy Clough
Dr. Jeff Pothof
Sue Rees
Amy Topel
Mary Link, Assistant Secretary
Attachment

UW Health
Organizational
Scope of Service
**Main Campus**  
University Hospital and American Family Children's Hospital (UH and AFCH)  
600 Highland Avenue  
Madison, WI 53792

**Remote Hospital Campus**  
UW Health at The American Center  
4602 Eastpark Blvd.  
Madison, WI 53718

**UW Health Mission Vision and Values** – UW Health is the integrated health system of the University of Wisconsin-Madison and serves more than 600,000 patients in the Upper Midwest and beyond. UW Health is governed by the University of Wisconsin Hospitals and Clinics Authority and partners with the University of Wisconsin School of Medicine and Public Health to fulfill shared missions of patient care, research, education and community service.

Mission: Advancing health without compromise through service, scholarship, science and social responsibility.

Vision: Working together, UW Health will be a national leader in health care, advancing the well-being of the people of Wisconsin and beyond.

**Values**
- Excellence
- Innovation
- Compassion
- Integrity
- Respect
- Accountability

**Major Clinical Treatment Programs**
- **UW Carbone Cancer Center (UWCCC)**  
  As the only comprehensive cancer center designated by the National Cancer Institute in Wisconsin, UWCCC is recognized throughout the Midwest and nation as one of the leading innovators in cancer research, quality care, and active community involvement.

- **American Family Children’s Hospital (AFCH)**  
  A comprehensive pediatric medical and surgical hospital within UW Hospital and Clinics, nationally known for treatment of children’s lung diseases, childhood cancer and other pediatric specialties.

- **Critical Care**  
  Wisconsin’s only Level One trauma center for both pediatric and adult trauma centers and burn unit; including a pediatric intensive care unit; cardiac and medical intensive care units, on-site facilities include fully equipped emergency department; Med Flight critical care air transport service and the Children’s Hospital Emergency Transport Ambulance (CHETA)
UW Health Organizational Scope of Service
Joint Commission Accredited Sites

- **Organ Donation and Transplantation** Transplant at UW Health is one of the world's foremost organ transplant programs. UW Health physicians are recognized experts in their field, providing care to patients in heart, lung, kidney, liver, pancreas, intestine, islet cell and pediatric transplant programs. The UW Organ and Tissue Donation service is recognized as one of the most successful organ procurement programs in the nation.

- **Heart, Vascular and Thoracic Care** Comprehensive program of prevention, expert diagnosis and treatment of full spectrum of heart, vascular and thoracic diseases.

- **Neurology and Neurosurgery** Provides comprehensive consultation, evaluation and treatment of neurological disorders and provides comprehensive neurosurgical consult and surgical services. Advanced certification as a Comprehensive Stroke Center by The Joint Commission. Other programs include brain tumor, epilepsy, movement, multiple sclerosis, neuromuscular disorders, spine, functional and restorative neurosurgery, and children’s neurology and neurosurgery.

- **Orthopedics and Rehabilitation** Provides a broad spectrum of state-of-the-art, of adult and childhood musculoskeletal disorders. Programs include joint replacement, spinal fusion, sports and rehabilitative medicine

- **Home Health Agency** Medicare certified agency provides skilled nursing, PT, OT, speech, and home health aide visits to homebound patients in Dane County (located at 2030 Pinehurst Drive, Middleton, WI).

- **Outpatient Clinics** UWHC has outpatient clinics providing a wide variety of clinical care services, including, but not limited to: internal medicine, OB/GYN, oncology, urology, allergy, dermatology, surgery, transplant, orthopedics, adolescent alcohol and drug abuse assessment, infectious disease, and infertility.

**Clinical Units and Locations at University Hospital**

- **Hemodialysis** (inpatient adult, inpatient/outpatient peds) ........................................ C5/3
- **Infusion Center** ........................................................................................................ C5/3
- **Inpatient Preventative Cardiology** ........................................................................... D4/5
- **Heart Station** (ECG and other heart rate monitoring) ............................................ E5/6
- **Heart and Vascular Procedure Center** ................................................................. F6/3**
- **Heart and Vascular Care, Non-invasive Diagnostic Testing Lab** ......................... G3/4
- **Neurodiagnostics** .................................................................................................... J5/2
  - EEG (Electroencephalography Evoked Potentials)
  - EMG (Electromyography)
  - NCS (Nerve Conduction Study)

- **Nursing Inpatient Units** **
  - American Family Children’s Hospital
    - P4 – Hem/Onc, Neurosciences, ENT, Plastic-reconstructive (4th Floor)
    - P5 – Pediatric Medical Surgical Unit (5th Floor)
    - Pediatric Intensive Care Unit (PICU), (4th Floor)
    - Neonatal Intensive Care Unit (NICU) (8th Floor)
    - P8 – Universal Care Unit (8th Floor)
  - B4/3—Burn
  - B4/4— Under renovation for Trauma IMC (tentative opening November 2017)
  - B4/5—Cardiothoracic Surgery & Transplant, acuity adaptable, including ICU
  - B4/6—Kidney, Liver, Pancreas Transplant
  - B6/3—Trauma Life Center (TLC)
UW Health Organizational Scope of Service
Joint Commission Accredited Sites

- B6/4—Orthopedics
- B6/5—Psychiatry
- B6/6—Oncology (Hematology, Bone Marrow Transplant, and Palliative Care)
- D4/4—General Medicine
- D4/5—Heart and Vascular Progressive Care Unit
- D4/6—Family Practice /Forensics
- D6/4—Neuroscience Services (Neurology, Neurosurgery, Ophthalmology)
- D6/6—CTRC Clinical and Translational Research Core
- D6/5—Medical Progressive Care
- E5/7—Critical Care Transport (Med Flight)
- E1/2—Emergency Department
- E3/3—Radiology Prep and Recovery
- F4/4—Surgical Trauma with IMC
- F4/5—Cardiology General and Intermediate Care
- F4M5—Cardiac Medical Intensive Care
- F4/6—General Surgery
- F6/4—Care Initiation Unit
- F6/5—General Medicine/Geriatrics
- F6/6—Gynecology, Urology, Plastic Surgery, ENT Surgical Services
- F8/4—Neuroscience ICU
- Central Float, Per Diem & Agency, & SOS

- Radiology/Imaging
  - AFCH ................................................................. 1st & 2nd Floor
  - Angio/Neuro/Interventional................................. D4/3, G3/3, & AFCH**
  - Bone Mineral Density ........................................ D4/3
  - CT ........................................................................ E3/3**
  - Carotid Doppler .................................................. F2/3
  - Emergency Department .......................................... E1/2**
  - Diagnostic Radiology (X-ray) ................................. D4/3
  - GI/GU .............................................................. G3/3 & AFCH**
  - Inpatient Mammography ...................................... G3/3
  - IVU ..................................................................... G3/3**
  - MRI ................................................................. E1/3, F2/3 & AFCH **
  - Mammography, Breast US ................................... G3/1
  - Musculoskeletal ................................................... H4/2
  - Myleogram .......................................................... G3/3 **
  - Nuclear Medicine .................................................. E1/3 **
  - CT (PET moved July 2015) ................................... K4/1B **
  - PET (July 2015) ................................................... AFCH Imaging Pavilion**
  - Ultrasound ........................................................ F2/3 & AFCH **

- Laboratory Services – accredited by CAP or TJC
  - Phlebotomy services are performed on the inpatient and outpatient areas of UWHC/AFCH, East and West Clinics, Digestive Health Center, University Station Clinic, University Health Service, Comprehensive Cancer Center.
  - Surgical Pathology is located in Wisconsin Institutes for Medical Research (WIRM) B1764.
  - Nerve & Muscle Biopsy is located in WIMR B1707A
  - Autopsy is located in WIMR B1715.

** Sedation site / ^ High level disinfection and sterilization site
Cytopathology is located in D4/259.

Transfusion Services: University Hospital C7/3 module; UW Health at The American Center

Stem cell processing is performed in the H4/5 module.

Analytical testing services are performed in the University Hospital Main Laboratories (B4/2, C5/2, D4/2, H4/4, H4/6 modules), East Clinic, West Clinic, Digestive Health Center, University Station Clinic, University Health Services, AFCH Pediatric Intensive Care Unit (blood gas analysis performed by respiratory therapists under the main laboratory license), and UW Health at The American Center

Point of Care provided at the following locations:
- Main campus CSC – 600 Highland Ave
- Special Derm – 1300 University Ave
- Digestive Health Center – 750 University Row
- East Clinic – 5249 East Terrace Drive
- Home Health – 2040 Pinehurst
- Middleton Rehab Clinic – 6630 University Drive
- Research Park Clinic – 621 Science Drive
- West Clinic – 451 Junction Road
- U-Station Clinic – 2880 University Avenue
- UW Health at The American Center – 4602 Eastpark Blvd

Surgical Services ................................................................. D6/3 ^
- Inpatient Operating Rooms & PACU............F8/3, E7/3, D6/3, F2/3, E/53 ** ^
- Outpatient Surgery Center .................................................. F6/2, D6/2 ** ^
- First Day Surgery Unit ......................................................... F4/3
- Outpatient Surgery Center – Ambulatory Care Unit / PACU .............. 1st Floor
- AFCH Hybrid OR ............................................................... 1st Floor
- AFCH Surgical Services .................................................. 3rd Floor ** ^

Ambulatory Procedure Center .................................................. C5/2 ^
- (GI procedures, urology procedures, and Lithotripsy ) **

University Hospital Ambulatory Clinics:
- American Family Children’s Hospital
  - Diagnostic and Therapy Center **
  - Pediatric Specialties Clinics – Multi-specialty clinics ^
- Breast Center ................................................................. G3/1
- Cancer Clinics ................................................................. J3/2
  - (Oncology, Hematology, Bone Marrow Transplant, Chemotherapy)**
- Cancer Clinics ................................................................. J3/1
  - Gyn Oncology, Medical Oncology
- Gynecology ................................................................. B6/2
- Heart and Vascular .......................................................... G3/4
- Heart and Vascular Procedure Center ......................... F6/3
- Infectious Disease & Immunology/HIV ......................... B6/2
- Neurology and Pediatric Neurology ................................. K6/2
  - (Adult & Pediatrics General Neurology, Stroke, Epilepsy, Neuromuscular, Multiple Sclerosis, Movement Disorders)
- Orthopedics and Cast Room .......................................... H4/2
- Otolaryngology ............................................................. G3/2 ^
UW Health Organizational Scope of Service
Joint Commission Accredited Sites

- Pulmonary ................................................................. B6/2
- Radiotherapy & Paratherapy ........................................... K4/B **
- Rehab OT Hand Clinic & Ortho PT .............................. E3/2
- Surgery clinics ............................................................ F4/2
  - (Bleeding Disorders, General, Dental, Burn, Neurosurgery, Thoracic, Plastic, and Pre-operative Work Up Program)
- Transplant & Podiatry ................................................ G7/1**
- Urology ........................................................................ D6/2**

- Pharmacy Services – Central Pharmacy F6/133
  - Inpatient acute care
  - Comprehensive Cancer Center
  - Ambulatory primary care and specialty clinics
  - Perioperative care areas
  - Emergency Department
  - Infusion Center
  - CSC Retail Pharmacies:
    - UW Health Outpatient Pharmacy ......................... E5/230
    - UW Health Oncology Pharmacy ............................ K4/213
    - UW Health Children’s Pharmacy ......................... Room 1338

UW Health at The American Center – Clinical Units and Locations
4602 Eastpark Blvd.
Madison, WI 53718

West Wing
- Overnight Care: ......................................................... 4th and 5th Floors**
  - 56 inpatient medical & surgical rooms (28 – 4th floor, 28 – 5th floor)

- Surgical Services and Emergency Department .......... 1st Floor ** ^
  - 14 operating rooms
  - 14 bed PACU
  - Universal Care Unit: 48 multipurpose rooms including care for patient arriving through the Emergency Department and Pre/Post operative care…… 1st floor

- Imaging ........................................................................ 1st floor
  - Diagnostic Radiology (X-ray) – 1st and 2nd Floors
  - CT
  - MRI **
  - Nuclear Medicine
  - Multipurpose room
  - General Ultrasound
  - Echo vascular ultrasound

- Laboratory Services: Transfusion / blood bank, analytical testing, point of care testing (see Lab section above).

- Inpatient Pharmacy Services

Center Wing-Ambulatory Clinics ........................................ 1st and 2nd floor
UW Health Organizational Scope of Service
Joint Commission Accredited Sites

Hours of Service: 7:30 am to 6:00 pm, Monday - Friday
Services Provided: Primary and specialty care clinics (bariatrics and weight management, cardiology, integrative medicine, general surgery, hernia care, neuro spine, orthopedics, urology and cystology, plastic and reconstructive surgery), pharmacy, laboratory, radiology (diagnostic radiology) and retail pharmacy.

East Wing-Sport Performance and Wellness.................................1st and 2nd floor
Hours of Service: 5:45 am to 8 pm, seven days per week
Services Provided: Physical and occupational therapy, wellness and sports performance, cardiac rehabilitation, demonstration kitchen, nutrition, orthotics, health psychology, and integrative medicine.

Ambulatory Services Off Hospital Campuses:

1. Adolescent Alcohol/Drug Assessment and Intervention Program
   122 Olin Ave. Suite 275
   Madison, WI 53713
   Hours of Service: 8:30 a.m. – 6:00 p.m. Monday – Thursday; 8:30 a.m. – 12:00 Friday; 24 hour on call coverage to UWHC.
   Services Provided: Screening; assessment; brief intervention; referral to treatment; treatment for mental health and substance use disorders for adolescents and their families.

2. Digestive Health Center* ^
   750 University Row
   Madison, WI 53705-1311
   Hours of Service: 7:00 am – 5:00 pm, Monday – Friday.
   Services Provided: Colorectal Surgery Clinic, Gastroenterology and Hepatology Clinic, GI Procedures Clinic; Multidisciplinary rounds; Anesthesiology, Radiology, Lab, Pharmacy services.

3. East Clinic ^
   5249 East Terrace
   Madison, WI 53704
   Hours of Service: Clinic hours are 8:00 a.m. – 5:00 p.m.; pharmacy 8:30 a.m. – 6:00 p.m. on Monday – Friday.
   Services Provided: primary and specialty care clinics (internal medicine, geriatrics, pediatric ophthalmology, rehabilitation medicine, allergy, diabetes/endocrine, pediatric diabetes/endocrine, rheumatology, dermatology, Mohs surgery, pediatrics, podiatry, uro-gynecology, gastroenterology, mental health) and radiotherapy, pharmacy, laboratory, radiology (mammography, diagnostic radiology, CT, and US), nutrition, learning center services, and retail pharmacy. Home Health DMEPOS.

4. Hand and Upper Extremity Clinic
   1. South Park Street
      Madison, WI
      Hours of Operation: 8:00 a.m. – 4:30 p.m. Monday – Friday
      Services Provided: Hand and Upper Extremity Rehabilitation occupational therapy services
5. Kidney Clinic
   3034 Fish Hatchery Road
   Madison, WI 53713
   **Hours of Service:** 8:00 a.m. – 5:00 p.m. Monday - Friday
   **Services Provided:** Specialty care medicine service for pre-end stage kidney disease.

6. Oakwood Village Geriatric Clinic
   6201 Mineral Point Road
   Madison, WI 53705
   **Hours of Service:** Hours vary per week, generally three half days
   **Services Provided:** Geriatric primary care.

7. Orthotics Clinic
   6220 University Ave.
   Middleton, WI 53560
   **Hours of Service:** 8:00 a.m. – 4:30 p.m.
   **Services Provided:** Orthotics clinic – Home Health accreditation for DMEPOS only

8. UW Health Pain Management Clinic (opened January 2017)
   1102 Park Street, 3rd Floor
   Madison, WI 53715
   **Hours of Service:** 8:00 – 5:00 Monday - Friday
   **Services Provided:** Pain management services and treatment including high risk medications and invasive procedures; ultrasound imaging.

9. Rehabilitation Clinics
   6630 University Ave.
   Middleton, WI 53705
   **Hours of Service:** 8:00 a.m. – 5:00 p.m. Monday - Friday
   **Services Provided:** Rehabilitation medicine physician clinics: physical, occupational, and speech therapy services; and orthotics laboratory.

10. Research Park Clinics
    621 Science Drive
    Madison, WI 53711
    **Hours of Service:** Clinics and other clinical services 7:00 a.m. – 5:00 p.m. Monday – Friday.
    **Services Provided:** Specialty care clinics in Integrative Medicine, Pediatric Fitness, Spine, and Sports Medicine; Cardiology; Exercise Science Laboratory; Fitness Center; Health Psychology; Integrative Medicine Services (i.e. acupuncture, massage, etc.); Nutrition; Orthotics; Preventive Cardiology; Spine Physical Therapy, Sports Rehabilitation (physical therapy and athletic training) and Radiology services (CT, MRI, X-Ray, and Ultrasound).

11. Special Dermatology Lab
    Medical Science Center
    1300 University Avenue, Lab #457
    Madison, WI 53706
UW Health Organizational Scope of Service
Joint Commission Accredited Sites

Hours of Service: May vary; 8:00 am – 5:00 pm Monday - Friday
Services Provided: Molecular Laboratory only

12. Union Corners Physical Therapy (opened December 2016)
   Hours of Service: 8:30 – 5:00 Monday - Friday
   Services Provided: Physical Therapy

13. University Station Clinic
    2880 University Ave.
    Madison, WI 53705
    Hours of Service: 8:00 a.m. – 5:00 p.m. Monday - Friday, Eye clinics open until 7:30 p.m. on Thursday, Pediatric clinics open 8:00 a.m. – 4:30 p.m. (peds after hour clinic 5:30 p.m. – 8:30 p.m. M-F and 8:00 am. – 3 p.m. S-S.)
    Services Provided: Primary (internal medicine, pediatrics, and geriatrics) and specialty clinics (pediatric and adult ophthalmology), laboratory, radiology services, pharmacy, nutrition, and retail pharmacy.

14. UW Health Home Care Services
    2030 Pinehurst Drive
    Middleton, WI 53562
    Hours of Service (office): 8:00 – 4:30 Monday - Friday
    Services Provided: Skilled nursing, physical therapy, occupational therapy, speech therapy, home health aides, home medical equipment and supplies, and respiratory support.

15. Waisman Center
    1500 Highland Ave.
    Madison, WI 53705
    Hours of Service: 8:00 a.m. – 4:30 p.m. Monday – Friday.
    Services Provided: Specialty pediatric services including child development, cerebral palsy, genetics, spasticity, and biochemical genetics.

16. West Clinic *
    451 Junction Road
    Madison, WI 53717
    Hours of Service: 8:00 a.m. – 5:00 p.m. Monday – Friday; pharmacy 8:00 a.m. – 5:30 p.m. Monday – Friday.
    Services Provided: Primary and specialty care clinics (internal medicine, Women’s health, osteoporosis, optometry, diabetes/endocrine, rheumatology and arthritis, dermatology, Mohs surgery, urology, OB/GYN, midwifery, nutrition, GI/Liver disease, pediatric and adolescent medicine, pediatric diabetes, allergy), bone density testing, ECG, laboratory, pharmacy, and radiology services (Mammography, X-ray, and BMD), learning center, retail pharmacy, and physical therapy.

17. Yahara Rehab Clinic
    1050 East Broadway
    Monona, WI 53716
    Hours of Service: 7:00 am – 5:00 pm M-F
    Services Provided: Physical Therapy, General Orthopedic Therapy Clinic

** Sedation site / ^ High level disinfection and sterilization site
Other UWHC Clinical Support Services

- CareWear
- Central Services
- Child Life
- Clinical Laboratories
- Clinical Nutrition Services
- Coordinated Care and Case Management
- ECMO
- Employee Health
- Environmental Services
- Family Resource Center
- Food Services
- General Medical Education
- Health Information Management
- Human Resources
- Infection Control
- Information Technology Services
- Interpreter Services
- Learning Center
- Medical Staff
- Patient Relations
- Pharmacy
- Plant Engineering
- Respiratory Care
- Safety / Emergency Management
- Security
- Social Work
- Spiritual Care Services
- Volunteer Services
- Quality improvement and patient safety
- Patient and family experience
- Center for Clinical knowledge management
Resolution

UW Health ACO, Inc.
Approval of
Additional Directors and
Additional Officer
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approval of Additional Directors and Additional Officer of UW Health ACO, Inc.

July 27, 2017

WHEREAS, Meriter Hospital, Inc. d/b/a UnityPoint Health – Meriter (“UPH-M”) will be joining UW Health ACO, Inc. (the “ACO”) as a participant pursuant to a participation agreement to be entered into between the ACO and UPH-M; and

WHEREAS, in connection with UPH-M’s participation in the ACO, the ACO and UPH-M have agreed that two representatives of UPH-M shall be appointed to the Board of Directors of the ACO (the “ACO Board”); and

WHEREAS, management of the ACO has determined that it is in the best interests of the ACO for a new Vice President to be named as an officer of the ACO; and

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (the “Authority”) is the sole member of the ACO; and

WHEREAS, Section 3.1(a) and Section 4.1 of the ACO Bylaws require that members of the ACO Board be nominated by the ACO Board and presented to the Board of Directors of the Authority (the “Authority Board”) for approval; and

WHEREAS, Section 4.1(a) of the ACO Bylaws require that no less than seventy-five percent (75%) of the total members of the ACO Board (excluding the Beneficiary Director and Consumer Advocate Director (as defined in the ACO Bylaws)) shall be selected from ACO Participants (as defined in the ACO Bylaws) and no less that fifty percent (50%) of the ACO Board will be composed of practicing physicians; and

WHEREAS, the ACO Board met on July 7, 2017 to review and approve the recommendation of ACO management that Dr. Thomas Bugliosi (“Dr. Bugliosi”) and Dr. Farah Khan (“Dr. Khan”) be nominated to the ACO Board as an ACO Participant and practicing physician participant, respectively; and

WHEREAS, the ACO Board passed a resolution accepting the recommendation that Dr. Bugliosi and Dr. Khan be appointed to the ACO Board, effective upon UPH-M becoming a participant in the ACO and subject to the approval of the Authority Board; and

WHEREAS, Section 3.1(b) of the ACO Bylaws require that the officers of the ACO be recommended by the ACO Board, subject to approval by the Authority Board;
WHEREAS, the UW Health ACO, Inc. Board met on July 7, 2017 to review and approve the recommendation of ACO management that Ms. Sarah Valencia (“Ms. Valencia”) be elected as a Vice President of the ACO;

WHEREAS, on July 7, 2017, the ACO Board passed a resolution accepting the recommendation that Ms. Valencia be elected as a Vice President of the ACO subject to and effective upon approval by the Authority Board;

WHEREAS, the Authority Board has received and considered the recommendations by the ACO Board that Dr. Bugliosi and Dr. Khan be named to the ACO Board effective upon UPH-M becoming a participant in the ACO and that Ms. Valencia be elected as a Vice President of the ACO.

NOW, THEREFORE, BE IT RESOLVED, that pursuant to its reserve powers under Article 3.1(a) of the ACO Bylaws, the Authority Board hereby approves the appointment of the following individuals as Directors of the Corporation, effective upon UPH-M’s inclusion as a participant in ACO:

Thomas Bugliosi, MD
Farah Khan, MD

each of them to hold office until the expiration of his respective term or until the election and qualification of his successor or until his earlier resignation or removal in accordance with the ACO Bylaws;

FURTHER RESOLVED, that pursuant to its reserve powers under Article 3.1(b) of the ACO Bylaws, the Authority Board hereby appoints the following individual as an officer of the Corporation, effective immediately:

Vice President Sarah Valencia

such person to hold office until the next annual election of officers of the ACO or until her prior death, resignation or removal;

FURTHER RESOLVED, that the officers and directors of the ACO be and each is hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolutions and any and all acts heretofore taken by the officers and directors of the ACO in connection with the foregoing resolutions are hereby ratified and confirmed.
Attachment

Sarah Valencia (UPH-M)
ACO, Inc. - Vice President
Sarah Valencia joined UnityPoint Health – Meriter as Organized System of Care Director in February 2017. Sarah has more than ten years of experience in ambulatory care and a strong background in process improvement, new program development, and management principles / practices. In her current role, Sarah oversees results across the continuum of care to identify and coordinate resources that facilitate data-driven decision making. She also works to identify service and provider gaps, with the intent of building successful relationships and advancing network development. Sarah is a valued resource regarding value-based contracts and bundles.

Sarah was most recently employed at Access Community Health Centers in Madison where she served as Director of Medical and Patient Services. She co-led the NCQA Patient Centered Medical Home Level Three Recognition, developed Patient Centered Medical Home staff levels and provider templates, and successfully led the organization’s Affordable Care Act Initiative.

Sarah received her Master’s of Science degree in Social Work from the University of Wisconsin – Madison, and her Bachelor of Arts degree in Social Work from Carroll University in Waukesha, WI. Sarah stays connected to UW-Madison by serving as an adjunct instructor for the School of Social Work.

In her free time, Sarah enjoys gardening, traveling and spending time with her husband and teenage daughter.
Attachment

Thomas Bugliosi, MD (UPH-M) ACO, Inc. Board Member
Dr. Bugliosi is currently the Medical Director of the Hospitalist Program and Chair, Department of Hospital Medicine at Meriter-Unity Point Health Hospital in Madison, Wisconsin. He is board certified and has extensive clinical experience in internal medicine and emergency medicine having practiced in both academic and non-academic settings. His clinical experience spans the spectrum from office based traditional primary care to emergency medicine and, for the past 7 years, hospital medicine giving him a unique view of the healthcare continuum.

Dr. Bugliosi received his BA from the University of St Thomas in St. Paul, MN and his MD from the Mayo Medical School in Rochester, MN. He completed an Internal Medicine Residency as well as an Emergency Medicine Fellowship at the Mayo Graduate School of Medicine before joining the staff of the Mayo Clinic where he worked for 15 years as a member of the Department of Internal Medicine and later, the Department of Emergency Medicine, with an academic rank of Assistant Professor in both. He is a Fellow of the American College of Physicians and the American College of Emergency Medicine.

Dr. Bugliosi holds an MBA from the University of St. Thomas in St. Paul, MN and has held a number of leadership positions in medicine and the medical device industry, primarily centered around patient safety.
Attachment

Farah Khan, MD (UPH-M)
ACO, Inc. Board Member
Farah Khan, MD is a Board Certified Family Physician. She is a graduate of the University of Zambia School of Medicine in Lusaka, Zambia. Dr. Khan completed her residency training from New York Medical College Family Medicine Residency Program at St. Joseph’s Medical Center in Yonkers, New York in 2011.

She joined Unity Point Health Meriter a little over a year ago where she is a full-time Family Physician; in addition to her roles as Lead Physician of the Deforest Windsor Clinic; Unity Point Health–Meriter Board Quality of Healthcare Committee member and Unity Point Health Quality & Clinical Integration Council member.

In her previous practice at Piedmont Health Services; Scott Community Health Center, Burlington, North Carolina, Dr. Khan led Process and Quality Improvement initiatives, which included the implementation of the Team Based Care model; redesigning the work flow to decrease practitioner burnout; and optimization of operational and quality processes to meet standards for Patient Centered Medical Home (PCMH) Level III certification.

Dr. Khan believes in having a good work-life balance and loves to spend time with her husband and 4-year-old son. They enjoy traveling, swimming and trying different cuisines.
UW Health’s Information Security Program

Paul VanAmerongen
VP/Chief Information Security Officer
Topics

- Introduction
- Assessment
- Roadmap
- Integration
- What Keeps Me Awake
Introduction

- New position
  - “Security is a strategic enabler”
  - Security is a focus that needs more visibility
- Paul VanAmerongen
  - Healthcare background
  - Academic background
  - Organizational risk focused
Assessment

• High Level Assessment
  – People, Process, and Technology
  – NIST Cybersecurity Framework (CSF)

• Security was seen as a barrier to achieving organizational goals
  – Lack of foundational policies, processes, technologies, and personnel
  – Lack of visibility and detection methods
  – Requests exceeded capabilities
Focus on business enablement by doing the “right things” for our patients

4 Process Improvement Areas:
- User Interfaces
- Risk Management
- Technology Consulting
- Vulnerability and Response

5 year plan w/3 year reassessment
Integration

• Enterprise level
  – Requirements
  – Controls
  – Processes
  – Tools
• Confidentiality, Integrity, Availability
• Business Enablement
  – Inclusive, Visible, Transparent
What Keeps Me Awake

- Cybersecurity
  - Ransomware
  - Spear phishing
- Unintended Breach
- User Unawareness
Questions?

Paul VanAmerongen
VP/Chief Information Security Officer
UW Health
pvanamerongen@uwhealth.org
Report on InnTowner, LLC
Best Western PLUS InnTowner Madison

Liz Douglas, PE
Vice President, Facilities and Support Services

Shawn Arneson
Director, Guest and Valet Services
Why did UWHCA purchase the hotel?

• Support patient and family experience
  – Provide easier and more reliable access
  – Control the cost of accommodation
  – Meet the needs of regional patients

• Enhance service for patient care programs

• Discharge patients to InnTowner to address “avoidable inpatient days”

• Ownership of valuable property asset
Mission

To support our patients and families by enhancing accessibility to UW Health and ensuring safe, clean hotel rooms are available during peak hotel season.

We will also support the healthcare mission of ensuring, with special consideration, the best possible patient-care experience and outcomes.
Goals

• Increase the revenues for the core hoteling business
• Decrease inpatient stays that are not medically necessary
• Support the best possible patient-care outcomes for regional patients
• Simplify the process of coordinating hotel arrangements
Best Western PLUS InnTowner Madison at time of purchase in 2012
InnTowner as it looks today!
$4.0 Million invested; UW Health funded $1.9 Million, remainder funded from InnTowner, LLC.
FY2017 Inpatient Avoidable Days

• Estimated at 570 room nights
  – Organ Transplant 280 room nights
  – Bone Marrow Transplant (BMT) 140 room nights
  – Other programs 150 room nights
• Starting July 2017, the BEAM Bone Marrow Transplant program
  – Estimated at 140-175 room nights per year
Service to the UW Health Community

- Support the Ronald McDonald House with capacity management - 548 room nights
- Support UW Health employees with lodging in time of need – 160 room nights
- Support staff relocation with temporary housing at reduced room rate
- Expanding to serve UPH-Meriter patients
Fulfilling the Patient- and Family-Centered Care Vision
Room Night Analysis

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<tr>
<th>FY</th>
<th>UW Health Program Room Nights</th>
<th>Patient Housing Room Nights</th>
<th>Non-UW Health Room Room Nights</th>
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<td>Projected FY18</td>
<td>14,543</td>
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</table>

Legend:
- UW Health Program Room Nights
- Patient Housing Room Nights
- Non-UW Health Room Room Nights
Into the Future

- Increase week night room block to support patients and families, from 40 to 45 rooms/night
- $1.2 Million in capital improvements planned for FY2018, including
  - $750,000 ADA-Compliant Suites on First Floor
  - $100,000 Parking Lot Refinish
  - $330,000 Exterior Upgrades
  - $ 55,000 Pool Upgrades
- Cash on Hand $2.2 million
An Exceptional Patient Experience

4.5 (45 out of 50)

862 reviews

- Excellent: 58%
- Very Good: 28%
- Average: 9%
- Poor: 3%
- Terrible: 2%

Travelers talk about:

- "uw hospital" (89 reviews)
- "shuttle service" (69 reviews)
- "inn towner" (17 reviews)
Trip Advisor Reviews

A great experience
The hotel is an excellent choice for stays when having testing or surgery at UW Hospital. They provide transport for you to and from the hospital. A beautiful facility, recently updated too. Also very accommodating in every way. More

Great Renovation, Super Convenient to UW Hospital
...This hotel is less than 5 minutes from the UW Hospital and has a free shuttle back and forth. Our room was clean and quiet and equipped with a large flat screen tv, microwave, and refrigerator. The only downside was the height of the bed... More

Excellent place for UW hospital stays
...Rates lower for hospital patients, only two blocks from the hospital, 24 hour shuttle to the hospital. Friendly, helpful staff. Clean, comfortable rooms. Ample parking. Great food. It was wonderful not to have to worry about anything and concentrate on our daughter. More

UW Madison Hospital friendly
Within 4 blocks of hospital.....with free transport available (did not use)...clean....friendly staff...nice rooms.....would be a great place to stay even if not using on hospital stay. UW hospital system also gives a reduced rate for stay....check into it if using with a hospital stay. More

UWHealth
Contribution To a Community Organization

Jay Robaidek
Vice President/Chief of Staff

July 27, 2017
In June, 2016 the Executive Committee of the Authority Board endorsed the UW Health Finance Department setting aside $1,000,000 from 2016 revenue for a charitable contribution.

The authorizing language approved setting aside this money to be used for a “community organization” It also required UW Health management to receive approval from the full board once a community organization was identified and to update the Board on other community giving at that time.

Dr. Jeff Grossman, the outgoing interim CEO, championed setting this money aside in recognition of the financial success of UW Health in FY 16.

Dr. Kaplan supported this action.
Current UW Health Community Contributions

• Community Benefit for 2016 was over $214 Million
  – Roughly half of this was subsidizing underpayments by government payers and providing charity care
• Direct and in-kind contributions to community organizations: $3.9 Million
• Community services, education and clinical care: $3.7 Million
Recommendation

• Direct the $1 Million to the United Way of Dane County for the Health Connect program
• Health Connect subsidizes eligible county residents between 100% and 150% of the federal poverty line in paying premiums in the federal health insurance.
• UW Health has been the primary supporter of this program since its inception in 2014.
• Provides tangible and clear evidence of assistance for members of our community
Questions?
Resolution

Charitable Contribution to Community Organization
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approving Charitable Contribution to Community Organization

July 27, 2017

WHEREAS, on June 23, 2016, the Executive Committee of the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) authorized a One Million Dollar ($1,000,000) contribution to community organizations be recognized in the June 30, 2016 Financial Statements, and further directed UW Health management to make a recommendation regarding the charitable contribution recipient(s) to the UWHCA Board of Directors (the “Authority Board”) at a future time;

WHEREAS, the Authority Board reviewed and discussed the recommendation of UW Health management on the charitable contribution recipient(s);

NOW THEREFORE, BE IT RESOLVED, that the Authority hereby approves the recommendation of UW Health management that the charitable contribution be made to [__________];

NOW, THEREFORE, BE IT FURTHER RESOLVED, that the Chief Executive Officer, or such other persons authorized by him, is hereby authorized and empowered to cause the charitable contribution by UWHCA to be made to [__________], and to take all such actions necessary or appropriate to effectuate the charitable contribution.
Dear Chairman Quinn and members of the committee:

Thank you for the opportunity to appear before you today. I am representing the University of Wisconsin School of Medicine and Public Health where I serve as the dean. I am also representing the UW Hospitals and Clinics Authority (also known as “UW Health”) where I serve as vice-chair of the board. I am joined by Dr. Laurel Rice, Chair of our Department of Obstetrics & Gynecology, and Lisa Wilson, Senior University Legal Counsel at UW-Madison. We strongly oppose Assembly Bill 206. Our goal is to explain the direct impact Assembly Bill 206 would have on our ability to train future OB/GYN physicians. We hope the facts we share will encourage you to join us in opposing the bill.

According to the Legislative Reference Bureau’s analysis, Assembly Bill 206 prohibits any UW System employee or employee of UW Hospitals and Clinics Authority, within the scope of their employment, from performing abortions; from providing or receiving training in abortions outside of a hospital; and from performing any services at a private facility where abortions are performed. The legislation also prohibits the UW System and the Authority from using any resources to make arrangements or to contract with other facilities for employees to participate in those activities at those facilities.

This legislation is of grave concern. If passed, the legislation will impact our OB/GYN residency program and the provision of OB/GYN clinical services in our state in the following ways:

1. **Loss of Accreditation**
   AB-206 will result in the loss of accreditation for our OB/GYN residency training program because the Accreditation Council for Graduate Medical Education (ACGME) requires that OB/GYN programs provide training or access to training in the provisions of abortions as part of a *planned* curriculum. There is no way to meet this requirement under the terms of AB-206.

2. **Reduced Physician Workforce**
   UW Health’s inability to maintain its accredited OB/GYN residency program for 25 OB/GYN residents will reduce the OB/GYN residency training capacity in Wisconsin by more than one-third. This loss of OB/GYN residents will exacerbate the shortage of OB/GYNs at a time when 29 of Wisconsin’s 72 counties have only one OB/GYN or none at all. For example, women in Jackson, Washburn and Waupaca counties have no OB/GYN to provide care, and in Monroe County, there is just one OB/GYN, according to data released by the American Medical Association on July 6, 2017.
The “grow your own” approach for doctors is important because there is clear evidence of a strong relationship between where physicians complete their residency training and where they ultimately establish their clinical practice. In the last 20 years, approximately 40 percent of UW Health OB/GYN residents have remained in Wisconsin after completion. The loss of an accredited residency program in our state will contradict the significant effort in recent years by Wisconsin’s elected officials to address our physician shortage.

3. **Loss of Faculty and Patient Care**
   The loss of ACGME accreditation will negatively impact our school’s ability to recruit and retain talented OB/GYN faculty who are dedicated to training residents, and who provide top quality clinical care to patients and expert consultative services to physicians throughout the state. A related impact is the potential loss of grants and clinical revenue as our top faculty leave for other nationally ranked departments with fully accredited residency programs.

4. **Diminished Appeal to OB/GYN Residency Applicants**
   Loss of ACGME accreditation will significantly diminish the reputation of the UW Health OB/GYN residency training program, and of UW Health and the SMPH in general. Few, if any, graduating medical students will apply to a residency training program that has lost its accreditation. We currently attract the very top OB/GYN residency applicants from the nation’s most prestigious medical schools. These candidates will turn their backs on our program, or any program, that stands to lose its accreditation.

I would like to clarify a point of confusion that has emerged during the discussion of this bill. Our concerns about the loss of accreditation apply to the national accreditation requirements for our OB/GYN residency program, NOT to our medical student program. Our medical students are enrolled in UW-Madison, and like all medical students, after they receive their MD degree they must complete a residency training program in order to practice independently. AB-206 would have no impact on our medical students or the accreditation of our medical student education program. In fact, we made an institutional decision some time ago that we would not provide training experience in abortion services to our medical students (although we do offer lectures and information on this and related topics as part of their classroom learning). Training experience in abortion is NOT required for medical student program accreditation.

In contrast to medical students, OB/GYN residents must have the opportunity to receive training in abortion services as part of the ACGME’s core standards. This accreditation requirement respects any resident’s moral or religious objection to abortion and includes an “opt out” provision as part of the requirement. We make that opt-out option clear to our OB/GYN residents. Some choose to exercise that option – a personal decision we fully support.

In conclusion, enactment of AB-206 will mean the loss of ACGME accreditation for our OB/GYN residency training program, including its rural residency track. It will reduce the number of OB/GYN physicians trained in Wisconsin each year at a time when our state desperately needs more.

Thank you for your time and your interest in our opposition to AB-206. We are happy to respond to questions.
Attachment

Response-AB206
May 2017
TO: Members of the Wisconsin State Legislature  
FR: Connie Schulze, Director, Governmental Affairs  
DT: May 2017  
RE: AB-206/SB-154: Prohibiting certain employees and entities from performing or assisting in abortions and any other services in private non-hospital facilities.

Assembly Bill-206/Senate Bill-154 will put the Obstetrics/Gynecology Residency Training Program at UW Health at significant risk for losing its accreditation. This will lead to the disruption of one of only three OB/GYN residency training programs in Wisconsin at a time when there is a need to increase the pipeline of new OB/GYN doctors in our state.

The bill prohibits all employees of the University of Wisconsin System and the University of Wisconsin Hospitals and Clinics Authority (UW Health), including residents in the OB/GYN residency program, “from performing or assisting in performing an abortion.” This would violate a “core” requirement from the national accreditation organization for residency programs. The Accreditation Council for Graduate Medical Education (ACGME) has a “core” requirement for OB/GYN residency programs that they must “provide training or access to training in the provision of abortions, and this must be part of the planned curriculum.” The ACGME allows OB/GYN residents with a religious or moral objection to opt out of the training but again, the training must be offered.

Please note there is a distinction between a medical student and a resident physician in graduate medical education. The University of Wisconsin School of Medicine and Public Health does not allow any medical students to participate in abortion procedures. This self-imposed restriction does not affect the accreditation of its medical student program. In contrast, the OB/GYN residency program at UW Health must provide the option for abortion training for its residents in order to maintain its accreditation. As documented by Dr. Jessica Bienstock, the Chair of the ACGME Review Committee for Obstetrics and Gynecology, “Specifically, it has long been the requirement that access to experience with induced abortion must be part of residency education. Programs with restrictions to the provision of family planning services or the performance of abortions at their institutions must make arrangements for such resident training to occur at another institution. Programs that fail to comply with ACGME program requirements will receive citations during the Review Committee’s annual review of program accreditation status. Citations put programs at risk for withdrawal of accreditation.” (Please see letter from Dr. Bienstock on the reverse.)

Any legislation that seeks to limit the number of OB/GYN residents trained in Wisconsin contradicts recent efforts by state policy-makers to address the growing physician shortage. In the case of OB/GYNs, the shortage is pronounced. Estimates from the American Congress of Obstetricians and Gynecologists indicate approximately 26 of Wisconsin’s 72 counties don’t have any OB/GYNs and there are only 556 OB/GYNs serving more than 2.3 million women in Wisconsin. If passed, AB-206/SB-154 will shrink the pipeline for much-needed OB/GYN physicians in Wisconsin by one-third, or 24 OB/GYNs each year. This is particularly concerning when you consider approximately 40% of graduates from UW Health’s OB/GYN residency training program have stayed in Wisconsin in the last 20 years. Also, UW Health and the UW School of Medicine and Public Health continue to innovate in this area. For example, UW Health sponsors the nation’s first rural-track OB/GYN program, providing residency training in three rural Wisconsin communities including Monroe, Ripon and Waupun; thereby encouraging the residents to practice in rural areas in the future. Unfortunately, any progress made in addressing the shortage of OB/GYN physicians in our state will be halted by the passage of the proposed legislation.

We urge you to oppose AB-206/SB-154. Thank you for your consideration.
April 7, 2017

Laurel W. Rice, M.D.
Chair and Professor, Department of Obstetrics and Gynecology
UW School of Medicine and Public Health
McConnell Hall Fourth Floor
1010 Mound Street
Madison, WI 53715

Dear Dr. Rice,

I am writing to you in my capacity as the Chair of the Accreditation Council for Graduate Medical Education - Review Committee for Obstetrics and Gynecology. It is important that all stakeholders in graduate medical education and the education of ObGyn physicians understand the training program requirements regarding the training of ObGyn residents in performing abortions. Specifically, it has long been the requirement that access to experience with induced abortion must be part of residency education. Programs with restrictions to the provision of family planning services or the performance of abortions at their institutions must make arrangements for such resident training to occur at another institution.

Programs that fail to comply with ACGME program requirements will receive citations during the Review Committee’s annual review of program accreditation status. Citations put programs at risk for withdrawal of accreditation.

Sincerely,

Jessica L. Bienstock, MD MPH
Professor - Maternal Fetal Medicine
Associate Dean for Graduate Medical Education and DIO
Chair - ACGME Review Committee for Obstetrics and Gynecology

Cc: Kathleen Quinn-Leering, PhD - Executive Director Obstetrics and Gynecology Review Committee, ACGME
Attachment

Questions & Answers
AB206
May 2017
Q & A
RE: AB-206/SB-154

Q1: What does the legislation propose to do?
A: AB-206/SB-154 seeks to prohibit any UW System employee or employee of UW Hospitals and Clinics Authority (UWHCA), within the scope of his/her employment from performing abortions; from providing or receiving training in abortions outside of a hospital; and from performing any services at a private facility where abortions are performed. It also prohibits System and UWHCA from using any resources to make arrangements to assist, through contracts with other facilities, for employees to participate in those activities at those facilities.

Q2: Why is this legislation a concern?
A: We believe this legislation jeopardizes the accreditation of the OB/GYN residency program sponsored by UWHCA (d/b/a UW Health) in conjunction with the UW School of Medicine and Public Health.

Q3: How does AB-206/SB-154 jeopardize UW Health’s OB/GYN residency accreditation from the ACGME (the national accreditation organization for residency programs)?
A: In section IV.A6.d of the ACGME requirements for OB/GYN residency training programs, the following is stated:

1. Programs must provide training or access to training in the provisions of abortions and this must be part of the planned curriculum.
2. Residents who have a religious or moral objection may opt-out, and must not be required to participate in training in or performing induced abortions.
3. Residents must have experience in managing complications of abortions and training in all forms of contraception, including reversible methods and sterilization.

UW Health satisfies this ACGME accreditation requirement by providing an opportunity for an optional rotation in abortion services for its OB/GYN residents. The optional rotation is two months for first year residents and one month for second year residents. The optional rotation does not take place at a UW Health facility, and state funds are not used to pay for the performance of abortions. Under the terms of a long-standing agreement, UW Health obtains reimbursement from another health system for the full cost of the salaries and benefits for the trainee time spent in these optional rotations.

Q4: What percentage of UW Health OB/GYN residents have opted out of the training in the last five years?
A: Approximately 18-20 percent.
Q5: Why does ACGME accreditation matter?
A: The Accreditation Council for Graduate Medical Education (ACGME) is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential for US programs responsible for preparing physicians to deliver safe, high-quality medical care to all Americans.

Completion of an ACGME accredited program is almost always a requirement for practice and for receiving “clinical privileges” in a hospital, health system, or clinic.

Q6: How many OB/GYN residency positions are at-risk? How many are offered by UW Health? How about the other programs?
A: There are three accredited OB/GYN residency training programs in Wisconsin. They are sponsored by:
   1. UW Health = 24 OB/GYN residency positions
   2. Aurora Health Care = 12 OB/GYN residency positions
   3. Medical College of Wisconsin = 32 OB/GYN residency positions

The 24 OB/GYN residency training positions sponsored by UW Health are at-risk under the proposed legislation.

Q7: Has an entity ever lost its ACGME accreditation?
A: A Catholic health system in Baltimore, Maryland lost its ACGME accreditation in 1990 due to its decision to not offer the required optional training. (ST. AGNES HOSP. OF CITY OF BALTIMORE v. Riddick, 748 F. Supp. 319 (D. Md. 1990))

Q8: What evidence do you have to support UW Health’s loss of ACGME accreditation if AB-206/SB-154 becomes law?
A: In addition to the legal precedent set by ST. AGNES HOSP. OF CITY OF BALTIMORE v. Riddick, 748 F. Supp. 319 (D. Md. 1990), a letter dated April 7, 2017 from the chair of the ACGME review committee for Obstetrics and Gynecology indicates UW Health will be cited during the next annual review process if the proposed bill becomes law. If UW Health does not reinstate the required optional rotation in a timely way after receiving the citation, the program will be at-risk for withdrawal of accreditation. Loss of accreditation will essentially shut down the OB/GYN residency program at UW Health and the number of OB/GYNs trained in Wisconsin each year will be reduced by one-third.

Q9: When discussing the path to becoming a physician, the terms “student” and “resident” are often used interchangeably. Is there a difference between a medical student and a resident?
A: Yes. A Wisconsin medical student is enrolled at either the UW School of Medicine and Public Health or the Medical College of Wisconsin. On the other hand, a resident has completed his/her medical school education (either in Wisconsin or outside of our state), has received his/her MD degree, and is now completing 3-7 years of supervised clinical training in any of the medical, surgical, or specialty areas. In this capacity, these individuals are typically employees of the hospital or health system that sponsors the accredited residency training program in which they are enrolled.

UW medical students are not allowed to participate in abortion procedures. UW OB/GYN residents are provided the option of receiving training, as required by ACGME accreditation standards.
Q10: Residency requirements vary from specialty to specialty. What’s the time commitment required of OB/GYN residents in Wisconsin?  
A: OB/GYN residents spend four years in residency after completing medical school and receiving their MD degree.

Q11: Is there a shortage of practicing OB/GYNs in Wisconsin?  
A: Yes. According to the American Congress of Obstetrics and Gynecology, approximately 26 of Wisconsin’s 72 counties don’t have an OB/GYN. There are only 556 OB/GYNs serving more than 2.3 million women in Wisconsin. That equates to 2.38 OB/GYNs per 10,000 women, which is below the national average of 2.65.  
*Data published in 2014.

Q12: What percentage of UW Health OB/GYN residents from the last five years are practicing in WI?  
A: About 40 percent of UW Health’s former OB/GYN residents are practicing in Wisconsin.

Q13: In a recent Cap Times article dated April 10, 2017, Rep. Jacque responded to a series of questions about AB-206 and he stated that, “Arizona has a similar statutory provision, and its two medical schools remain accredited.” Is that true?  
A: No. We have reviewed Arizona law and found no statutory provision currently in that state that correlates to Rep. Jacque’s proposal in Wisconsin, AB-206/SB-154. We question whether Rep. Jacque might have been referring at least in part to an Arizona law, s. 35-196.05(B), which was determined to be invalid in 2013 as a result of a legal challenge. Arizona’s current statutory guidelines are similar to current Wisconsin law prohibiting the use of state tax dollars to perform abortions. AB-206 goes well beyond current law in both states and, as a result, threatens our OB/GYN resident training program accreditation. Allow us to clarify once again that medical school accreditation is not in jeopardy because of AB-206/SB-154. Instead, Rep. Jacque’s bill threatens the OB/GYN residency training program at UW Health.  

Q14: Why does Rep. Jacque claim in the same Cap Times story that a survey of OB/GYN programs from 2005 proves that schools are not required to offer abortion services training for accreditation?  
A: The survey results Rep. Jacque uses as evidence to support his position refers to medical students completing their medical school OB/GYN rotations, not OB/GYN residents. Again, UW School of Medicine and Public Health medical students do not receive training in abortion procedures. This does not jeopardize the LCME accreditation of the MD degree program which is entirely separate from the OB/GYN residents’ ACGME accreditation.

Q15: Where can I go if I have additional questions about the impact of AB-206/SB-154?  
A: Please contact Connie Schulze, Director of Governmental Affairs for UW Health and UW School of Medicine and Public Health.
Resolution

Approval of UW Health Executive Compensation
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approving Executive Compensation

July 27, 2017

WHEREAS, on June 22, 2017 the Executive Compensation Committee of the Board of Directors of University of Wisconsin Hospitals and Clinics Authority (the “Executive Compensation Committee”) reviewed and discussed matters pertaining to the compensation of the Chief Executive Officer of the University of Wisconsin Hospitals and Clinics Authority (the “Authority”) and has today, in closed session, made a recommendation to Board of Directors of the Authority (the “Authority Board”) regarding the compensation of the Authority’s Chief Executive Officer for fiscal year 2018;

WHEREAS, the Authority Board, in closed session, reviewed and discussed competitively sensitive information and the recommendation of the Executive Compensation Committee with respect to the compensation of the Authority’s Chief Executive Officer for fiscal year 2018;

WHEREAS, the Authority Board has determined it to be in the best interests of the Authority to accept the recommendation of the Executive Compensation Committee with respect to the compensation of the Authority’s Chief Executive Officer for fiscal year 2018;

NOW, THEREFORE, BE IT RESOLVED, that the compensation of the Authority’s Chief Executive Officer for fiscal year 2018 as recommended by the Executive Compensation Committee to be effective October 1, 2017 is hereby approved.