

Board Meeting
January 17, 2008

APPROVE PROPOSED REVISIONS TO THE MEDICAL STAFF BYLAWS,
UNIVERSITY OF ILLINOIS MEDICAL CENTER, CHICAGO

Action: Approve Proposed Revisions to the Medical Staff Bylaws, University of Illinois Medical Center, Chicago

Funding: No New Funding Required

The Interim Chancellor, or his/her designee, recommends revisions to the Medical Staff Bylaws. Mr. John J. DeNardo, the CEO, HealthCare System, is the official “designee” pertaining to medical staff issues referenced in the Medical Staff Bylaws and Rules and Regulations and serves in the capacity of “Chancellor or his/her designee” for all health care activities, most notably in the credentialing process.

The Chief Medical Officer reports to the CEO, HealthCare System, and is responsible for all medical aspects of patient care in the University of Illinois Hospital. The Chief Medical Officer is nominated by the CEO, HealthCare System, with approval by the Executive Committee of the Medical Staff. The Board of Trustees is responsible for his/her appointment.

The medical staff recognizes the need to operate within this administrative framework in attempting to fulfill its objectives under the Bylaws and Rules and Regulations.

The proposed revisions include language to clarify a number of issues as follows:

1. To demonstrate that the Board of Trustees has the ultimate authority and responsibility for the oversight and delivery of health care rendered by practitioners credentialed and privileged through the medical staff process, which is a Joint Commission requirement.
2. To further define the requirements for the Courtesy medical staff Category of Membership (Article IV). This revision permits granting limited privileges to community physicians referring patients regularly to the Hospital. They would not have admitting privileges, such that all care would still be under the supervision of full-time faculty.
3. To clarify the approval process for the granting of temporary privileges (Article IV, Section 3). Language added for emphasis to reduce the traditional reliance on temporary privileges, which the Joint Commission discourages.
4. To state the requirement for a focused professional practice evaluation for all new members of the medical staff unless otherwise indicated, following the first 12 months of the initial two-year appointment to the medical staff, which is considered to be provisional, (Article IV, Section 3, page 5 of 8). A Joint Commission requirement, formal evaluation by department leadership of all new medical staff clinicians must now be conducted at the end of their first year on staff.
5. To list the requirement for the inclusion of a review of all adverse outcomes related to sentinel events considered reviewable by the Joint Commission that result from telemedicine services before granting telemedicine privileges (Article IV, Section 3). This is language drawn from Joint Commission requirements for granting telemedicine privileges.
6. To define requirements for Primary Source Verification of information and designated equivalent sources that may be used related to the credentialing process and initial appointment to the medical staff (Article IV, Section 5).

The University before asking the Board to grant privileges does considerable due diligence on the clinician candidates, including verifying their work in hospitals in which they claim to have worked.

7. To state that the Board of Trustees or designee has final authority for granting, reviewing, or denying privileges, and to define the two-year period of reappointment for applicants to the medical staff (Article IV, Section 7). This again is to make it clear within the Bylaws that medical staff recommends candidates to the Board of Trustees, but that sole responsibility for membership rests with the Board.

The Bylaws and Rules and Regulations are reviewed every year. Proposed amendments are submitted for discussion at a meeting of the medical staff. If not submitted by a Committee on Medical Staff Bylaws, it is referred to such a Committee for review and subsequent report at any medical staff meeting. To be adopted, an amendment requires an affirmative vote of two-thirds of the medical staff present at the meeting of those eligible to vote. Amendments made become effective when recommended by the Chancellor or his/her designee, and approved by the Board of Trustees.

The amended Medical Staff Bylaws were submitted by the Bylaws Committee with input from University Counsel and approved at the scheduled annual meeting of the medical staff on October 25, 2007. The proposed revisions received an affirmative vote of more than two-thirds of the medical staff present and eligible to vote. A copy of the revised Bylaws has been filed with the Secretary of the Board.

The Board action recommended in this item complies in all material respects with applicable State and federal laws, University of Illinois *Statutes*,

The General Rules Concerning University Organization and Procedure, and Board of Trustees policies and directives.

The President of the University concurs.