Board Meeting July 21, 2016

AMEND THE UNIVERSITY OF ILLINOIS HOSPITAL MEDICAL STAFF BYLAWS

Action: Amend the University of Illinois Medical Staff Bylaws

Funding: No New Funding Required

The Medical Staff of the University of Illinois Hospital recommends revisions to the Medical Staff Bylaws. Under the bylaws, the Medical Staff must review its bylaws to determine whether any changes or amendments need to be made in order to maintain compliance with accreditation standards, federal and State laws and current medical staff policies, procedures, and practices. The Bylaws Committee of the Medical Staff is also responsible for reviewing any proposals for amendments to the bylaws.

The amendments described below and included in the attached documents were recommended by the Bylaws Committee to the Medical Staff Executive Committee (MSEC) and to the members of the Medical Staff. The amendments were voted on and approved by the MSEC on June 3, 2016. In accordance with the bylaws, the amendments were voted on and approved by the Medical Staff members on June 20, 2016.

Amendments become effective only when approved by the Board of Trustees.

Both the edited version of the bylaws as well as the final document are submitted for consideration. The substantive changes are summarized below, including

the specific Articles and Sections to be amended and the reasons for the proposed changes. Many of the changes are clarifications to existing language. The revisions also include suggestions from outside legal counsel to be consistent with best practices and compliance with accreditation standards and laws. Please note that the bylaws contain margin comments to identify the rationale behind the proposed change such as "compliance" and "best practice." The revised documents also include non-substantive revisions not described below, such as formatting changes, movement and renumbering of articles and sections, and updates to the table of contents.

I. <u>Definitions</u>

A. <u>Hospital Chief Executive Officer (CEO) (Page 1)</u>

References to Vice President for Health Affairs have been changed to Hospital CEO to reflect the current structure of the governance and leadership of the University of Illinois Hospital.

B. Investigation (Page 2)

As a result of the updated Guidebook prepared by the National Practitioner Data Bank, it is becoming more important to specifically identify when an "Investigation" commences in context of peer review activities by the Medical Staff. The Data Bank is now on record as stating that it will defer to the Medical Staff and the Medical Staff Bylaws as to when it is triggered because, as the bylaws currently provide, if a physician resigns in lieu of an Investigation or during an Investigation, this resignation is reportable. Most hospitals and medical staffs define an Investigation to occur when there is a formal recommendation for remedial or corrective action. Other remedial measures such as monitoring, proctoring, mandatory consultations, and the like are considered part of the regular or normal peer review process. Should a physician decide to resign during collegial intervention or prior to a request for remedial action under Article VII, Section 2, this resignation would not be reportable. The investigation definition proposed clarifies this point.

II. <u>Article III, Section 1 – Performance of the History and Physical</u> (Page 4)

The proposed language was taken from the CMS Interpretative Guidelines which uses the term "practitioner who is credentialed and privileged" rather than include a reference to physician and of other individual.

III. Article IV, Section 2 – Medical Staff Dues (Page 7)

This amended provision updates the authority of the Secretary/Treasurer to authorize expenditures in the annual budget, as well as unbudgeted single expenditures of up to \$5,000, with the co-signatures of the Medical Staff President and Vice President. All other expenditures must be approved by the MSEC.

IV. Article IV, Section 4(B) – Staff Affiliates (Page 12)

Article IV, Section 4(B) refers to Staff Affiliates. This category includes "physicians not eligible for regular staff membership but employed for specific purposes." Physicians cannot be members of the Allied Staff nor can Allied Staff be members of the Medical Staff. This has been corrected, and clarifying language has been added to contemplate other types of professionals as Staff Affiliates.

V. <u>Article V, Section 1 – Initial Appointment to the Medical Staff and</u> Delineation of Clinical Privileges

A. Section F(2)(c)- Notification to Denied Applicant (Page 16)

In order to comply with Illinois law the notice to a denied applicant should include the basis for the decision; including whether based on economic factors unrelated to the practitioner's qualifications.

B. Section 3 – Telemedicine Privileges (Page 20)

Licensed Independent Practitioners must be licensed in Illinois and in the state where the originating sites and distant sites are located.

VI. Article VII - Remedial Action

A. Section 7(C)(2) – Automatic Suspension (Page 30)

Changes were made in order to comply with the Illinois Hospital Licensing Act.

B. Section 7(G) – Automatic Suspension for Failure to Complete Basic Life Support Training (Page 31)

This provision implements automatic suspension (effective December 31, 2016) for failure to complete the basic life support training (BLS), which, effective December 31, 2016, will be a current requirement for Medical Staff Members.

VII. Article VIII – Hearing and Review (Page 33)

Changes made to this Section reflect best practices and compliance with Health Care Quality Improvement Act. The method of appointing the hearing panel was amended to comply with the Illinois Hospital Licensing Act. The proposed changes to subsections 12 and 13 were based on compliance with Illinois law and a best practice of using the "preponderance of the evidence" versus the "manifest weight of the evidence" standard.

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.