

**University of Iowa Hospitals and Clinic
Executive Board Committee Memorandum**
Board of Regents, State of Iowa

Subject: Amendments to the Bylaws, Rules and Regulations of UIHC and its Clinical Staff

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Date Submitted: July 21, 2004

Recommended Actions:

1. Approve an Amendment to the Bylaws, Rules and Regulations of UIHC and its Clinical Staff.
2. Receive changes to the Bylaws regarding patient care.

Executive Summary:

The Hospital Director will discuss changes to Article IV, Section 5.C. regarding the frequency of clinical privileges review. The word "biennially" would be added to the first unnumbered paragraph in the bylaws statement. This changes the privileges review from an annual review to a biennial review.

Changes to Article VIII, Section 9 and Article VIII, Section 4 on patient care are provided for informational purposes only.

RE: BYLAWS AMENDMENT MODIFYING THE FREQUENCY OF CLINICAL PRIVILEGES REVIEW

Article IV, Section 5.C., first unnumbered paragraph, is amended to read as follows:

C. Annual Review of Clinical Privileges

Biennially, the Head of each Clinical Service shall review the clinical privileges and the physical and mental condition of all members and practitioners who hold clinical privileges in that Clinical Service and forward a recommendation to the applicable Credentials Panel, along with the supporting documentation. The review of clinical privileges and the physical and mental condition of the Clinical Service Heads shall be conducted by an ad hoc review committee composed of three members of the Active Clinical Staff who have the rank of professor and who are selected by the Chairperson of the applicable Credentials Panel. The review shall be documented and the recommendation forwarded to the applicable Credentials Panel, along with the supporting documentation.

EXPLANATION

In accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Standard MS 4.20, Element 4, *Setting specific privileges are granted, renewed, or revised and do not exceed a period of two years*, the UIHC Credentialing and Peer Review Task Force suggests moving from an annual review to the recommended two year. It is the belief that the quality of each evaluation will greatly improve.

Over the past year, many enhancements have been established to ensure that the quality of our caregivers remain high. Clinical Service Heads are now provided aggregate data in order to compare each practitioner to others in their department to determine best performers and performers who have an opportunity to improve. This data will continue to be enhanced. Peer Evaluation Questionnaires replaced reference letters to more accurately determine each practitioner's quality in the eyes of their peers at the time of re-privileging.

The review of privileges will be integrated with the currently established managed care two year recredentialing cycle as well as the mandatory (Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986) two year tap of the National Practitioner Data Bank (NPDB). This will streamline the credentialing/privileging process for the practitioner, the Clinical Service Heads, administrative support and each of the Credentials Subcommittees. The Ad-Hoc Committee review of the Clinical Service Heads would occur every other year, reducing their meeting time in half. Each practitioner will receive one recredentialing application every two years which will serve to reaffirm clinical privileges and to update and renew crucial information to payers. Over the last seven years, the two year managed care cycle has worked efficiently to ensure mandatory timelines are met. Streamlining the review and reaffirmation of privileges into this already effective pattern should provide a stable avenue to increase the quality of each individual review in a timely manner.

The Clinical Service Heads will not have their entire department to review at once. This will enhance their ability to assess each practitioner's abilities and determine whether or not privileges should be reaffirmed, spreading the workload over a longer period of time.

RE: BYLAWS AMENDMENT RELATING TO DISCHARGE SUMMARY CRITERIA

Article VIII, Section 9 is amended to read as follows:

ARTICLE VIII: PATIENT CARE RULES AND REGULATIONS

Section 9:

Patients shall be discharged only upon written order of a member or practitioner. Patients who sign out against medical advice shall be requested to sign a suitable release form. Records of discharged patients shall be completed within fourteen days following discharge. The clinical resume should be concise, include information relative to the reason for hospitalization, pertinent findings; procedures performed and care, treatment and services provided, the condition of the patient on discharge; and instructions given to the patient and/or the family as appropriate. All final diagnoses shall be recorded in full.

EXPLANATION

The Joint Commission on Accreditation of Health Care Organizations has changed its standard relative to discharge summary criteria from specific prescriptive guidelines to more general guidelines. This amendment will revise the Bylaws to reflect the more general nature of JCAHO requirements for discharge summaries.

RE: BYLAWS AMENDMENT CHANGING PATIENT CARE RULES AND REGULATIONS WITH RESPECT TO VERBAL ORDERS

Article VIII, Section 4 is amended to read as follows:

ARTICLE VIII: PATIENT CARE RULES AND REGULATIONS

Section 4:

Orders for medication or treatment shall be in writing, shall be dated, and shall be signed by the member or practitioner giving the order, with the following exceptions:

- A. in cases of emergency, oral orders may be accepted from members or practitioners

in cases when the member or practitioner is unable to be present to write the necessary order and delaying administering the medication or performing the treatment would be adverse to the patient's welfare,

- C. All verbal orders will be accepted and documented per hospital policy.
- D. Verbal orders regarding bed occupancy will be accepted and documented per hospital policy.

Medical students who have completed two years of medical school may write orders. Written orders by medical students shall be co-signed by the patient's attending physician or a house staff member under his/her supervision before they will be carried out by the nursing staff or any other professional staff. It is the responsibility of the medical student to obtain the co-signature.

For the purpose of these Patient Care Rules and Regulations, the words "sign" and "signature" include an electronic signature entered pursuant to a verification protocol approved by the Hospital Information Systems Advisory Subcommittee.

EXPLANATION

This amendment to the Bylaws removes detailed time frames, references to staff who may accept verbal orders, process for accepting and documenting verbal orders. The intent is to reference hospital policy for these issues. This revision will reduce the need to revise the bylaws as verbal order policy evolves and changes.