

# Medical Staff Bylaws Proposed Changes

**2023-2024**

* **Modification of Credentialing Time Frame from two years to three years:**

**The Joint Commission has revised its requirements regarding licensed practitioner evaluation time frames. Effectively immediately, the time frame for evaluation has changed from a period not to exceed two years to a period not to exceed three years, unless law and regulation require a shorter period.**

* + ***Various Sections***
    - Within the document modify two years to three years when addressing appointment and evaluation time frame (this does not impact Professional Practice Evaluation which occurs every six months)
* **Clarification to on-call requirement(s)**
  + ***Article IV, Section 2, Basic Responsibilities of the Medical Staff***
    - Each clinical service shall have at least one person identified as on-call 24/7/365.
* **Addition of the School of Public Health as an eligible health college to hold faculty appointment:**
  + ***Article IV, Section 4, Medical Staff Membership Categories, A. Active Medical Staff***
    - Members who hold a faculty appointment in the College of Medicine, School of Public Health, or College of Dentistry at the University of Illinois at Chicago or, with the discretion of the Credentials Committee, an appointment with a school or college of the University of Illinois are eligible for appointment to the Active Medical Staff.
* **Clarification of Hospital and CME requirements for Courtesy and Honorary Members:**
  + ***Article IV, Section 4, Medical Staff Membership Categories B. Courtesy and E. Honorary***
    - Courtesy Members shall be exempt from participating in Hospital-sponsored education and discipline-specific continuing education activities, as required by the applicable licensing board.
    - Honorary Members shall be exempt from participating in Hospital-sponsored education and discipline-specific continuing education activities, as required by the applicable licensing board.
* **Addition of requirement for reappointment/recredentialing**
* **Addition to language to clarify which reappointment categories shall maintain licensure and CME**
* **Addition of requirement to consider review or core competencies at reappointment/recredentialing:**
  + ***Article IV, Section 6, Reappointment to the Medical Staff***
    - Each Member shall submit to Medical Staff Services the completed application form for renewal of appointment to the Medical Staff, and for renewal or modification of clinical privileges. Failure to submit a completed application for reappointment prior to the expiration of the current appointment, without reasonable time for processing, will result in voluntary resignation of the Member's clinical privileges and Membership at the end of the current appointment.
    - 4. Evaluation of each Members clinical performance at least three times in the two-year credentialing cycle, across the six core competencies of Medical Knowledge, Patient Care, Interpersonal Communication, Professionalism, Practice Based Improvement and Systems Based Practice.
    - To be eligible for reappointment, a Member of the Medical Staff must not only continue to qualify under Section 1 of this ARTICLE, but, where applicable for the category of Membership, must continue to participate in Hospital-sponsored education and CME activities.
* ***Article V, Section 5, Recredentialing and/or Privileging of Advanced Practice Professionals***
* Each APP shall submit to Medical Staff Services the completed application form for recredentialing and renewal or modification of clinical privileges. Failure to submit a completed application for reappointment prior to the expiration of the current appointment, without reasonable time for processing, will result in voluntary resignation of the APP’s clinical privileges at the end of the current appointment.
* 4. Evaluation of each APPs clinical performance at least three times in the two-year credentialing cycle, across the six core competencies of Medical Knowledge, Patient Care, Interpersonal Communication, Professionalism, Practice Based Improvement and Systems Based Practice.
* **Clarification of APPs under contract and not employed by the Hospital or University, no faculty appointment is required**
  + ***Article V, Section 3, Advanced Practice Professionals Categories***
    - These professionals are considered under contract if the individual is an employee, partner, or principal of, or in, an entity that has a contractual relationship with the Hospital, relating to providing services to patients at the Hospital. Professionals under contract can only perform those functions and engage in those activities permitted by their contract. Professionals under contract shall perform duties assigned in the Hospital and shall be bound by all Medical Staff Organizational Documents. A faculty appointment is not required.
* **Addition of language to define timeframe to remain under Automatic Suspension**
* **Clarification to Section Name**
* ***Article VIII, Section 7, Automatic Suspension and/or Termination of Medical Staff Membership and Privileges*** 
  + E. If a Member fails to come into the compliance necessary to lift an automatic suspension within 6 months, the Medical Staff Member shall be considered to have voluntarily resigned Medical Staff Membership and privileges.
* ***Article V, Section 8, Suspension and Removal of Advanced Practice Professionals*** 
  + E. If an APP fails to come into the compliance necessary to lift an automatic suspension within 6 months, the APP shall be considered to have voluntarily resigned their clinical privileges.
* **Clarification of a healthcare facility as the Originating site (not a patient’s home) for telemedicine** 
  + **Article VI, Section 2, Telemedicine:**
    - The Hospital may be the originating site (the site where the patient is located at the time the service is provided) or may be the distant site (the site where the practitioner providing the professional service is located). The originating site, when a healthcare facility, retains responsibility for overseeing the safety and quality of services provided to its patients.
    - Credentialed Practitioners who provide clinical services via a telemedicine link must have a license that is issued or recognized by the state in which the patient is located*.*
    - Credentialed Practitioners who provide clinical services via a telemedicine link are subject to the credentialing and privileging decisions of the originating site, when the originating site is a healthcare facility.
* **Addition of MSEC Attendance Expectation**
* **Addition of new MS Committee and Committee name change**
* **Article XI, Section 1, Medical Staff Executive Committee**
* Voting Members of the MSEC are expected to attend 75 percent of all scheduled meetings.
* **Article XI, Section 2, Standing and Special Committees of the Medical Staff**
  + E. Committee on Practitioners’ Assistance – changed to Committee on Wellness
  + H. Professionalism Committee
* **Addition of encouraged meeting attendance guidelines for general Medical Staff**
* **Article XIV, Requirements for Attendance at Meetings**
  + Medical Staff Members are encouraged to attend the following meetings:

A. The annual Medical Staff meeting. *(*One meeting per calendar year*)*

B. Meetings of each Clinical Service and committee(s) in which Membership is held. *(*75 percent of scheduled meetings*)*

* Page renumbering and lettering as necessary
* Change he/she and his/hers to they/their(s) as needed throughout document
* Other minor grammatical, clerical and formatting corrections as needed throughout document