



University of Iowa Health Care

***Presentation to
The Board of Regents, State of Iowa
February 24-25, 2016***

- Opening Remarks (Robillard)
- Operational and Financial Performance (Kates & Fisher)
- Proposed Amendments to the Bylaws of the UIHC and Clinical Staff (Joe Clamon)
- Faculty Presentation—Lung Transplantation: State of the Art (Julie Klesney-Tait, MD, PhD & Kalpaj Parekh, MD)



Opening Remarks

Jean E. Robillard, MD



Operational and Financial Performance

Ken Kates, Associate Vice President &
Chief Executive Officer, UI Hospitals & Clinics

Ken Fisher, Associate Vice President for Finance
and Chief Financial Officer, UI Hospitals & Clinics

Volume Indicators

Fiscal Year to Date January 2016

Operating Review (YTD)	Actual	Budget	Prior Year *	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	19,318	19,134	18,401	184	1.0% ○	917	5.0% ●
Patient Days	126,749	123,748	119,956	3,001	2.4% ○	6,793	5.7% ●
Average Daily Census	589.53	575.57	557.93	13.96	2.4% ○	31.60	5.7% ●
Total Surgeries	17,679	18,127	17,164	(448)	-2.5% ●	515	3.0% ●
- Inpatient	8,640	7,296	6,904	1,344	18.4% ●	1,736	25.1% ●
- Outpatient	9,039	10,831	10,260	(1,792)	-16.6% ●	(1,221)	-11.9% ●
ED Visits	33,828	34,459	33,436	(631)	-1.8% ○	392	1.2% ○
Total Clinic Visits	497,085	511,194	476,268	(14,109)	-2.8% ●	20,817	4.4% ●

* from ongoing operations

● Greater than 2.5% Favorable	○ Neutral	● Greater than 2.5% Unfavorable
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Discharges by Type

Fiscal Year to Date January 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	5,388	5,268	5,074	120	2.3% ○	314	6.2% ●
Adult Surgical	10,390	9,856	9,488	534	5.4% ●	902	9.5% ●
Adult Psych	692	831	800	(139)	-16.7% ●	(108)	-13.5% ●
<i>Subtotal – Adult</i>	<i>16,470</i>	<i>15,955</i>	<i>15,362</i>	<i>515</i>	<i>3.2% ●</i>	<i>1,108</i>	<i>7.2% ●</i>
Pediatric Medical & Surgical	2,105	2,272	2,167	(167)	-7.4% ●	(62)	-2.9% ●
Pediatric Critical Care	465	509	489	(44)	-8.6% ●	(24)	-4.9% ●
Pediatric Psych	278	398	383	(120)	-30.2% ●	(105)	-27.4% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>2,848</i>	<i>3,179</i>	<i>3,039</i>	<i>(331)</i>	<i>-10.4% ●</i>	<i>(191)</i>	<i>-6.3% ●</i>
Newborn	958	1,009	930	(51)	-5.1% ●	28	3.0% ●
TOTAL w/o Newborn	19,318	19,134	18,401	184	1.0% ○	917	5.0% ●

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

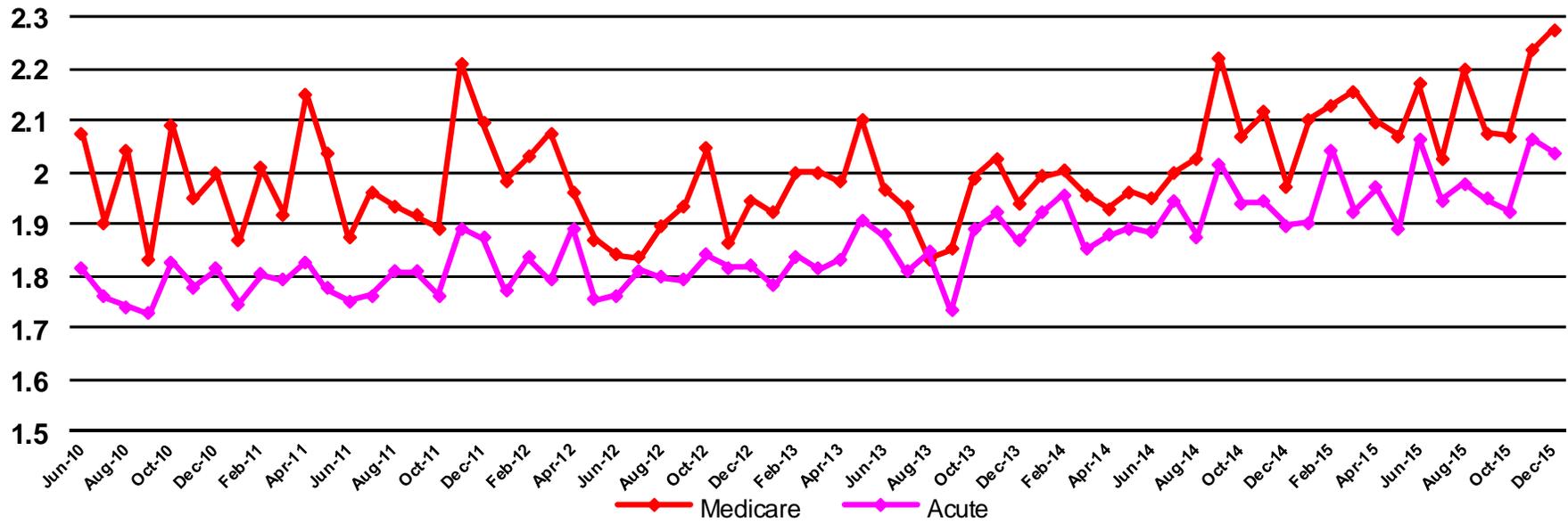
Discharge Days by Type

Fiscal Year to Date January 2016

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	30,990	29,288	28,379	1,702	5.8% ●	2,611	9.2% ●
Adult Surgical	56,087	53,063	51,452	3,024	5.7% ●	4,635	9.0% ●
Adult Psych	12,687	12,788	12,380	(101)	-0.8% ○	307	2.5% ●
<i>Subtotal – Adult</i>	<i>99,764</i>	<i>95,139</i>	<i>92,211</i>	<i>4,625</i>	<i>4.9% ●</i>	<i>7,553</i>	<i>8.2% ●</i>
Pediatric Medical & Surgical	11,701	10,856	10,511	845	7.8% ●	1,190	11.3% ●
Pediatric Critical Care	12,615	13,591	13,195	(976)	-7.2% ●	(580)	-4.4% ●
Pediatric Psych	2,964	3,058	2,951	(94)	-3.1% ●	13	0.4% ○
<i>Subtotal – Pediatrics w/o newborn</i>	<i>27,280</i>	<i>27,505</i>	<i>26,657</i>	<i>(225)</i>	<i>-0.8% ○</i>	<i>623</i>	<i>2.3% ○</i>
Newborn	2,151	2,177	2,097	(26)	-1.2% ○	54	2.6% ●
TOTAL w/o Newborn	127,044	122,644	118,868	4,400	3.6% ●	8,176	6.9% ●

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Case Mix Index



Inpatient Surgeries – by Clinical Department

Fiscal Year to Date January 2016



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	645	635	601	10	1.6% ○	44	7.3% ●
Dentistry	262	177	147	85	48.0% ●	115	78.2% ●
General Surgery	2,471	2,097	1,913	374	17.8% ●	558	29.2% ●
Gynecology	520	460	466	60	13.0% ●	54	11.6% ●
Neurosurgery	1,496	1,099	1,054	397	36.1% ●	442	41.9% ●
Ophthalmology	177	76	66	101	132.9% ●	111	168.2% ●
Orthopedics	1,995	1,720	1,705	275	16.0% ●	290	17.0% ●
Otolaryngology	468	447	420	21	4.7% ●	48	11.4% ●
Radiology – Interventional	62	82	61	(20)	-24.4% ●	1	1.6% ○
Urology w/ Procedure Ste.	544	503	471	41	8.2% ●	73	15.5% ●
Total	8,640	7,296	6,904	1,344	18.4% ●	1,736	25.1% ●
Solid Organ Transplants	169	194	192	(25)	-12.9% ●	(23)	-12.0% ●

● Greater than 2.5% Favorable	○ Neutral	● Greater than 2.5% Unfavorable
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Outpatient Surgeries – by Clinical Department

Fiscal Year to Date January 2016



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Cardiothoracic	24	37	35	(13)	-35.1%	●	(11)	-31.4%	●
Dentistry	299	336	333	(37)	-11.0%	●	(34)	-10.2%	●
Dermatology	22	19	19	3	15.8%	●	3	15.8%	●
General Surgery	1,454	1,703	1,617	(249)	-14.6%	●	(163)	-10.1%	●
Gynecology	457	523	474	(66)	-12.6%	●	(17)	-3.6%	●
Internal Medicine	8	3	2	5	166.7%	●	6	300.0%	●
Neurosurgery	346	542	547	(196)	-36.2%	●	(201)	-36.8%	●
Ophthalmology	1,988	2,240	2,149	(252)	-11.3%	●	(161)	-7.5%	●
Orthopedics	1,974	2,606	2,487	(632)	-24.3%	●	(513)	-20.6%	●
Otolaryngology	1,304	1,523	1,407	(219)	-14.4%	●	(103)	-7.3%	●
Pediatrics	1	3	2	(2)	-66.7%	●	(1)	-50.0%	●
Radiology – Interventional	31	56	40	(25)	-44.4%	●	(9)	-22.5%	●
Urology w/ Procedure Ste.	1,131	1,240	1,148	(109)	-8.8%	●	(17)	-1.5%	○
Total	9,039	10,831	10,260	(1,792)	-16.6%	●	(1,221)	-11.9%	●

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Emergency Department

Fiscal Year to Date January 2016



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	33,828	34,459	33,436	(631)	-1.8% ○	392	1.2% ○
ED Admits	10,596	10,238	9,930	358	3.5% ●	666	6.7% ●
ED Conversion Factor	31.3%	29.7%	29.7%		5.4% ●		5.4% ●
ED Admits / Total Admits	55.2%	53.0%	53.9%		4.2% ●		2.4% ○

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Clinic Visits by Specialty

Fiscal Year to Date January 2016

Operating Review (YTD)	Actual	Budget	Variance to Budget	Variance to Budget %	
Burn Clinic	1,905	2,048	(143)	-7.0%	●
Center for Disabilities & Development	5,548	5,685	(137)	-2.4%	○
Center for Digestive Disease	12,782	11,401	1,381	12.1%	●
Clinical Cancer Center	30,485	32,124	(1,639)	-5.1%	●
Dermatology	14,020	13,718	302	2.2%	○
General Surgery	10,476	9,156	1,320	14.4%	●
Hospital Dentistry	9,842	9,669	173	1.8%	○
Internal Medicine	17,442	19,647	(2,205)	-11.2%	●
Neurology	8,976	8,814	162	1.8%	○
Neurosurgery	7,596	6,105	1,491	24.4%	●
Obstetrics/Gynecology	34,308	35,473	(1,165)	-3.3%	●
Ophthalmology	36,426	40,532	(4,106)	-10.1%	●
Orthopedics	40,768	44,257	(3,489)	-7.9%	●
Otolaryngology	11,461	13,674	(2,213)	-16.2%	●
Pediatrics	34,057	34,962	(905)	-2.6%	●
Primary Care (non-IRL)	104,249	104,117	132	0.1%	○
Psychiatry	21,068	20,504	564	2.8%	●
Urology	5,753	6,658	(905)	-13.6%	●
UI Heart Center	10,860	11,157	(297)	-2.7%	●
IRL	79,063	81,493	(2,430)	-3.0%	●
Total	497,085	511,194	(14,109)	-2.8%	●



Greater than 2.5% Favorable



Neutral



Greater than 2.5% Unfavorable

Total Clinic Visits by Location

Fiscal Year to Date January 2016



Operating Review (YTD)	FY16 Actual				FY15 Actual *				Variance to Prior Year	%
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total		
Family Medicine	27,197		77,052	104,249	29,517		73,676	103,193	1,056	1.0% ○
General Internal Medicine		16,277		16,277		14,853		14,853	1,424	9.6% ●
Pediatrics		13,579		13,579		12,523		12,523	1,056	8.4% ●
<i>Subtotal - Primary Care</i>	<i>27,197</i>	<i>29,856</i>	<i>77,052</i>	<i>134,105</i>	<i>29,517</i>	<i>27,376</i>	<i>73,676</i>	<i>130,569</i>	<i>3,536</i>	<i>2.7%</i> ●
Burn Clinic	1,905			1,905	1,828			1,828	77	4.2% ●
Center for Disabilities & Development	5,548			5,548	5,184			5,184	364	7.0% ●
Center for Digestive Disease	12,782	2,403		15,185	11,354	2,094		13,448	1,737	12.9% ●
Clinical Cancer Center	32,431	1,036		33,467	32,133	830		32,963	504	1.5% ○
Dermatology	14,020	5,573		19,593	13,495	5,253		18,748	845	4.5% ●
General Surgery	10,476			10,476	9,540			9,540	936	9.8% ●
Hospital Dentistry	9,842			9,842	9,066			9,066	776	8.6% ●
Internal Medicine	17,436	4,634		22,070	17,484	3,720		21,204	866	4.1% ●
Neurology	8,976			8,976	8,498			8,498	478	5.6% ●
Neurosurgery	7,596			7,596	6,837			6,837	759	11.1% ●
Obstetrics/Gynecology	34,308	14,521		48,829	30,963	13,315		44,278	4,551	10.3% ●
Ophthalmology	36,426	5,483		41,909	36,612	4,792		41,404	505	1.2% ○
Orthopedics	40,768	428		41,196	41,514	170		41,684	(488)	-1.2% ○
Otolaryngology	11,461	3,479		14,940	11,492	2,686		14,178	762	5.4% ●
Pediatrics	34,043			34,043	31,349			31,349	2,694	8.6% ●
Psychiatry	21,068			21,068	19,978			19,978	1,090	5.5% ●
Urology	3,827	6,550		10,377	6,504	4,713		11,217	(840)	-7.5% ●
UI Heart Center	10,860	5,100		15,960	10,245	4,050		14,295	1,665	11.7% ●
<i>Subtotal – Specialty Care</i>	<i>313,773</i>	<i>49,207</i>		<i>362,980</i>	<i>304,076</i>	<i>41,623</i>		<i>345,699</i>	<i>17,281</i>	<i>5.0%</i> ●
Total	340,970	79,063	77,052	497,085	333,593	68,999	73,676	476,268	20,817	4.4% ●

* from ongoing operations
 ● Greater than 2.5% Favorable ○ Neutral ● Greater than 2.5% Unfavorable

Pediatrics Clinic Visits by Location

Fiscal Year to Date January 2016



Operating Review (YTD)	FY16 Actual				FY15 Actual *				Variance to Prior Year	%
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total		
Family Medicine	2,511		20,481	22,992	2,736		19,206	21,942	1,050	4.8%
General Internal Medicine		9		9		15		15	(6)	-40.0%
Pediatrics		13,176		13,176		12,198		12,198	978	8.0%
<i>Subtotal - Primary Care</i>	<i>2,511</i>	<i>13,185</i>	<i>20,481</i>	<i>36,177</i>	<i>2,736</i>	<i>12,213</i>	<i>19,206</i>	<i>34,155</i>	<i>2,022</i>	<i>5.9%</i>
Burn Clinic					423			423	(423)	-100.0%
Center for Disabilities & Development	5,548			5,548	5,184			5,184	364	7.0%
Center for Digestive Disease	8			8	16			16	(8)	-50.0%
Clinical Cancer Center	52			52	51			51	1	2.0%
Dermatology	1,206	1,225		2,431	1,200	1,212		2,412	19	0.8%
General Surgery	321			321	163			163	158	96.9%
Hospital Dentistry	1,258			1,258	1,157			1,157	101	8.7%
Internal Medicine	56	90		146	28	115		143	3	2.1%
Neurology	266			266	144			144	122	84.7%
Neurosurgery	1,218			1,218	1,108			1,108	110	9.9%
Obstetrics/Gynecology	418	68		486	431	98		529	(43)	-8.1%
Ophthalmology	6,010	300		6,310	5,696	329		6,025	285	4.7%
Orthopedics	6,953	5		6,958	7,661			7,661	(703)	-9.2%
Otolaryngology	1,849	2,153		4,002	2,214	1,497		3,711	291	7.8%
Pediatrics	29,686			29,686	29,474			29,474	212	0.7%
Psychiatry	5,382			5,382	5,056			5,056	326	6.5%
Urology	126	1,718		1,844	169	1,703		1,872	(28)	-1.5%
UI Heart Center	10	113		123	19	92		111	12	10.8%
<i>Subtotal – Specialty Care</i>	<i>60,367</i>	<i>5,672</i>	<i>0</i>	<i>66,039</i>	<i>60,194</i>	<i>5,046</i>	<i>0</i>	<i>65,240</i>	<i>799</i>	<i>1.2%</i>
Total	62,878	18,857	20,481	102,216	62,930	17,259	19,206	99,395	2,821	2.8%

* from ongoing operations
 Greater than 2.5% Favorable Neutral Greater than 2.5% Unfavorable

Adult Clinic Visits by Location

Fiscal Year to Date January 2016



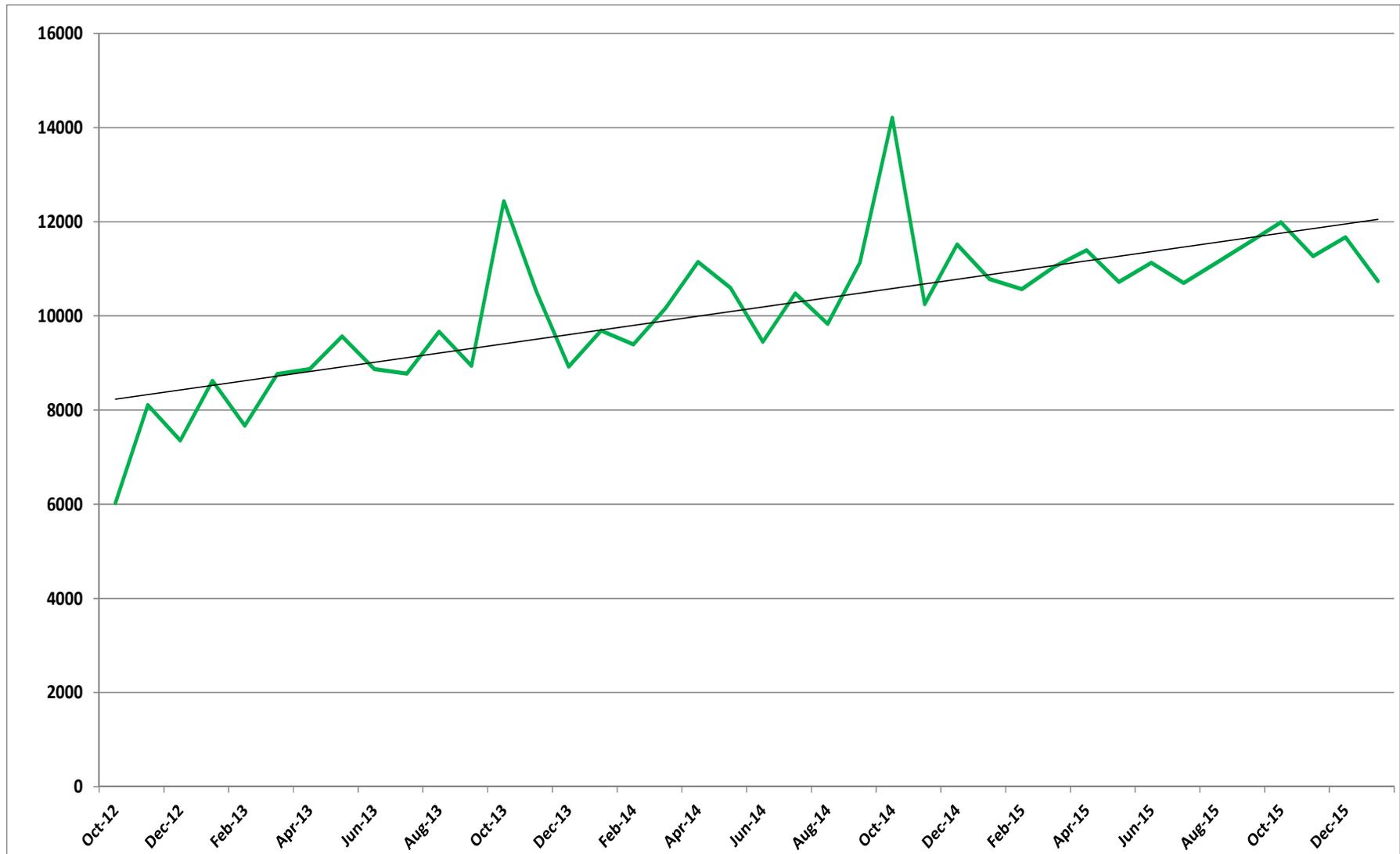
Operating Review (YTD)	FY16 Actual				FY15 Actual *				Variance to Prior Year	%
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total		
Family Medicine	24,686		56,571	81,257	26,781		54,470	81,251	6	0.0% ○
General Internal Medicine		16,268		16,268		14,838		14,838	1,430	9.6% ●
Pediatrics		403		403		325		325	78	24.0% ●
<i>Subtotal - Primary Care</i>	<i>24,686</i>	<i>16,671</i>	<i>56,571</i>	<i>97,928</i>	<i>26,781</i>	<i>15,163</i>	<i>54,470</i>	<i>96,414</i>	<i>1,514</i>	<i>1.6%</i> ○
Burn Clinic	1,905			1,905	1,405			1,405	500	35.6% ●
Center for Digestive Disease	12,774	2,403		15,177	11,338	2,094		13,432	1,745	13.0% ●
Clinical Cancer Center	32,379	1,036		33,415	32,082	830		32,912	503	1.5% ○
Dermatology	12,814	4,348		17,162	12,295	4,041		16,336	826	5.1% ●
General Surgery	10,155			10,155	9,377			9,377	778	8.3% ●
Hospital Dentistry	8,584			8,584	7,909			7,909	675	8.5% ●
Internal Medicine	17,380	4,544		21,924	17,456	3,605		21,061	863	4.1% ●
Neurology	8,710			8,710	8,354			8,354	356	4.3% ●
Neurosurgery	6,378			6,378	5,729			5,729	649	11.3% ●
Obstetrics/Gynecology	33,890	14,453		48,343	30,532	13,217		43,749	4,594	10.5% ●
Ophthalmology	30,416	5,183		35,599	30,916	4,463		35,379	220	0.6% ○
Orthopedics	33,815	423		34,238	33,853	170		34,023	215	0.6% ○
Otolaryngology	9,612	1,326		10,938	9,278	1,189		10,467	471	4.5% ●
Pediatrics	4,357			4,357	1,875			1,875	2,482	132.4% ●
Psychiatry	15,686			15,686	14,922			14,922	764	5.1% ●
Urology	3,701	4,832		8,533	6,335	3,010		9,345	(812)	-8.7% ●
UI Heart Center	10,850	4,987		15,837	10,226	3,958		14,184	1,653	11.7% ●
<i>Subtotal – Specialty Care</i>	<i>253,406</i>	<i>43,535</i>		<i>296,941</i>	<i>243,882</i>	<i>36,577</i>		<i>280,459</i>	<i>16,482</i>	<i>5.9%</i> ●
Total	278,092	60,206	56,571	394,869	270,663	51,740	54,470	376,873	17,996	4.8% ●

* from ongoing operations
 ● Greater than 2.5% Favorable

○ Neutral

● Greater than 2.5% Unfavorable

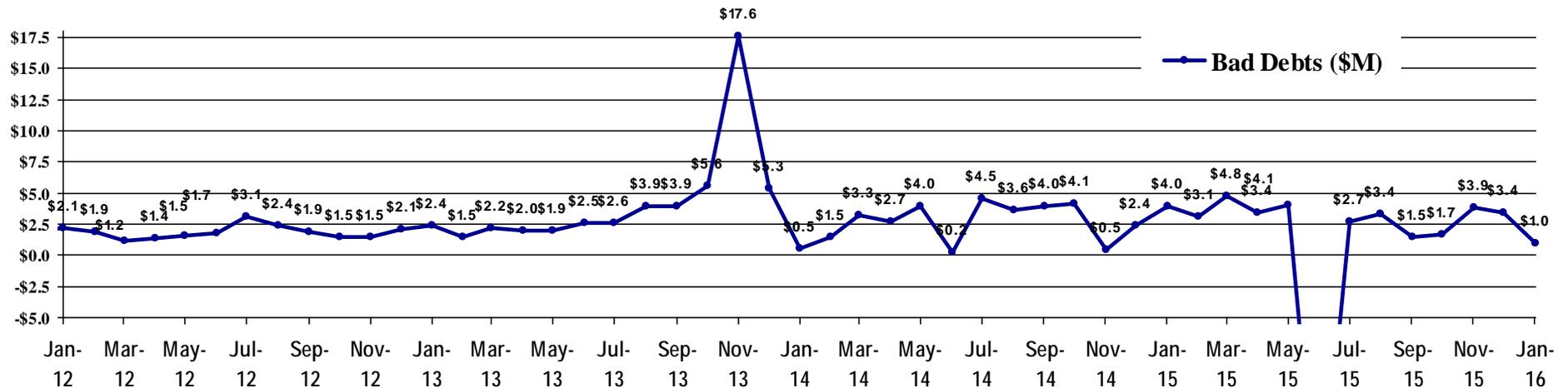
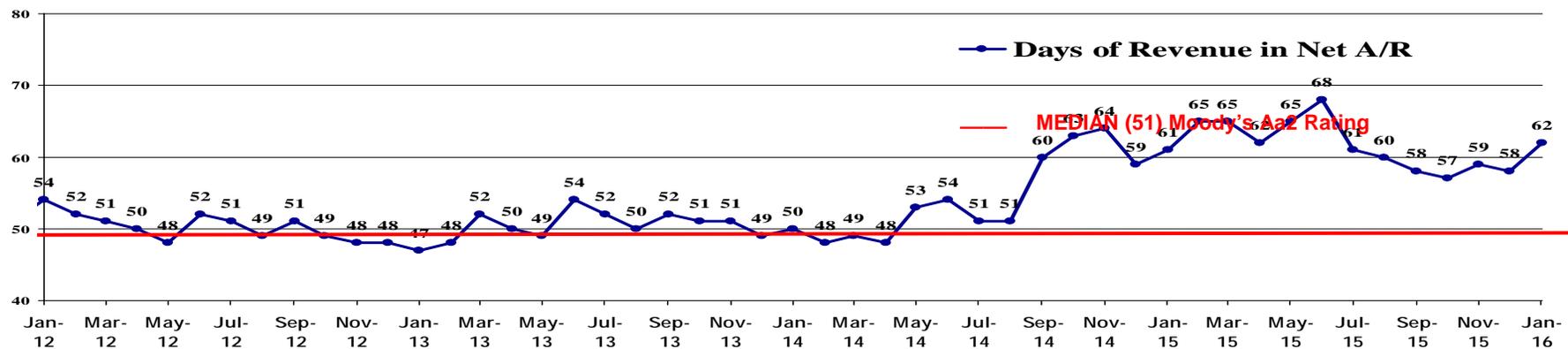
Iowa River Landing Ambulatory Visits



Comparative Accounts Receivable at January 31, 2016



	June 30, 2014	June 30, 2015	January 31, 2016
Net Accounts Receivable	\$176,695,824	\$236,775,239	\$233,819,810
Net Days in AR	54	68	62



UIHC Comparative Financial Results

Fiscal Year-to-Date January 2016



Dollars in Thousands

NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$797,145	\$793,684	\$714,327	\$3,461	0.4%	\$82,818	11.6%
Other Operating Revenue	30,383	30,366	30,561	17	0.1%	(178)	-0.6%
Total Revenue	\$827,528	\$824,050	\$744,888	\$3,478	0.4%	\$82,640	11.1%

EXPENSES:

Salaries and Wages	\$379,654	\$393,677	\$350,440	(\$14,023)	-3.6%	\$29,214	8.3%
General Expenses	345,172	354,549	307,796	(9,377)	-2.6%	37,376	12.1%
Operating Expense before Capital	\$724,826	\$748,226	\$658,236	(\$23,400)	-3.1%	\$66,590	10.1%
Cash Flow Operating Margin	\$102,702	\$75,824	\$86,652	\$26,878	35.5%	\$16,050	18.5%
Capital- Depreciation and Amortization	44,739	47,079	43,393	(2,340)	-5.0%	1,346	3.1%
Total Operating Expense	\$769,565	\$795,305	\$701,629	(\$25,740)	-3.2%	\$67,936	9.7%

Operating Income	\$57,963	\$28,745	\$43,259	\$29,218	101.7%	\$14,704	34.0%
Operating Margin %	7.0%	3.5%	5.8%		3.5%		1.2%
Gain (Loss) on Investments	(14,118)	12,946	7,673	(27,064)	-209.1%	(21,791)	-284.0%
Other Non-Operating	(4,396)	(5,397)	(4,518)	1,001	18.6%	122	2.7%
Net Income	\$39,449	\$36,294	\$46,414	\$3,155	8.7%	(\$6,965)	-15.0%
Net Margin %	4.9%	4.4%	6.2%		0.5%		-1.3%

* Gain/(Loss) on Investments based on information available at close. Final investment return for this period is reflected in Fiscal Year to Date returns in the subsequent reporting cycle.



Proposed Amendments to the Bylaws of the UIHC and its Clinical Staff

Joe Clamon
Associate Vice President for Legal Affairs

Explanation of Proposed Amendments the Bylaws, Rules & Regulations of the University of Iowa Hospitals and Clinics and Its Clinical Staff

The University of Iowa Hospitals and Clinics (“UIHC”) last revised its bylaws in February 2014. As part of its program of continuous performance improvement, the leadership of UIHC engaged in a review of the current bylaws. This review identified a number of areas to recommend updates.

These recommendations include:

- (1) establishment of term limits for Chief of Staff and subcommittee chairs and members where appropriate;
- (2) facilitating broad representation on subcommittees including representation from the Carver College of Medicine where appropriate;
- (3) division of the responsibilities of the Professional Practice Subcommittee into two subcommittees to:
 - (a) better meet the increased needs of UIHC related to quantitative and qualitative quality and safety data and process analysis; and
 - (b) devote a committee to peer review and provider well-being issues;
- (4) clarification of the method to voluntarily reduce clinical privileges;
- (5) update provisions to better reflect the role of the Vice President for Medical Affairs as it pertains to hospital matters;
- (6) update the provision regarding history and physical examination requirements to comply with Joint Commission standards; and
- (7) removal of Code of Iowa language appendices that were not needed because they are available in other places.

Summary of Material Changes to UIHC Bylaws

1. Article II, Section 2(B) is amended to read as follows:

B. Chief Executive Officer

The Chief Executive Officer shall report to the Vice President for Medical Affairs. The Chief Executive Officer shall be qualified by education and experience appropriate to the proper discharge of the responsibilities of the position. Such qualifications shall be judged appropriate by the Vice President of the University and the Board of Regents for Medical Affairs. The appointment of the Chief Executive Officer shall be in accord with the rules and regulations of the University of Iowa as set forth in the University Operations Manual. The duties of the Chief Executive Officer shall include the following:

1. To be continuously responsible for the operation, programming, maintenance and administrative affairs of the hospital commensurate with the authority conferred by the Vice President of the University and the Board of Regents for Medical Affairs and consonant with expressed goals and policies of the UIHC;
2. To be responsible for the application and implementation of appropriate federal and state, Board of Regents, and University policies and directives in the operation of the hospital;
3. To provide liaison with the Clinical Staff, the Clinical Services of the Hospital, the Health College Deans, the University Administration, the Board of Regents, and between the hospital and the statewide community, and to work collaboratively with the Health College Deans to support their academic missions;

4. To provide periodically through the Vice President of the University for Medical Affairs a report to the Board of Regents summarizing actions taken by the University Hospital Advisory Committee pursuant to Article III, Section 1;
5. To maintain the financial integrity and optimal utilization of the physical resources of the hospital operation; this shall include the responsibility for submission, through University of Iowa operating channels, of an annual operating budget after consultation with the University Hospital Advisory Committee;
6. To establish and maintain employee relations policies and procedures that adequately support sound patient care;
7. To designate an individual to act for him/her in his/her absence, in order to assure the hospital continuous, coordinate administrative direction;
8. To organize the administrative functions of the hospital, delegate duties and establish formal means of accountability for subordinates;
9. To establish such hospital departments as are indicated, provide for departmental and interdepartmental meetings and attend, or be represented at, such meetings;
10. To chair or send a delegate to all meetings of the University Hospital Advisory Committee (structure, responsibilities and authority are defined in Article III) and other meetings of pertinence;
11. To develop and transmit reports to the Clinical Staff, ~~to the~~ Vice President for Medical Affairs, President of the University, and ~~to~~ the Board of Regents on the overall activities of the hospital and on appropriate federal, state and local developments that affect the hospital;

12. Through the Vice President for Medical Affairs and President of the University of Iowa, to provide the ~~State~~ Board of Regents with short-range and long-range hospital objectives and programs, both of an operational and capital nature, after consultation with the University Hospital Advisory Committee.

2. Article II, Section 3(C) is amended to read as follows:

C. Chief of Staff

1. Appointment

a. Nominating Committee: The Chairperson of the University Hospital Advisory Committee and the Dean of the College of Medicine shall select three (3) members of the University Hospital Advisory Committee to serve with them as a nominating committee of five (5). The nominating committee shall select not more than two (2) candidates for the position of Chief of Staff after seeking advice from the Clinical Staff.

b. Selection by Active Clinical Staff: The nominees shall be submitted to the Active Clinical Staff, who shall select the Chief of Staff in an election conducted in the same manner as the elections of at-large members of the University Hospital Advisory Committee-; provided, however, that members of the University Hospital Advisory Committee shall be permitted to vote in a Chief of Staff election.

2. Term of Appointment: The appointment of the Chief of Staff shall be for a three (3) year ~~renewable~~-term. An individual may be elected to no more than two (2) terms.

3. Qualifications: The Chief of Staff shall be a member of the Active Clinical or Emeritus Staff and shall possess the background, experience and demonstrated competence to fulfill the duties of the position.

4. Removal: The University Hospital Advisory Committee, by a two-thirds vote, may remove the Chief of Staff for conduct detrimental to the interest of the UIHC or ~~Its~~its Clinical Staff, or if the Chief of Staff is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office, provided that notice of the meeting at which such action shall be decided is given in writing to the Chief of Staff at least ten (10) days in advance of the meeting. The Chief of Staff shall be afforded the opportunity to speak prior to the taking of any vote on such removal.

5. Responsibilities: The Chief of Staff shall:
 - a. Serve as the Vice-Chair of the University Hospital Advisory Committee.

 - b. Chair the Professional Practice and Well-being Subcommittee, and in that capacity assure that the Subcommittee fulfills its responsibilities as defined in the Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics and Its Clinical Staff and monitor the activities of other Subcommittees of the University Hospital Advisory Committee with a focus on clinically relevant initiatives.

 - c. Serve as Ombudsman for the ~~elinical-staff~~Clinical Staff and provide liaison between the ~~elinical-staff~~Clinical Staff and the Deans of the Colleges of Medicine and Dentistry.

 - d. In cooperation with the Chief Executive Officer, provide periodically through the Vice President for Medical Affairs and the President of the University a report to the Board of Regents summarizing actions taken by University Hospital Advisory Committee pursuant to Article III, Section 1.

 - e. In conjunction with the Chair of the University Hospital Advisory Committee, select Chairpersons and memberships to select standing Subcommittees of the University Hospital Advisory Committee.

3. Article III, Section 3 is amended to read as follows:

Section 3: Membership

Membership of the University Hospital Advisory Committee shall consist of the following:

- A. The Heads of the respective Clinical Services;
- B. The ~~Director of the UIHC~~Chief Executive Officer;
- C. The Chief of Staff;
- D. The Vice President of Medical Affairs;
- ~~E.~~ The Dean of the College of Medicine;
- ~~F.~~ The Executive Director of ~~University of~~University of Iowa Physicians;
- G. Five at-large members of the Clinical Staff; these members shall be elected by ballot with each Active Clinical Staff member, excluding those Clinical Staff members who are already members of the University Hospital Advisory Committee, allotted a single vote. No more than two of the at-large members shall have clinical privileges in the same Clinical Service. Elections shall be held every three (3) years on April 1. In the event that an at-large position becomes vacant more than six (6) months prior to a scheduled election, a special election shall be held. The term of the member(s) elected in the special election will run

until the next regular election. A member-at-large shall remain a member of the Committee until resignation or until replaced by a subsequent at-large election. An at-large member may be elected to no more than two (2) consecutive terms.

F.H. The Associate Directors of the UIHC.

G.I. The Director of the Clinical Cancer Center.

H.J. Administrative officials who, as a result of past extraordinary contributions to the UIHC, could serve in a valuable future consultative role may, at the discretion of the Committee retain non-voting membership when they leave the positions that initially entitled them to membership.

4. Article III, Section 5(A) is amended to read as follows:

A. Structure

Subcommittees shall be either standing or ad hoc. All subcommittee chairpersons and members, except Credentials Subcommittee members and the Chair of the Professional Practice and Well-being Subcommittee, shall be appointed by the Chairperson of the University Hospital Advisory Committee, in conjunction with the Vice-Chairperson, subject to approval by the University Hospital Advisory Committee membership. Membership of a subcommittee may consist of Clinical Staff members, hospital administrative staff members, and other professional staff of the hospital. Also, if a subcommittee is empowered to adopt policies that apply to the Carver College of Medicine as well as the UIHC, Carver College of Medicine faculty and staff who are not members of the Clinical Staff may serve as members of the subcommittee. Members of each subcommittee shall be designated by the Chairperson, in conjunction with the Vice-Chairperson, as designated by the Chairperson, in conjunction with the Vice Chairperson, except that the Credentials Subcommittee shall have the composition specified in the ~~second~~fourth paragraph of this subsection. Appointments to standing subcommittees shall be made by the

Chairperson of the University Hospital Advisory Committee, in conjunction with the Vice-Chairperson, with the concurrence of the University Hospital Advisory Committee membership.

~~Subcommittee chairs shall be appointed to five year renewable terms unless their appointment is associated with a specific administrative office or leadership position they hold within the UIHC.~~

Subcommittee members shall be appointed to three (3) year renewable terms if the positions they occupy are not assigned by the head of the Clinical Service, associated with a specific administrative, management or supervisory position or other UIHC sponsored positions.

Subcommittee chairs shall be appointed to a five (5) year term that may be renewed for one additional five (5) year term. In the event that a subcommittee chair's appointment is associated with a specific office or leadership position they hold within the UIHC, the subcommittee chair shall remain chair as long as the associated administrative office or leadership position is held ("Ex Officio Term"). If an existing subcommittee member is appointed chair, the term of their original membership will immediately cease, and the five (5) year term or Ex Officio Term as chair will begin immediately. At the conclusion of a subcommittee chair's term, that individual may be reappointed as a member of that subcommittee. If a former subcommittee chair is reappointed as a member of that subcommittee, the term of such subcommittee membership shall begin as a new three (3) year term, subject to the paragraph above.

The Credentials Subcommittee shall be composed of one Active Clinical Staff member for each Clinical Service, designated by the Head of the Clinical Service. Clinical Service Heads and members of the University Hospital Advisory Committee shall not be members. The members of the Credentials Subcommittee shall be divided into Medical and Surgical Credentials Panels as follows: Medical -- Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology,

Pathology, Pediatrics, Psychiatry, Radiation Oncology, and Radiology; and Surgical -- Anesthesia, [Cardiothoracic Surgery](#), Dentistry, Neurosurgery, Obstetrics-Gynecology, Ophthalmology and Visual Sciences, Orthopaedics and Rehabilitation, Otolaryngology—Head and Neck Surgery, Surgery and Urology. The Chairpersons of each Panel shall be selected from among the voting membership of the Panel by the Chairperson of the [University](#) Hospital Advisory Committee, in conjunction with the Vice-Chairperson. Each Panel shall also include a member of the hospital administrative staff ex officio, without vote.

Two subpanels, the physician assistant/advanced registered nurse practitioner (PA/ARNP) subpanel and the health care professional subpanel, shall report jointly to the Medical and Surgical Credentials Panels. The PA/ARNP subpanel shall be composed of four physician assistants, four advanced registered nurse practitioners, one physician supervising the practice of a PA, one physician with a collaborative agreement with an ARNP, and a Chairperson selected by the Chairperson of the Professional Practice [and Well-being](#) Subcommittee. Members of the PA/ARNP subpanel shall be appointed by the Chairperson of the Professional Practice [and Well-being](#) Subcommittee, upon recommendations from the Clinical Services Heads in which physician assistants and advanced nurse practitioners practice. The PA/ARNP subpanel will be representative of the Clinical Services in which physician assistants and advanced registered nurse practitioners practice.

The health care professional subpanel shall be composed of four health care professionals, representative of the Clinical Services in which health care professionals practice, two physicians, and a Chairperson selected by the Chairperson of the Professional Practice [and Well-being](#) Subcommittee. Members of the health care professional subpanel will be selected by the Chairperson of the Professional Practice [and Well-being](#) Subcommittee, upon recommendations from the Clinical Service Heads in which health care professionals practice. Subpanel membership will be representative of these Clinical Services.

Each subpanel shall also include a member of the hospital administrative staff ex officio, without vote.

The Vice-Chairperson of the University Hospital Advisory Committee shall be the Chair of the Professional Practice and Well-being Subcommittee.

Standing subcommittees shall meet at least annually. Minutes shall be kept of such meetings that shall include a listing of the members in attendance. Any member who misses two (2) consecutive meetings without an excuse approved by the Chairperson of the subcommittee shall be notified that a third consecutive unexcused absence shall be deemed a resignation from the subcommittee. Upon a third consecutive unexcused absence, the Chairperson shall notify the member and the Chairperson of the University Hospital Advisory Committee that the member's position is vacant and a new member shall be appointed by the Chairperson of the University Hospital Advisory Committee subject to approval by the University Hospital Advisory Committee membership.

5. Article III, Section 5(B) is amended to read as follows (only materially amended subsections shown):

B. Standing Subcommittee Charges

Standing subcommittees and their respective charges are as follows:

1. Compliance Subcommittee

To provide oversight and guidance for the regulatory audit and compliance activities of UIHC. ~~Ensuring~~Enable ~~the~~Enable the organization ~~has adopted~~to adopt and ~~implemented~~implement policies and procedures that will meet the intent and comply with all applicable laws, rules, regulations and policies. ~~The~~In fulfilling this charge, the Compliance Subcommittee will:

- a. Review and address the activities of the Joint Office for Compliance as it relates to the seven elements of the Federal Compliance Program Guidance (1998 and 2005) including: Designation of a Compliance Officer, Development of Compliance Policies and Procedures; Developing Open Lines of Communication; Provision of Appropriate Training and Education, Internal Regulatory Monitoring and Auditing; Response to Detected Deficiencies; and Enforcement of Disciplinary Standards.
- b. Annually review the “Code of Ethical Behavior, a Guide for Staff” to assure it addresses all applicable federal, state and local laws, regulations and other compliance requirements.
- c. Oversee the enterprise risk assessment with the goal to align risk and strategy; enhance risk response decisions; increase operational predictability; identify and manage multiple and cross-enterprise risks; proactively manage and minimize risks while achieving strategic objectives; and align deployment of resources with risk mitigation strategy.

2. Credentials Subcommittee

To review the credentials of all ~~applicants~~members or other practitioners applying for initial or increased clinical privileges ~~and of members, or other practitioners as described in Article IV, Section 4, Part F, for whom there is a request;~~ to review proposals for decreased privileges either as part of the biennial review and reaffirmation or as part of a corrective action as described in these Bylaws, Rules and Regulations; to make a recommendation to the University Hospital Advisory Committee on each application ~~or request, reaffirmation, or corrective action described in this paragraph;~~ and to report problems related to clinical practice or professional policy through the Professional Practice and Well-being Subcommittee to the University Hospital Advisory Committee.

13. Professional Practice and Well-being Subcommittee

To cause patient care delivered at the UIHC to ~~be consistent~~ be consistent with professionally recognized standards of care and adjudicate conflicts regarding professional practice, care for the well-being of health care providers so that they are in the best position to care for patients. In fulfilling this charge, the Professional Practice and Well-being Subcommittee will:

- a. Hear and adjudicate problems of a professional and ethical nature involving the clinical practice of either house staff or Clinical Staff members.
- a.b. Review interdisciplinary or inter-clinical department conflicts with the corollary responsibility for recommending to the University Hospital Advisory Committee policy statements or protocols to remedy such occurrences and otherwise foster harmonious interdepartmental relationships aimed at ensuring quality patient care.
- c. Review licensed independent provider satisfaction survey data and develop recommendations for improvement.
- d. Coordinate provider well-being initiatives.

15.— Quality and Safety Oversight Subcommittee ~~on Protection of Persons~~

To cause patient care delivered by the Clinical Staff of the UIHC to be provided in a safe, manner that is consistent with professionally recognized standards of care. In ~~fulfilling this~~ fulfilling this charge, the Quality and Safety Oversight Subcommittee will:

- a. Coordinate the quality and performance improvement activities of the UIHC.

- b. Review, analyze and evaluate on a continuing basis the performance of the Clinical Service quality and performance improvement committees in formulating standards of care; measuring outcomes of care; and taking constructive intradepartmental action on the evaluation results, as specified in the UIHC Performance Improvement [Plan](#).

6. Article IV, Section 5(D) is amended to read as follows:

DD. Voluntary Reduction

A voluntary reduction in privileges may occur at any time separate from reaffirmation as described in Article IV, Section 5(C). A voluntary reduction apart from reaffirmation may be initiated by a member or other practitioner by requesting to a the Clinical Service Head a reduction in clinical privileges. After conducting a review of the request, the Clinical Service Head may recommend a reduction in the clinical privileges of the member or other practitioner. The resulting reduction request must be signed and dated by the requesting member or practitioner and shall be both the Clinical Service Head and the member or other practitioner, with the reduction becoming effective upon a signed and dated acknowledgement from the Clinical Service Head, with the reduction effective on the date of the last signature. The reduction is then forwarded to the appropriate Credentials Subcommittee Panel Chair for acknowledgement upon the later of the date of signature of acknowledgement by the Clinical Service Head or the effective date set forth in the request.

Any reinstatement to prior privileges or increase in privileges requires an application for those privileges, consistent with the requirements for a member or practitioner's application for new privileges.

A voluntary reduction in privileges may occur at any time separate from reaffirmation as described in Article IV, Section 5(C). A voluntary reduction apart from reaffirmation may be initiated by a member or other practitioner requesting to a Clinical Service Head a reduction in clinical privileges. After conducting a review of the request, the Clinical Service Head may recommend a reduction in the clinical privileges of the member or other practitioner. The resulting reduction must be signed and dated by both the Clinical Service Head and the member or other practitioner, with the reduction becoming effective on the date of the last signature. The reduction is then forwarded to the appropriate Credentials Subcommittee Panel Chair for acknowledgement.

Any reinstatement to prior privileges or increase in privileges requires an application for those privileges, consistent with the

requirements for a member or practitioner's application for new privileges.

7. Article IV, Section 6(A) is amended to read as follows:

A. Decreased Clinical Privileges

Clinical privileges may be reduced, suspended or terminated for activities or professional conduct considered to be lower than the standards of the hospital and its ~~clinical staff~~Clinical Staff, or to be disruptive to operations of the hospital, or for violation of these Bylaw, Rules and Regulations, directives of the University Hospital Advisory Committee, or rules and regulations of the applicable Clinical Service. Action may be initiated by written request from the Chairperson of the University Hospital Advisory Committee, Chairperson of the Professional Practice and Well-being Subcommittee, from the applicable Clinical Service Head, or from a majority of a review committee created pursuant to Article IV, Section 5, Part (C), to the Chairperson of the applicable Credentials Panel. The request shall be supported by reference to specific activity or conduct which constitutes the grounds for the request. A copy of the request shall be sent to the affected member or practitioner. If the affected member or practitioner signs a written acceptance of the requested reduction, the reduction shall take effect when the member or practitioner signs the acceptance. If the member or practitioner does not sign such an acceptance within ten (10) days of receipt of the request, the Credentials Panel, or applicable subpanel, shall conduct an investigative review which shall include an opportunity for the affected member or practitioner to submit information. Within forty-five (45) days of receipt of the request by the Chairperson, the Credentials Panel shall prepare a recommendation which shall be handled as provided in Article IV, Section 6(B). Part B of this section.

~~At any time, a member or practitioner may request that a Clinical Service Head reduce their clinical privileges. After conducting a review, the Clinical Service Head may recommend a reduction in the clinical privileges of the member or~~

~~practitioner. The recommended reduction shall take effect upon being signed by both the Clinical Service Head and the member or practitioner.~~

8. Article VIII, Section 7 is amended to read as follows:

Section 7:

A medical history and physical examination shall be completed and documented for each patient no more than thirty (30) days before, or twenty-four (24) hours after, admission or registration for a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a member of the Clinical Staff or other practitioners privileged pursuant to Article IV, Section 4(F). An updated examination must be completed prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within thirty (30) days before admission or registration (in a non-inpatient setting). The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a member of the Clinical Staff or other practitioners privileged pursuant to Article IV, Section 4(F).~~A complete history and physical examination shall be recorded and signed within 24 hours after admission of the patient.~~ If the circumstances are such that a delay is necessary, a brief admission note may be recorded pending completion of the history and physical examination. A re-admission note, or a "short form" must be recorded and signed before any operation is performed or treatment is instituted, except in cases of emergency.

BYLAWS RULES & REGULATIONS

*of
the University of Iowa Hospitals and Clinics
and Its Clinical Staff*

2014

2016

**Revised and Adopted by The
University of Iowa University Hospital Advisory Committee**
8/73, 9/75, 11/76, 4/77, 5/77, 12/77, 7/78, 8/78, 3/79, 10/79, 6/80, 8/80, 11/80, 12/80, 3/81, 4/81, 7/81,
10/81, 6/82, 9/82, 12/82, 5/86, 10/87, 8/88, 10/89, 1/90, 3/90, 4/90, 7/91, 10/92, 4/93, 3/94, 8/96, 9/97, 9/98,
12/98, 8/99, 11/00, 4/01, 8/01, 1/02; 12/02; 2/03; 4/03; 5/03; 6/04; 4/05; 10/07; 12/08; 3/10; 10/10; 4/11; 10/13, 12/15

**Approved by the Board of Regents, State of Iowa
as Trustees of the UIHC**
12/76, 1/78, 11/78, 3/79, 2/80, 9/80, 1/81, 10/81, 3/82, 3/83, 10/87, 10/88, 11/89, 5/90, 7/91, 10/92, 4/93, 3/94, 9/96, 10/97, 10/98, 3/99, 10/99,
12/00, 5/01, 9/01, 3/02; 1/03; 5/03 10/03; 8/04; 6/05; 3/09; 10/10; 6/11; 2/14, _____

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**BYLAWS, RULES AND REGULATIONS OF
THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS
AND ITS CLINICAL STAFF**

BYLAWS, RULES AND REGULATIONS OF
THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS
AND ITS CLINICAL STAFF

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BYLAWS, RULES AND REGULATIONS OF
THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS
AND ITS CLINICAL STAFF

PREAMBLE

The bylaws, rules, and regulations herein contained shall serve as (1) a set of guidelines whereby the University of Iowa Hospitals and Clinics (UIHC) and its Clinical Staff can function effectively, and (2) a guide for responsible ~~decisionmaking~~decision-making and goal-attainment for all departments of this teaching institution. The bylaws, rules and regulations shall: 1) ~~ensure~~establish effective cooperation through defined objectives; 2) serve as a resource document for employees, staff, and the public; 3) ~~ensure~~cause appropriate interaction and effective coordination with the ~~institution's external "public";~~public, and 4) serve to comply with accreditation and certification requirements of various accrediting and advisory bodies.

ARTICLE I: INSTITUTIONAL IDENTIFICATION

The UIHC is a major teaching hospital whose existence is predicated upon the provisions contained in Chapters 225, 262 and 263 of the Code of Iowa ~~(See Appendices II-V)~~. The UIHC, in compliance with the Code of Iowa, serves as the teaching hospital and comprehensive health care center for the State of Iowa, thereby promoting the health of the citizens of Iowa, regardless of their ability to pay. The UIHC, in concert with the University of Iowa health science colleges, functions in support of health care professionals and organizations in Iowa and other states by: 1) offering a broad spectrum of clinical services to all patients cared for within the UIHC and through its outreach programs; 2) serving as the primary teaching hospital for the University; and, 3) providing a base for innovative research to improve health care.

The patient population of the UIHC shall include patients referred by community physicians and dentists because of the broad scope clinical competency available within the hospital; medically

indigent patients of the state admitted for ~~primary, secondary and tertiary~~ observation, diagnosis, care and treatment; and other patients admitted or seen for diagnosis and treatment in ~~the~~ outpatient clinics or through outreach programs.

No prospective patient shall ever be denied admission or treatment on the basis of sex, race, creed, color, national origin, religion, age, disability, veteran status, sexual orientation, gender identity, or associational preference. No patient who requires care on an emergency basis shall be denied such care on the basis of source of payment or any other criteria not related to medical indications.

ARTICLE II: ORGANIZATIONAL STRUCTURE

Section 1: Board of Regents, State of Iowa

The UIHC is a state institution, part of the University of Iowa, and an integral part of the health sciences complex at the University of Iowa. Chapter 262 of the Code of Iowa, which authorizes and identifies the responsibilities of the Board of Regents, State of Iowa (hereinafter referred to as the Board of Regents), delineates the authority given to the Board of Regents to act as the ultimate governing body of the UIHC as an organizational unit of the University of Iowa.

The Board of Regents is composed of nine (9) citizens of Iowa who are appointed by the governor and confirmed by the state senate. Board members serve six-(6) year, staggered terms with the terms of three members expiring every second year. The Board of Regents acts to assure that the governance and development of the UIHC is in the best interests of the people of Iowa.

Section 2: Administration

A. Organization

The president of the University of Iowa delegates to the ~~Director of the UIHC, the~~ Chief Executive Officer of ~~the hospital, UIHC~~ the responsibility for the operation of the hospital. This is achieved through an organizational structure defined by the President of the University.

B. Chief Executive Officer

The Chief Executive Officer shall report to the Vice President for Medical Affairs. The Chief Executive Officer shall be qualified by education and experience appropriate to the proper discharge of the responsibilities of the position. Such qualifications shall be judged appropriate

by the Vice President of the University and the Board of Regents for Medical Affairs. The appointment of the Chief Executive Officer shall be in accord with the rules and regulations of the University of Iowa as set forth in the University Operations Manual. The duties of the Chief Executive Officer shall include the following:

1. To be continuously responsible for the operation, programming, maintenance and administrative affairs of the hospital commensurate with the authority conferred by the Vice President of the University and the Board of Regents for Medical Affairs and consonant with expressed goals and policies of the UIHC;
2. To be responsible for the application and implementation of appropriate federal and state, Board of Regents, and University policies and directives in the operation of the hospital;
3. To provide liaison with the Clinical Staff, the Clinical Services of the Hospital, the Health College Deans, the University Administration, the Board of Regents, and between the hospital and the statewide community, and to work collaboratively with the Health College Deans to support their academic missions;
4. To provide periodically through the Vice President of the University for Medical Affairs a report to the Board of Regents summarizing actions taken by the University Hospital Advisory Committee pursuant to Article III, Section 1;
5. To maintain the financial integrity and optimal utilization of the physical resources of the hospital operation; this shall include the responsibility for submission, through University of Iowa operating channels, of an annual operating budget after consultation with the University Hospital Advisory Committee;
6. To establish and maintain employee relations policies and procedures that adequately support sound patient care;
7. To designate an individual to act for him/her in his/her absence, in order to assure the hospital continuous, coordinate administrative direction;

8. To organize the administrative functions of the hospital, delegate duties and establish formal means of accountability for subordinates;
9. To establish such hospital departments as are indicated, provide for departmental and interdepartmental meetings and attend, or be represented at, such meetings;
10. To chair or send a delegate to all meetings of the University Hospital Advisory Committee (structure, responsibilities and authority are defined in Article III) and other meetings of pertinence;
11. To develop and transmit reports to the Clinical Staff, ~~to the~~ Vice President for Medical Affairs, President of the University, and ~~to~~ the Board of Regents on the overall activities of the hospital and on appropriate federal, state and local developments that affect the hospital;
12. Through the Vice President for Medical Affairs and President of the University of Iowa, to provide the ~~State~~ Board of Regents with short-range and long-range hospital objectives and programs, both of an operational and capital nature, after consultation with the University Hospital Advisory Committee.

Section 3: Clinical Services and Administration

A. Organization

The Clinical Staff of the UIHC shall be organized into Clinical Services coordinate with the departmental structure plus the Hospital Dentistry Clinical Service. Each Clinical Service shall have a Head who shall be responsible for the overall supervision of the clinical, teaching and research functions within his/~~her service~~her service. The Clinical Services shall be as follows:

Anesthesia	Ophthalmology & Visual Sciences
Cardiothoracic Surgery	Orthopaedics and Rehabilitation
Dermatology	Otolaryngology-Head and Neck Surgery
Emergency Medicine	Pathology
Family Medicine	Pediatrics
Hospital Dentistry	Psychiatry
Internal Medicine	Radiation Oncology
Neurology	Radiology
Neurosurgery	Surgery

B. Clinical Service Head

The appointment of each medical and surgical Clinical Service Head shall be accomplished by the College of Medicine in accordance with rules and regulations of the University of Iowa set forth in the University Operations Manual and the Manual of Procedure of the College of Medicine. Serving both as a department head within the College of Medicine and as a Clinical Service Head within the UIHC, the Head shall be a member of the Active Clinical Staff.

The Head of the Hospital Dentistry Clinical Service shall be jointly appointed by the ~~Director~~Chief Executive Officer ~~of~~Officer of the UIHC and the Dean of the College of Dentistry. The appointment shall be accomplished in accordance with rules and regulations of the University of Iowa as set forth in the University Operations Manual.

1. Qualifications and Responsibilities

Each Clinical Service Head shall be qualified by education and experience appropriate to the proper discharge of the responsibilities of the position. Such qualifications shall be judged appropriate by the respective Dean of the College of Medicine or Dentistry, the Vice President for Medical Affairs, the President of the University and the Board of Regents.

2. Duties

Each Clinical Service Head shall:

- a. Monitor all professional and administrative activities within the Clinical Service;
- b. Serve as a member of the University Hospital Advisory Committee providing guidance on the policies of the hospital;
- c. Maintain continuing review of the professional performance of all members and other practitioners with clinical privileges within the Clinical Service, including conduct of the biennial review provided in Part C of Article IV, Section 5 of Article IV;(C);

- d. Be responsible for enforcement within the Clinical Service of these Bylaws, Rules and Regulations;
- e. Be responsible for the patient care, teaching and research programs of the Clinical Service;
- f. Participate in planning and decision-making relating to his/her Clinical Service through collaborative activities with the Hospital Administration in all matters affecting patient care.

C. Chief of Staff

1. Appointment

- a. Nominating Committee: The Chairperson of the University Hospital Advisory Committee and the Dean of the College of Medicine shall select three (3) members of the University Hospital Advisory Committee to serve with them as a nominating committee of five (5). The nominating committee shall select not more than two (2) candidates for the position of Chief of Staff after seeking advice from the Clinical Staff.
 - b. Selection by Active Clinical Staff: The nominees shall be submitted to the Active Clinical Staff, who shall select the Chief of Staff in an election conducted in the same manner as the elections of at-large members of the University Hospital Advisory Committee; provided, however, that members of the University Hospital Advisory Committee shall be permitted to vote in a Chief of Staff election.
2. Term of Appointment: The appointment of the Chief of Staff shall be for a three (3) year ~~renewable~~ term. An individual may be elected to no more than two (2) terms.
3. Qualifications: The Chief of Staff shall be a member of the Active Clinical or Emeritus Staff and shall possess the background, experience and demonstrated competence to fulfill the duties of the position.

4. Removal: The University Hospital Advisory Committee, by a two-thirds vote, may remove the Chief of Staff for conduct detrimental to the interest of the UIHC or ~~Its~~ its Clinical Staff, or if the Chief of Staff is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office, provided that notice of the meeting at which such action shall be decided is given in writing to the Chief of Staff at least ten (10) days in advance of the meeting. The Chief of Staff shall be afforded the opportunity to speak prior to the taking of any vote on such removal.
5. Responsibilities: The Chief of Staff shall:
 - a. Serve as the Vice-Chair of the University Hospital Advisory Committee.
 - b. Chair the Professional Practice and Well-being Subcommittee, and in that capacity assure that the Subcommittee fulfills its responsibilities as defined in the Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics and Its Clinical Staff and monitor the activities of other Subcommittees of the University Hospital Advisory Committee with a focus on clinically relevant initiatives.
 - c. Serve as Ombudsman for the ~~clinical-staff~~ Clinical Staff and provide liaison between the ~~clinical-staff~~ Clinical Staff and the Deans of the Colleges of Medicine and Dentistry.
 - d. In cooperation with the Chief Executive Officer, provide periodically through the Vice President for Medical Affairs and the President of the University a report to the Board of Regents summarizing actions taken by University Hospital Advisory Committee pursuant to Article III, Section 1.
 - e. In conjunction with the Chair of the University Hospital Advisory Committee, select Chairpersons and memberships to select standing Subcommittees of the University Hospital Advisory Committee.

Section 4: Hospital Departments

Hospital departments established ~~under Part B (i) of~~ pursuant to Article II, Section 2(B)(9) shall be listed in an appendix to these Bylaws, Rules and Regulations. When a department is established for a discipline, that discipline shall be practiced in the UIHC only by persons who meet applicable licensure requirements and are in one of the following categories:

- A. persons with appointments in that department; or
- B. persons with other formal means of accountability to that department approved by the head of the department and the Chief Executive Officer.

ARTICLE III: UNIVERSITY HOSPITAL ADVISORY COMMITTEE AND SUBCOMMITTEES

Section 1: Name and Delegation of Authority

The Hospital Administration and the Clinical Staff shall express their joint policy-making efforts on behalf of the UIHC via the primary internal policy-making body of the hospital -- the University Hospital Advisory Committee. The Board of Regents delegates through the President of the University of Iowa and the Vice President for Medical Affairs to the University Hospital Advisory Committee the responsibility to act as an internal governing body of the hospital in performing the following functions:

- A. establishing and approving internal policies and procedures for the hospitals and clinics;
- B. receiving, reviewing, and following up reports of:
 - 1. studies evaluating the quality of professional services, and
 - 2. studies reviewing the utilization of hospital facilities and services;
- C. granting and decreasing clinical privileges.

Section 2: Purpose

The purpose of this body shall be:

- A. To ~~ensure~~cause that all patients admitted to the hospital or treated in the clinics receive ~~optimal~~proper diagnosis, treatment and care;
- B. To further the objectives of this health science center in education and research;
- C. To provide a means whereby problems of a clinical-administrative nature may be discussed between the Clinical Staff and the Hospital Administration;
- D. To initiate and maintain rules and regulations relating to the coordinate operation of the Clinical Services ~~and the hospital at~~ University of Iowa Hospitals and Clinics;
- E. To provide a forum for the review of operational problems and the formulation of policies and procedures;
- F. To provide a forum whereby the Hospital Administration may discuss programs and proposals of an institution-wide nature with the Clinical Staff;
- G. To pass judgment on major proposals affecting the clinical-administrative operations of the institution; and
- H. To provide a medium for dissemination of information to the Clinical Staff.

Section 3: Membership

Membership of the University Hospital Advisory Committee shall consist of the following:

- A. The Heads of the respective Clinical Services;
- B. The ~~Director of the UIHC~~Chief Executive Officer;
- C. The Chief of Staff;
- D. The Vice President of Medical Affairs;
- E. The Dean of the College of Medicine;
- EF. The Executive Director of ~~University of~~University of Iowa Physicians;

- G. Five at-large members of the Clinical Staff; these members shall be elected by ballot with each Active Clinical Staff member, excluding those Clinical Staff members who are already members of the University Hospital Advisory Committee, allotted a single vote. No more than two of the at-large members shall have clinical privileges in the same Clinical Service. Elections shall be held every three (3) years on April 1. In the event that an at-large position becomes vacant more than six (6) months prior to a scheduled election, a special election shall be held. The term of the member(s) elected in the special election will run until the next regular election. A member-at-large shall remain a member of the Committee until resignation or until replaced by a subsequent at-large election. An at-large member may be elected to no more than two (2) consecutive terms.
- F.H. The Associate Directors of the UIHC.
- GI. The Director of the Clinical Cancer Center.
- H.J. Administrative officials who, as a result of past extraordinary contributions to the UIHC, could serve in a valuable future consultative role may, at the discretion of the Committee retain non-voting membership when they leave the positions that initially entitled them to membership.

Section 4: Officers

The ~~Director~~Chief Executive Officer ~~of~~Officer of the UIHC shall be the Chairperson of the University Hospital Advisory Committee. The Chief of Staff shall be the Vice-Chairperson of the University Hospital Advisory Committee. The Chairperson or, in the absence of the Chairperson, the Vice-Chairperson, shall preside at all meetings.

A member of the hospital administrative staff -- selected by the Committee Chairperson -- shall be the Recorder. This function may be rotated at the Chairperson's discretion. The Recorder shall not be a member of the Committee and, thus, shall have no vote.

Section 5: Subcommittees

A. Structure

Subcommittees shall be either standing or ad hoc. All subcommittee chairpersons and members, except Credentials Subcommittee members and the Chair of the Professional Practice

and Well-being Subcommittee, shall be appointed by the Chairperson of the University Hospital Advisory Committee, in conjunction with the Vice-Chairperson, subject to approval by the University Hospital Advisory Committee membership. Membership of a subcommittee may consist of Clinical Staff members, hospital administrative staff members, and other professional staff of the hospital. Also, if a subcommittee is empowered to adopt policies that apply to the Carver College of Medicine as well as the UIHC, Carver College of Medicine faculty and staff who are not members of the Clinical Staff may serve as members of the subcommittee. Members of each subcommittee shall be designated by the Chairperson, in conjunction with the Vice-Chairperson, as designated by the Chairperson, in conjunction with the Vice-Chairperson, except that the Credentials Subcommittee shall have the composition specified in the ~~second~~fourth paragraph of this subsection. Appointments to standing subcommittees shall be made by the Chairperson of the University Hospital Advisory Committee, in conjunction with the Vice-Chairperson, with the concurrence of the University Hospital Advisory Committee membership.

~~Subcommittee chairs shall be appointed to five year renewable terms unless their appointment is associated with a specific administrative office or leadership position they hold within the UIHC.~~

Subcommittee members shall be appointed to three (3) year renewable terms if the positions they occupy are not assigned by the head of the Clinical Service, associated with a specific administrative, management or supervisory position or other UIHC sponsored positions.

Subcommittee chairs shall be appointed to a five (5) year term that may be renewed for one additional five (5) year term. In the event that a subcommittee chair's appointment is associated with a specific office or leadership position they hold within the UIHC, the subcommittee chair shall remain chair as long as the associated administrative office or leadership position is held ("Ex Officio Term"). If an existing subcommittee member is appointed chair, the term of their original membership will immediately cease, and the five (5) year term or Ex Officio Term as chair will begin immediately. At the conclusion of a

subcommittee chair's term, that individual may be reappointed as a member of that subcommittee. If a former subcommittee chair is reappointed as a member of that subcommittee, the term of such subcommittee membership shall begin as a new three (3) year term, subject to the paragraph above.

The Credentials Subcommittee shall be composed of one Active Clinical Staff member for each Clinical Service, designated by the Head of the Clinical Service. Clinical Service Heads and members of the University Hospital Advisory Committee shall not be members. The members of the Credentials Subcommittee shall be divided into Medical and Surgical Credentials Panels as follows: Medical -- Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Pathology, Pediatrics, Psychiatry, Radiation Oncology, and Radiology; and Surgical -- Anesthesia, Cardiothoracic Surgery, Dentistry, Neurosurgery, Obstetrics-Gynecology, Ophthalmology and Visual Sciences, Orthopaedics and Rehabilitation, Otolaryngology—Head and Neck Surgery, Surgery and Urology. The Chairpersons of each Panel shall be selected from among the voting membership of the Panel by the Chairperson of the University Hospital Advisory Committee, in conjunction with the Vice-Chairperson. Each Panel shall also include a member of the hospital administrative staff ex officio, without vote.

Two subpanels, the physician assistant/advanced registered nurse practitioner (PA/ARNP) subpanel and the health care professional subpanel, shall report jointly to the Medical and Surgical Credentials Panels. The PA/ARNP subpanel shall be composed of four physician assistants, four advanced registered nurse practitioners, one physician supervising the practice of a PA, one physician with a collaborative agreement with an ARNP, and a Chairperson selected by the Chairperson of the Professional Practice and Well-being Subcommittee. Members of the PA/ARNP subpanel shall be appointed by the Chairperson of the Professional Practice and Well-being Subcommittee, upon recommendations from the Clinical Services Heads in which physician assistants and advanced nurse practitioners practice. The PA/ARNP subpanel will be representative of the Clinical Services in which physician assistants and advanced registered nurse practitioners practice.

The health care professional subpanel shall be composed of four health care professionals, representative of the Clinical Services in which health care professionals practice, two physicians, and a Chairperson selected by the Chairperson of the Professional Practice and

Well-being Subcommittee. Members of the health care professional subpanel will be selected by the Chairperson of the Professional Practice and Well-being Subcommittee, upon recommendations from the Clinical Service Heads in which health care professionals practice. Subpanel membership will be representative of these Clinical Services.

Each subpanel shall also include a member of the hospital administrative staff ex officio, without vote.

The Vice-Chairperson of the University Hospital Advisory Committee shall be the Chair of the Professional Practice and Well-being Subcommittee.

Standing subcommittees shall meet at least annually. Minutes shall be kept of such meetings that shall include a listing of the members in attendance. Any member who misses two (2) consecutive meetings without an excuse approved by the Chairperson of the subcommittee shall be notified that a third consecutive unexcused absence shall be deemed a resignation from the subcommittee. Upon a third consecutive unexcused absence, the Chairperson shall notify the member and the Chairperson of the University Hospital Advisory Committee that the member's position is vacant and a new member shall be appointed by the Chairperson of the University Hospital Advisory Committee subject to approval by the University Hospital Advisory Committee membership.

B. Standing Subcommittee Charges

Standing subcommittees and their respective charges are as follows:

1. ~~Professional Practice Subcommittee~~

~~To ensure that patient care delivered by the clinical staff of the UHC is at a quality assured level and consistent with professionally recognized standards of care. In carrying out this charge, the Professional Practice Subcommittee will transmit its reports and recommendations to the University Hospital Advisory Committee for review and action. On infrequent occasion, the very nature of a matter under consideration may dictate the direct involvement of the Dean of the College of Medicine, Dean of the~~

College of Dentistry and/or the Director of UIHC. Responsibilities of the Professional Practice Subcommittee shall be to:

- ~~a. Coordinate the quality and performance improvement activities of the subcommittees of the University Hospital Advisory Committee and the quality and performance improvement committees of the Clinical Services and hospital departments.~~
- ~~b. Review, analyze and evaluate on a continuing basis the performance of the Clinical Service quality and performance improvement committees in formulating standards of care; measuring outcomes of care; and taking constructive intradepartmental action on the evaluation results, as specified in the UIHC Performance Improvement Program.~~
- ~~e. Submit recommendations to the University Hospital Advisory Committee on the establishment of and adherence to standards of care for the purpose of improving the quality of patient care delivered in the hospital.~~
- ~~f. Hear and adjudicate problems of a professional and ethical nature involving the clinical practice of either house staff or clinical staff members.~~
- ~~e.a. Review interdisciplinary or inter-clinical department conflicts with the corollary responsibility for recommending to the University Hospital Advisory Committee policy statements or protocols to remedy such occurrences and otherwise foster harmonious interdepartmental relationships aimed at ensuring quality patient care.~~

2.1. Compliance Subcommittee

To provide oversight and guidance for the regulatory audit and compliance activities of UIHC. ~~Ensuring~~Enable the organization ~~has adopted~~to adopt and ~~implemented~~implement policies and procedures that will meet the intent and comply with all applicable laws, rules, regulations and policies. ~~The~~In fulfilling this charge, the Compliance Subcommittee will:

- a. Review and address the activities of the Joint Office for Compliance as it relates to

the seven elements of the Federal Compliance Program Guidance (1998 and 2005) including: Designation of a Compliance Officer, Development of Compliance Policies and Procedures; Developing Open Lines of Communication; Provision of Appropriate Training and Education, Internal Regulatory Monitoring and Auditing; Response to Detected Deficiencies; and Enforcement of Disciplinary Standards.

b. Annually review the “Code of Ethical Behavior, a Guide for Staff” to assure it addresses all applicable federal, state and local laws, regulations and other compliance requirements.

c. Oversee the enterprise risk assessment with the goal to align risk and strategy; enhance risk response decisions; increase operational predictability; identify and manage multiple and cross-enterprise risks; proactively manage and minimize risks while achieving strategic objectives; and align deployment of resources with risk mitigation strategy.

3.2. Credentials Subcommittee

To review the credentials of all ~~applicants~~members or other practitioners applying for initial or increased clinical privileges ~~and of members, or other practitioners as described in Article IV, Section 4, Part F, for whom there is a request; to review proposals~~ for decreased privileges either as part of the biennial review and reaffirmation or as part of a corrective action as described in these Bylaws, Rules and Regulations; to make a recommendation to the University Hospital Advisory Committee on each application ~~or request, reaffirmation, or corrective action described in this paragraph;~~ and to report problems related to clinical practice or professional policy through the Professional Practice and Well-being Subcommittee to the University Hospital Advisory Committee.

4.3. Critical Care Subcommittee

To formulate cross-departmental policies, procedures and programs, identify and seek solutions to current challenges, develop plans for future operations and to enhance the overall utilization and operating efficiency of all UIHC intensive care units,

intermediate care units, and emergency treatment centers so that standards of patient care may be maintained at the highest level. The Subcommittee will also oversee the hospital-wide system for management of acute cardiopulmonary resuscitation emergencies and advise the Director of the Respiratory Care Department on policy formulation, establishment of patient care and didactic instruction programs, and on the provision of effective and efficient respiratory care services.

5.4. Diagnostic Services Advisory Subcommittee

To provide the ~~clinical staff~~Clinical Staff and the Hospital's administration with information and advice concerning the quality, availability, and proper use of clinical laboratory and imaging services. In fulfilling this charge, the Diagnostic Services Advisory Subcommittee will:

- a. ~~To assist~~Assist in formulating operational policies designed to assure the most expeditious performance of diagnostic services for patients in all clinical departments in accord with available resources.
- b. ~~To advise~~Advise and make recommendations regarding optimal provision and utilization of clinical laboratory and imaging services for patients coordinate with cost considerations and market forces extant within the health care industry and in accord with the patient care, educational and research missions of UIHC.
- c. In accord with these recommendations and other pertinent factors including regulatory provisions and accreditation standards, review and provide recommendations on additions to and deletions from UIHC publications and documents on diagnostic services such as the Pathology Department, Laboratory Services Handbook.

6.5. Emergency Management Subcommittee

The Emergency Management Subcommittee organizes, conducts and updates an all hazards emergency management program to assure that the UIHC is prepared to deal effectively with all disaster situations and the treatment of mass casualties which may

result therefrom. In ~~addition~~fulfilling this charge, the Emergency Management Subcommittee will:

- a. ~~Conducts~~Conduct a Hazard Vulnerability Analysis (HVA) on an annual basis.
- b. ~~Maintains a~~Maintain a written Emergency Operations Plan which features a Hospital Incident Command System (HICS) for organizing the UIHC's response to all hazards and standard operating procedures to address the hazards identified.
- c. ~~Arranges at~~Arrange at least twice yearly exercises of the Emergency Operations Plan.
- d. ~~Provides~~Provide continuity of operations plans to guide the UIHC's maintenance and restoration of essential services.
- e. ~~Ensures~~Provide that all staff with HICS assignments and other staff designated for responding to disasters and major emergencies receive training in accord with UIHC requirements and regulatory guidelines and understand their role(s) and responsibilities for responding to various disasters and emergencies.
- f. ~~Maintains~~Maintain relationships and participates in County, State and Federal programs related to emergency management.
- g. ~~Assures~~Assure that UIHC meets the Emergency Management Standards of the Joint Commission and CMS Conditions of Participation in Medicare and Medicaid programs and follows the National Incident Management System (NIMS) and HICS as standardized organizational and operational structures for meeting the demands of major emergencies and disasters.

7.6. _____ Environment of Care Subcommittee

To establish, implement and maintain the UIHC Environment of Care Program, in accordance with the requirements of ~~the~~The Joint Commission ~~on Accreditation of Healthcare Organizations~~ and applicable state and federal laws. The Subcommittee develops and/or approves recommendations and interventions to protect the well-being

of patients, visitors and staff in the areas of fire protection, safety, hazardous materials and waste, medical equipment, utilities and security.

87. Ethics Subcommittee

To formulate operational and educational policies, procedures and programs regarding the ethical aspects of patient care. In fulfilling this charge, the Ethics Subcommittee ~~shall~~will:

- a. Develop and carry out educational programs that will enhance awareness and understanding of biomedical ethical issues for clinical and hospital staff, undergraduate and graduate trainees, patients and their families.
- b. Propose policies and guidelines regarding the ethical aspects of medical, surgical and dental practice for approval by the Professional Practice Quality and Safety Oversight Subcommittee and the University Hospital Advisory Committee.
- c. Provide consultation on ethical issues to other members of the UIHC Clinical Staff, House Staff and Professional Staff.

10-8. Graduate Medical Education Committee

~~In general, to~~To advise on all matters pertaining to the house staff training programs at UIHC, including, but not limited to the following:

- a. To assist in the recruitment, orientation, and scheduling of house staff physicians and dentists;
- b. to conduct periodic reviews of all UIHC residency programs in accordance with Accreditation Council for Graduate Medical Education guidelines;
- c. to provide a forum for house staff problems as expressed by the house staff representatives on the Subcommittee or by other house staff;

- d. to help develop policies in response to external mandates to alter the number or make-up of house staff physicians and dentists at UIHC; and
- e. to recommend candidates for Patient Care Enrichment Fund support.

~~10~~ 9. Health Information Management Subcommittee

To review, analyze and evaluate the medical records system to assure the form and content thereof satisfy prevailing accreditation standards, legal precedents, hospital policy, and reimbursement protocols. In collaboration with other subcommittees, provide advice on the development of policy pertaining to clinical information systems and propose innovations with which to enhance their efficiency and effectiveness. ~~The responsibilities of~~In fulfilling this charge, the, the Health Information Management Subcommittee ~~shall be to~~will:

- a. Review, analyze and evaluate the quality of medical records in the hospital and clinics.
- b. Submit recommendations to assure the maintenance of complete, accurate medical records for compliance with applicable policies and regulations of the ~~Professional Practice~~Quality and Safety Oversight Subcommittee, governmental agencies, accrediting bodies, and purchasers of care.
- c. Review all medical record forms including documents created during clinical information systems downtime and make appropriate recommendations for their improvement.
- d. Review existing policies, rules and regulations for the completion of medical records, and make appropriate recommendations for their improvement.
- e. Review procedures for safeguarding medical records against loss, defacement, tampering, or use by unauthorized persons, and make appropriate recommendations for their improvement.

110. Hospital Information Systems Advisory Subcommittee

The Hospital Information System Advisory Subcommittee is charged with broad responsibility for the ongoing development of the Hospital Information System at the ~~University of Iowa Hospitals and Clinics (UIHC)~~. ~~Specific functions include: UIHC.~~ In fulfilling this charge, the Hospital Information Systems Advisory Subcommittee will:

- a. Review strategic planning for application system development.
- b. Evaluate the appropriateness of security and backup procedures for hospital data in all settings, including the exchange of data with other computers.
- c. Review for consistency the strategic plans of UIHC projects which have incremental computing equipment implications and/or an impact on patient and management data maintained on the Hospital Information System.
- d. Authorize the use of computer generated electronic signature facilities for patient reports or other administrative functions within UIHC on an application by application basis.
- e. Review the use of computers in UIHC administrative and patient care settings with particular regard to appropriateness of application, security of patient information, and system maintenance.
- f. Monitor system processes to ensure compliance with regulatory guidelines for safeguarding patient data security.

Following review of project and equipment requests, the Subcommittee will forward recommendations to ~~the Director of the University of Iowa Hospitals and Clinics~~ Hospital Administration.

121. Infection Control Subcommittee

To review infection data, policies, procedures and processes. To revise policies and procedures, and recommend changes in procedures and practices. To recommend interventions to prevent infections in the UIHC and its associated clinics. :

12. Pharmacy and Therapeutics Subcommittee

Promote evidence-based, best practice standards in the formulary decision-making process to assure clinical efficacy, patient safety and cost-effective prescribing within ~~UI Health Care.~~ UIHC. In fulfilling this charge, the Pharmacy and therapeutics Subcommittee will:

- a. Review policies and procedures related to proper medication administration to assure medications are administered safely and appropriately.
- b. Facilitate education of healthcare providers and students regarding medication-related issues.
- c. Assure that medications are prescribed appropriately, safely and effectively through medication use evaluation processes.
- d. Assure compliance with ~~JCAHO~~The Joint Commission, FDA and other regulatory and accreditation guidelines related to medication use.
- e. Review and support investigational medication studies to ensure patient safety and adherence to ~~UI Health Care~~UIHC policiesUIHC policies.
- f. Evaluate and assess point-of-care and other technology systems and processes to effectuate safe, prompt and efficient prescribing in both the inpatient and ambulatory care settings.

13. Professional Practice and Well-being Subcommittee

To cause patient care delivered at the UIHC to ~~be consistent~~be consistent with professionally recognized standards of care and adjudicate conflicts regarding professional practice, care for the well-being of health care providers so that they are in the best position to care for patients. In fulfilling this charge, the Professional Practice and Well-being Subcommittee will:

- a. Hear and adjudicate problems of a professional and ethical nature involving the clinical practice of either house staff or Clinical Staff members.

- b. Review interdisciplinary or inter-clinical department conflicts with the corollary responsibility for recommending to the University Hospital Advisory Committee policy statements or protocols to remedy such occurrences and otherwise foster harmonious interdepartmental relationships aimed at ensuring quality patient care.
- c. Review licensed independent provider satisfaction survey data and develop recommendations for improvement.
- d. Coordinate provider well-being initiatives.

14. Product Line Oversight and Analysis Subcommittee

Review and resolve product selection/purchasing issues referred from UHACUniversity Hospital Advisory Committee Subcommittees, committees addressing standardization and supply chain issues and the Value Analysis Program-value analysis program. In ~~carrying out~~fulfilling this charge, the Product Line Oversight and Analysis Subcommittee will:

- a. Make ultimate decisions on all product selections, standardizations and purchases which increase expenses without an off-setting reduction in other expenses and/or in which decisions were not reached by subcommittees/committees.
- b. Include liaison members in its membership so that decisions on matters originally addressed by subcommittees/committees will be made by the Ad Hoc Product Line Oversight and Analysis Subcommittee members and two (2) liaison members – the Head of Department seeking approval and Chair of subcommittee/committee that originally considered the request.
- c. Assure that faculty/staff seeking product approval, will have ~~ample~~ opportunity to present their proposal and address questions.
- d. Accord each member/liaison member one vote and make decisions based on a simple majority of all member votes.

- ~~e.~~ ~~Serve as the forum for the Value Analysis Facilitator and UHC consultants to present benchmark data for identifying potential savings opportunities and proposed goals and tactics.~~
- ~~f.~~ ~~Meet/communicate with leaders of subcommittees/committees on potential savings opportunities and proposed goals and tactics.~~

15.— Quality and Safety Oversight Subcommittee on Protection of Persons

To cause patient care delivered by the Clinical Staff of the UIHC to be provided in a safe, manner that is consistent with professionally recognized standards of care. In ~~fulfilling this~~ fulfilling this charge, the Quality and Safety Oversight Subcommittee will:

- a. Coordinate the quality and performance improvement activities of the UIHC.
- b. Review, analyze and evaluate on a continuing basis the performance of the Clinical Service quality and performance improvement committees in formulating standards of care; measuring outcomes of care; and taking constructive intradepartmental action on the evaluation results, as specified in the UIHC Performance Improvement Plan.

16. Subcommittee on Protection of Persons

To assure compliance with ~~provisions in the Code of Iowa, applicable law and~~ accrediting and regulatory bodies in order to protect abused or neglected or potentially abused or neglected children and dependent adults and victims of domestic violence, the Subcommittee will recommend and monitor consistent application of policies and procedures to identify, treat and as permitted or required by law, report cases of suspected child or dependent adult abuse or domestic violence.

~~16~~17. Surgical Services Subcommittee

To review, deliberate, resolve, and, where indicated, formulate recommendations relative to all appropriate operational elements of the several surgical services with special emphasis upon the operating room suite.

~~17~~18. Transfusion Subcommittee

To review the records of transfusions of blood and blood components so as to assess transfusion reactions, to evaluate blood utilization, and to make recommendations regarding specific improvements in the transfusion service program.

~~18~~19. Utilization Management Subcommittee

To promote the efficient use of hospital facilities and, including coordination of admission and continued stay reviews and to formulate, maintain and review a utilization review plan appropriate for the hospital and consistent with applicable federal requirements. ~~This plan~~In fulfilling this charge, the Utilization Management Subcommittee will:

~~e~~.a. Describe hospital activities to ensure that services provided to patients are medically necessary and at the appropriate level of care;

~~d~~.b. Monitor utilization activities and outcomes;

~~e~~.c. Minimize reimbursement penalties and physician sanctions through screening and appropriate documentation; and,

~~f~~.d. Centralize communication with external review agencies (~~ERA's~~),² including the ~~Quality Improvement Organization (QIO)~~quality improvement organization.

C. Ad Hoc Subcommittees

Ad hoc subcommittees shall be appointed by the Chairperson to study particular problems in response to the recommendations of the University Hospital Advisory Committee.

Subcommittee membership shall be constituted in relationship to the particular problem to be addressed.

Section 6: Meetings

The University Hospital Advisory Committee shall meet the first and third Wednesdays of each month. The Chairperson may schedule additional meetings as deemed necessary. Special meetings may be called at the request of any member of the Committee. An agenda shall be prepared by the Chairperson and forwarded to Committee members prior to each meeting. Any member of the Clinical Staff may request that specific topics be included on the agenda. Any member of the University Hospital Advisory Committee who is unable to attend a meeting may designate a person to represent the member at the meeting. The representative may cast the vote of the member. If a member is not present or represented at two (2) consecutive regularly scheduled meetings without cause acceptable to the Committee, the member shall be notified by the Chairperson that a third consecutive absence from a regularly scheduled meeting will lead to the designation of an alternate. Upon the third consecutive unexcused failure to be present or represented, the Chairperson, after consultation with the member and with the approval of the Committee, shall designate an alternate to serve when the member is unable to attend. In the case of an at-large member, the member shall cease to be a member, a special election shall be held to replace the member and the designated alternate shall serve as the member until the special election is completed.

Fifty (50) percent of the total voting membership of the Committee (or their representatives) shall constitute a quorum.

ARTICLE IV: CLINICAL STAFF

Section 1: Responsibility

The Clinical Staff of the UIHC (“Clinical Staff”) shall be responsible for the quality of health care within the hospitals and ambulatory care facilities of the UIHC, and shall accept this responsibility subject to the ultimate responsibility of the Board of Regents.

Section 2: Purposes

A. To ensure cause that all patients admitted to or treated in any of the facilities, departments, or

services of the UIHC ~~shall to~~ receive ~~optimal~~ medical and dental diagnosis, treatment, and personalized care consistent with applicable standards of care;

- B. To ~~ensure~~cause, through ongoing review and evaluation procedures, a high level of professional and ethical performance of all those persons authorized to practice within the Hospitals and Clinics;
- C. To provide an appropriate educational setting that will lead to continuous advancement of professional knowledge and skill;
- D. To provide an optimal forum in which the Clinical Staff may conduct medical education and research.

Section 3: Clinical Staff Membership

A. Nature of Clinical Staff Membership

Membership on the Clinical Staff of the UIHC shall be extended only to professionally competent persons who are physicians, dentists or members of other health care professions and who continuously meet the qualifications, standards and requirements set forth in these Bylaws, Rules and Regulations.

B. Basic Qualifications for Clinical Staff Membership

All members of the ~~clinical staff~~Clinical Staff shall meet the following basic qualifications and shall, in addition, satisfy the qualifications of one of the specific categories of ~~clinical staff~~Clinical Staff membership set forth in subsection C below.

1. Physicians and dentists licensed to practice in the state of Iowa and who are graduates of an approved or recognized medical, osteopathic, or dental school shall be qualified for membership on the clinical staff. Other health care professionals with a Ph.D. or equivalent terminal degree, who are graduates of professional schools and/or approved clinical training programs, and who hold any necessary licensure to practice in the state of Iowa, shall be qualified for membership on the ~~clinical staff~~Clinical Staff. Such physicians, dentists, and other health care professionals must document their appropriate experience and training, ability to form positive, productive working relationships,

satisfactory health status, and demonstrated competence and adherence to the ethics of their profession with sufficient adequacy to assure that any patient treated by them on behalf of a Clinical Service within the hospital will be provided high quality health care.

2. As a condition of membership, the ~~clinical staff~~Clinical Staff shall strictly abide by the code of ethics of the American Medical Association, the American Osteopathic Association, the American Dental Association, or, in the case of membership in other disciplines, the ethical guidelines of their profession as promulgated by their comparable association.
3. No applicant for Clinical Staff membership shall be denied membership on the basis of sex, race, creed, color, national origin, religion, age, disability, veteran status, sexual orientation, gender identity, or associational preference.

C. Categories of Clinical Staff

There shall be five categories of Clinical Staff at the UIHC:

Active Clinical Staff
Emeritus Staff
Courtesy Teaching Staff
Temporary Staff
House Staff

1. Active Clinical Staff
 - a. Upon receiving one of the following appointments to a clinical department according to the procedure set forth in the Manual of Procedure of the College of Medicine and the University Operations Manual, a physician who meets the qualifications for membership shall be a member of the Active Clinical Staff of the UIHC:
 - i) tenure track appointment;
 - ii) salaried clinical track appointment;
 - iii) associate or fellow-associate appointment in a clinical department; or
 - iv) visiting faculty appointment.
 - b. Upon receiving a faculty appointment with Hospital patient treatment

responsibilities from the University of Iowa College of Dentistry, according to the procedures of the College of Dentistry and the Hospital (including approval by the Head of the Hospital Dentistry Clinical Service) and the procedures of the University Operations Manual, a dentist who meets the qualifications for membership shall be a member of the Active Clinical Staff of the UIHC.

- c. Upon receiving an academic appointment to a clinical department (that constitutes a Clinical Service listed in Article II, Section 3, ~~Part (A)~~) in the University of Iowa College of Medicine, according to the procedures set forth in the Manual of Procedure of the College of Medicine and the University Operations Manual, a health care professional faculty member (for whose discipline there is no department in the hospital organization), who meets the qualifications for membership (see Article II, Section 3, ~~Part (B)-(1-),~~) and is continuously involved in the patient care program of a Clinical Service, shall be a member of the Active Clinical Staff of the UIHC. His/her practice shall be limited to the clinical duties and responsibilities intrinsic to his/her professional discipline and privileges granted.
- d. All ~~active clinical staff~~Active Clinical Staff members are eligible to vote. Active ~~clinical staff~~Clinical Staff are expected to contribute to the organizational and administrative affairs of the ~~clinical staff~~Clinical Staff, which may include service on committees and duties of office to which elected or appointed, and must participate in quality management, utilization review, and peer review activities.

2. Emeritus Staff

Only persons who are members of the Active Clinical Staff at the time of their retirement, and who continue to meet the qualifications for ~~clinical staff~~Clinical Staff membership, are qualified for membership on the Emeritus Staff of the UIHC. Emeritus status is granted according to the procedure set forth in the University Operations Manual. All Emeritus staff members with clinical privileges are expected to contribute to the organizational and administrative affairs of the ~~clinical staff~~Clinical Staff, which

may include service on committees and duties of office to which elected or appointed, and must participate in quality management, utilization review, and peer review activities.

3. Courtesy Teaching Staff

Upon receiving an academic appointment to the non-salaried clinical track of the University of Iowa College of Medicine or Dentistry, according to the procedures of the applicable College and the University Operations Manual, a physician or dentist who meets the qualifications for membership shall be a member of the Courtesy Teaching Staff of the UIHC.

4. Temporary Staff

Upon receiving a written invitation from the Clinical Service Head to visit at the UIHC for a period of time not to exceed thirty (30) days, a physician or dentist who meets the following qualifications for membership shall be a member of the Temporary Staff of the UIHC during that visit: graduate of an approved or recognized medical, osteopathic or dental school, licensed to practice in the state of Iowa, demonstrated current competence, and adequate liability insurance.

5. House Staff

Upon receiving an appointment to the House Staff from the ~~Director~~Chief Executive Officer of the UIHC, pursuant to nomination by the appropriate Clinical Service Head, a physician or dentist who has signed a contract with the UIHC, is a graduate of an approved or recognized medical, osteopathic or dental school, and is licensed to practice in the state of Iowa shall be a member of the House Staff of the UIHC.

Physicians and dentists who have received an appointment to a residency program that has a written affiliation agreement with the University of Iowa in effect and have been assigned to a rotation at the UIHC by that program shall be a temporary member of the House Staff of the UIHC during the approved rotation, provided that they have received

the written approval of the Head of the Clinical Service in which the rotation will be served, they are graduates of an approved or recognized medical, osteopathic or dental school, are licensed to practice in the state of Iowa and have signed an agreement to abide by these Bylaws, Rules and Regulations, directives of the University Hospital Advisory Committee, and rules and regulations of the applicable Clinical Service.

Section 4: Clinical Privileges

Members of the ~~clinical staff~~Clinical Staff and other practitioners, as described in ~~Section~~Article IV 4, Part (F), are eligible to apply for clinical privileges.

A. Practice Limited to Clinical Privileges

Each ~~clinical staff~~Clinical Staff member or practitioner who is granted privileges shall be entitled to exercise only those clinical privileges specifically granted to him or her by the University Hospital Advisory Committee or by these Bylaws, Rules and Regulations.

B. Qualifications for Privileges

1. Each applicant must sign an agreement to abide by these Bylaw, Rules and Regulations, directives of the University Hospital Advisory Committee, and rules and regulations of the applicable Clinical Service.
2. All ~~clinical staff~~Clinical Staff members or other practitioners with privileges must report to the Head of the Clinical Service in which privileges are held or sought any of the following items:
 - a. Previously successful or currently pending challenges to any licensure or registration, the voluntary relinquishment of such licensure or registration, or any lapse in licensure or registration.
 - b. Any currently pending or previously filed lawsuits, administrative claims, or

other legal action(s) that allege a breach of the professional standard of care on the part of the physician, dentist, health care professional, or practitioner whether or not he or she is a named defendant.

- c. Any settlements, judgments or verdicts entered in an action in which the physician, dentist, health care professional, or practitioner was alleged to have breached the standard of care, whether or not he or she was a named defendant.
- d. Any voluntary or involuntary termination of ~~clinical staff~~Clinical Staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital.

3. Every practitioner must be free of, or have under adequate control, any significant physical or behavioral impairment that interferes with, or presents a substantial probability of interfering with, or that will or may adversely affect his/her ability to provide quality patient care services.

4. Each applicant must provide references, before initial clinical privileges are granted, verifying the applicant's professional and clinical competency.

C. Clinical Privileges of Physicians and Dentists

All clinical privileges granted by the University Hospital Advisory Committee are contingent on the person receiving and continuing to possess an appointment to the faculty of either the College of Medicine or the College of Dentistry. Clinical privileges shall be suspended automatically during any period when the faculty member is on administrative leave from his or her respective College. Privileges shall be re-instated automatically at the end of the administrative leave unless the faculty appointment terminates or corrective action is taken pursuant to Article IV, Section 6.

1. Clinical Privileges of Active Clinical Staff (Physicians/Dentists)

Physicians and dentists who are members of the Active Clinical Staff (or applicants for appointments which would qualify them for Active Clinical Staff membership whose appointments have been recommended to the Dean by the Head of the Clinical Service

in which privileges are sought) may apply for clinical privileges according to the procedure in [Article IV](#), Section 5.

Physicians with fellow-associate appointments shall serve as House Staff members in performing services other than those for which they are granted clinical privileges on the Active Clinical Staff.

Members of the Active Clinical Staff who are [licensed](#) physicians and [licensed](#) dentists and have clinical privileges may admit patients and may submit fees for professional services as permitted by the College of Medicine Faculty Practice Plan or the College of Dentistry Dental Service Plan.

2. Clinical Privileges of Courtesy Teaching Staff

Members of the Courtesy Teaching Staff (and applicants for appointments which would qualify them for Courtesy Teaching Staff membership whose appointments have been recommended to the Dean by the Head of the Clinical Service in which privileges are sought) whose teaching responsibilities require them to be involved in patient treatment may apply for clinical privileges according to the procedure in [Article IV](#), Section 5. Clinical privileges granted to members of the Courtesy Teaching Staff shall not exceed those necessary to effectively fulfill the member's teaching responsibilities, and can only be exercised under the supervision of a member of the Active Clinical Staff who has clinical privileges to perform the procedures and who finds the Courtesy Teaching Staff Member qualified to participate. Members of the Courtesy Teaching Staff shall not admit patients and shall not submit fees for professional services.

The [University](#) Hospital Advisory Committee may adopt findings that the needs of the UIHC, in fulfilling its tripartite mission, require that opportunities be given to members of the Courtesy Teaching Staff to practice without supervision. Following the adoption of such findings, the [University](#) Hospital Advisory Committee may, upon request of the Clinical Service Head, authorize a Courtesy Teaching Staff member, who has been granted privileges according to the procedure in [Article IV](#), Section 5, to practice without supervision, admit patients, and submit fees. The submission of fees for professional services must be consistent with the by-laws and procedures of the College

of Medicine Faculty Practice Plan or the College of Dentistry Dental Service Plan.

3. Clinical Privileges of Temporary Staff

The Chairperson of the University Hospital Advisory Committee, or his/her designee, may grant temporary clinical privileges to a Temporary Staff member, upon recommendation of the Clinical Service Head, who is responsible for verifying the required qualifications of the Temporary Staff member (Article IV, Section 3-Part (C)-(4-), and Article IV, Section 4-Part (B)). The Clinical Service Head shall then assign the temporary member to a member of the Active Clinical Staff for supervision. Temporary clinical privileges, unless otherwise limited, shall permit the Temporary Staff member to perform any procedures which the assigned Active Clinical Staff member has clinical privileges to perform and authorizes the Temporary Staff member to perform. The University Hospital Advisory Committee may, in its discretion, authorize a Temporary Staff Member to practice without supervision by approving temporary clinical privileges upon the recommendation of the applicable Credentials Panel. Temporary clinical privileges shall cease in accord with the written invitation to the Temporary Staff or when the Clinical Service head or the Chairperson of the University Hospital Advisory Committee, or his/her designee, in his/her sole discretion, ends the temporary clinical privileges.

Members of the Temporary Staff shall not admit patients and shall not, without the prior approval of the University Hospital Advisory Committee to practice without supervision, submit fees for professional services. Temporary privileges may not exceed one hundred and twenty (120) days.

A Temporary Member of the Clinical Staff appointed pursuant to this subsection shall be assigned by the Vice Chair of the University Hospital Advisory Committee or the applicable Clinical Service Head to a member of the Active Clinical Staff for supervision. Temporary clinical privileges, unless otherwise limited, shall permit the Temporary Staff member to perform any procedures which the assigned Active Clinical Staff member has clinical privileges to perform and authorizes the Temporary Staff

member to perform. The Temporary Member shall wear an identification badge identifying him or her as a Temporary Member of the Clinical Staff.

The credentials of a Temporary Member of the Clinical Staff appointed pursuant to this subsection shall be verified in the same manner as the credentials of any other Temporary Member, except that the process may occur retrospectively. The process for verifying credentials shall begin as soon as the immediate situation that resulted in the declaration of a “full-scale disaster” is under control.

4. Clinical Privileges of House Staff

It is the responsibility of a supervising member of the Active Clinical Staff or the Emeritus Staff to authorize each House Staff member, including temporary members, to perform only those services which the House Staff member is competent to perform under supervision.

D. Clinical Privileges of Emeritus Staff

Members of the Emeritus Staff, who have assigned ~~clinical service~~Clinical Service responsibilities by the Colleges of Medicine or Dentistry, may apply for clinical privileges according to the procedure in Article IV, Section 5.

Members of the Emeritus Staff who have clinical privileges may admit patients and may submit fees for professional services as permitted by the College of Medicine Faculty Practice Plan or the College of Dentistry Dental Service Plan.

E. Clinical Privileges of Other Members of the Active Clinical Staff

All clinical privileges granted by the University Hospital Advisory Committee are contingent on the health care professional (as defined in Article IV, Section 3, ~~Part (B-)(1-)~~) receiving and continuing to possess a faculty appointment to a clinical department in the College of Medicine. Health care professionals who are members of the Active Clinical Staff (or applicants for appointments which would qualify them for Active Clinical Staff membership whose appointments have been recommended to the Dean by the Head of the Clinical Service in which privileges are sought) may apply for clinical privileges limited to the clinical duties and responsibilities intrinsic to his/her professional discipline (Article IV, Section 3, ~~Part (C,~~

~~(1.-(c))~~ according to the procedure in [Article IV](#), Section 5. Health care professionals with clinical privileges may not admit patients, but may submit fees for professional services as permitted by the College of Medicine Faculty Practice Plan.

F. Clinical Privileges for Other Practitioners

Employees of the UIHC or the College of Medicine, who are employed as Advanced Registered Nurse Practitioners (ARNP) or Physician Assistants (PA), shall not be members of the ~~clinical staff~~Clinical Staff, but may apply for privileges as described in this Section according to the procedure ~~inset forth in Article IV~~, Section 5.

Advanced Registered Nurse Practitioners or Physician Assistants shall not have the authority granted to physicians and dentists to limit substitution or standardization pursuant to protocols approved by the Pharmacy and Therapeutics Subcommittee and shall not, unless specified in the protocol approved by the Pharmacy and Therapeutics Subcommittee, be authorized to override protocol or restricted drug indications.

Advanced Registered Nurse Practitioners may provide clinical services pursuant to collaborative practice agreements approved by the Head of the ~~clinical service~~Clinical Service in which they practice. The collaborative practice agreements shall define privileges granted. Advanced Registered Nurse Practitioners providing clinical services pursuant to a collaborative practice agreement must be licensed by the Iowa Board of Nursing.

Delegated medical functions performed by Advanced Registered Nurse Practitioners shall be limited to those granted in the collaborative practice agreement approved by the appropriate Clinical Service Heads and shall be based upon the applicant's training, experience, and demonstrated competence. The Clinical Service Head shall submit the collaborative practice agreements to the Chairperson of the applicable Credentials Panel according to the procedure in [Article IV](#), Section 5. These collaborative practice agreements shall delineate specifically the methods by which the responsible attending physician shall direct the delegated medical functions performed by the Advanced Registered Nurse Practitioner.

Physician Assistants may provide medical services with the supervision of physician members

of the Clinical Staff. Physician Assistants providing medical services at the UIHC shall be licensed by the Iowa State Board of Physician Assistant Examiners in accordance with the laws of the state of Iowa.

Patient care responsibilities of Physician Assistants shall be limited to those privileges defined in the written policy, and shall be based upon the applicant's training, experience and demonstrated competence. The Clinical Service Head shall submit a written policy, including a listing of the privileges requested, to the Chairperson of the applicable Credentials Panel according to [Article IV](#), Section 5. This policy shall delineate specifically the methods by which the responsible attending physician shall direct and supervise the activities of the Physician Assistant. Physician Assistants shall not be authorized to order or prescribe Schedule II controlled substances which are listed as stimulants or depressants. A prescription written by a Physician Assistant shall include the name of the supervising physician.

G. Emergency Privileges

In the case of emergency, any ~~clinical staff~~[Clinical Staff](#) member or practitioner, with clinical privileges in this hospital, shall be permitted to do everything possible to save the life of a patient. For the purpose of this paragraph, an "emergency" is defined as a condition which might result in permanent harm to the patient or in which the life of the patient is in immediate danger and any delay in administering treatment would add to that danger.

H. Disaster Privileges

1. Persons granted disaster privileges are not Members of the Clinical Staff and have no rights under Article IV, Sections 5-7.
2. Disaster privileges may be granted to physicians, dentists, physician assistants or advanced registered nurse practitioners who are not otherwise eligible for privileges only when the hospital's Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs. Disaster privileges may be granted only by the Chair or Vice Chair of the [University](#) Hospital Advisory Committee
3. The Emergency Operations Plan shall specify how the identity of persons will be verified before disaster privileges are granted, how primary source verification will occur and how

the performance of persons granted disaster privileges will be overseen.

4. Disaster privileges terminate automatically. The mechanism for termination, including notification of any persons granted disaster privileges, shall be specified in the Emergency Operations Plan.

Section 5: Procedures for Delineating Clinical Privileges

A. Initial or Increased Clinical Privileges

Each application for initial or increased clinical privileges shall be made with the assistance of the Head of the Clinical Service in which privileges are sought.

If the applicant is a physician or dentist, the Clinical Service Head shall forward the application along with his/her recommendation to the Chairperson of the applicable Credentials Panel (medical or surgical). That Credentials Panel shall examine the supporting documentation provided by the applicant and other available information concerning the applicant's training, experience, health status, and demonstrated competence.

If the applicant is a health care professional, as described in [Article IV, Section 3, Part \(B\)\(1\)](#), or practitioner, as described in [Article IV, Section 4, Part \(F\)](#), the Chairperson of the applicable Credentials Panel will forward the application to the health care professional subpanel or the PA/ARNP subpanel, respectively. This subpanel will be responsible for examining the supporting documentation provided by the applicant and other available information concerning the applicant's training, experience, health status, and demonstrated competence. Within thirty [\(30\)](#) days of receiving the completed application for review, the Chairperson of the applicable subpanel will forward a recommendation to the Chairperson of the applicable Credentials Panel. The Credentials Panel may return the application to the subpanel with a request to respond to delineated concerns.

All applicants shall be responsible for providing sufficient information to demonstrate their qualifications and competency in the clinical privileges sought.

Within [forty-five \(45\)](#) days of receiving the completed application for review or the subpanel

recommendation, ~~the, the~~ Chairperson of the Credentials Panel shall forward a recommendation, together with the supporting documentation, to the University Hospital Advisory Committee for review and final action (Article IV, Section 6, Part (D)). Within thirty (30) days of receipt of the recommendation, the University Hospital Advisory Committee shall make its decision and send the applicant written notification. If the decision of the Credentials Panel is not to grant privileges as requested (see Article IV, Section 6, Part (B)), the applicant will be notified of the specific reasons for the denial of privileges, his/her rights to a hearing as provided in Article IV, Section 6, Part (C), and a summary of the applicant's rights in the hearing. Failure to make a written request for a hearing to the Chairperson of the Professional Practice and Well-being Subcommittee within thirty (30) days of receiving notice shall constitute waiver of the right to a hearing.

B. Provisional Status

All initial clinical privileges shall be provisional for the first six (6) months. The Head of the Clinical Service in which clinical privileges are granted shall designate one (1) or more members of the ~~active clinical staff~~ Active Clinical Staff to proctor the individual's clinical competence and professional ethical conduct for that time period. The clinical privileges shall cease to be provisional at the end of the six (6) months, following a written report from the proctor to the Clinical Service Head verifying the individual's clinical competence and professional/ethical behavior. The Clinical Service Head shall forward the report to the Chairperson of the appropriate Credentials Panel recommending termination of the provisional status. If necessary, the proctor shall submit a written report to the Clinical Service Head recommending additional reviews. If such a report is submitted, the Head, after consultation with the individual and the chairperson of the appropriate Credentials Panel, shall take appropriate action. This includes (1) extending the provisional status or (2) recommending modification in the individual's clinical privileges. The total period of provisional status may not exceed one (1) year. If modification, including termination, of clinical privileges is recommended, the recommendation shall be handled as provided in Article IV, Section 6.

C. Biennial 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 which should include the results of ~~Ongoing Professional Practice Evaluations~~ ongoing professional practice evaluations and, if applicable, ~~Focused Professional Practice Evaluations~~ focused professional practice evaluations. 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.

If the review is for a health care professional, advanced registered nurse practitioner, or physician assistant, the applicable Credentials Panel shall forward the recommendation to the applicable subpanel for review. The subpanel will review the application, supporting documentation, and the recommendation of the Clinical Service Head. The subpanel will document their review and send their recommendation to the applicable Credentials Panel.

The Credentials Panel shall submit a list of all members and practitioners, which the Heads recommend for no change in privileges and the applicable Credentials Panel affirms, to the University Hospital Advisory Committee. The University Hospital Advisory Committee shall either reaffirm the clinical privileges of each listed member or practitioner or refer the matter of the member's or practitioner's clinical privileges to the applicable Credentials Panel. The Credentials Panel, or applicable subpanel, shall conduct a review of all referred matters which shall include an opportunity for the affected member or practitioner to submit information and, within thirty (30) days of the referral, shall submit a recommendation.

If the applicable Credentials Panel recommends that the member's or practitioner's clinical privileges be reduced, not reaffirmed, or makes any other adverse recommendation, that adverse recommendation will be handled as provided in Article IV, Section 6, Part (B-). Each member's or practitioner's clinical privileges shall continue until final action by the University Hospital Advisory Committee, unless they are suspended under ~~Part~~ Article IV, Section 5 (E of this section) or ~~Part F of~~ Article IV, Section 6-(F).

DD. Voluntary Reduction

A voluntary reduction in privileges may occur at any time separate from reaffirmation as described in Article IV, Section 5(C). A voluntary reduction apart from reaffirmation may be initiated by a member or other practitioner by requesting to a the Clinical Service Head a reduction in clinical privileges. After conducting a review of the request, the Clinical Service Head may recommend a reduction in the clinical privileges of the member or other practitioner. The resulting reduction request must be signed and dated by the requesting member or practitioner and shall be both the Clinical Service Head and the member or other practitioner, with the reduction becoming effective upon a signed and dated acknowledgement from the Clinical Service Head, with the reduction effective on the date of the last signature. The reduction is then forwarded to the appropriate Credentials Subcommittee Panel Chair for acknowledgement upon the later of the date of signature of acknowledgement by the Clinical Service Head or the effective date set forth in the request.

Any reinstatement to prior privileges or increase in privileges requires an application for those privileges, consistent with the requirements for a member or practitioner's application for new privileges.

A voluntary reduction in privileges may occur at any time separate from reaffirmation as described in Article IV, Section 5(C). A voluntary reduction apart from reaffirmation may be initiated by a member or other practitioner requesting to a Clinical Service Head a reduction in clinical privileges. After conducting a review of the request, the Clinical Service Head may recommend a reduction in the clinical privileges of the member or other practitioner. The resulting reduction must be signed and dated by both the Clinical Service Head and the member or other practitioner, with the reduction becoming effective on the date of the last signature. The reduction is then forwarded to the appropriate Credentials Subcommittee Panel Chair for acknowledgement.

Any reinstatement to prior privileges or increase in privileges requires an application for those privileges, consistent with the requirements for a member or practitioner's application for new privileges.

E. Professional Liability Reporting

If the items listed in Article IV, Section 4, ~~Part (B-)(2-)~~ occur subsequent to the initial granting of clinical privileges, they must be reported to the Head of the Clinical Service in which privileges are held at the time they become known to the affected member or practitioner. The Clinical Service Head shall immediately forward the information to the Chairperson of the applicable Credentials Panel (Medical or Surgical). That Credentials Panel, or subpanel if the person is a health care professional or practitioner, shall review the information provided by the member or practitioner and may request that additional information be submitted. The Panel may recommend action pursuant to Article IV, Section 6 of these Bylaws, Rules and Regulations.

EF. Physical and Mental Examinations

Whenever the Clinical Service Head or Chairperson of the applicable Credentials Panel reasonably believes, based on specific conduct or activities, that the member or practitioner may be suffering from a physical or mental impairment that will, or may, adversely affect his/her ability to provide quality patient care services, he/she may request that the member or practitioner undergo a physical and/or mental examination by one or more physicians of the member's or practitioner's choice who are also acceptable to the Head or the Chairperson who makes the request. If the member or practitioner and the Head or Chairperson are unable to select a mutually acceptable examining physician within ten (10) days of the initial request, the applicable Credentials Panel shall designate the examining physician. If the member or practitioner refuses, his/her clinical privileges shall be terminated and there shall be no further consideration of continued privileges until the examination is accepted and the report of the examination is received by the Head or the Chairperson. Any time limit for action by the Credentials Panel shall be extended for the number of days from the request for the examination to the receipt of the report of the examination by the Chairperson.

Section 6: Corrective Action

A. Decreased Clinical Privileges

Clinical privileges may be reduced, suspended or terminated for activities or professional conduct considered to be lower than the standards of the hospital and its ~~clinical staff~~Clinical Staff, or to be disruptive to operations of the hospital, or for violation of these Bylaw, Rules and

Regulations, directives of the University Hospital Advisory Committee, or rules and regulations of the applicable Clinical Service. Action may be initiated by written request from the Chairperson of the University Hospital Advisory Committee, Chairperson of the Professional Practice and Well-being Subcommittee, from the applicable Clinical Service Head, or from a majority of a review committee created pursuant to Article IV, Section 5, Part (C), to the Chairperson of the applicable Credentials Panel. The request shall be supported by reference to specific activity or conduct which constitutes the grounds for the request. A copy of the request shall be sent to the affected member or practitioner. If the affected member or practitioner signs a written acceptance of the requested reduction, the reduction shall take effect when the member or practitioner signs the acceptance. If the member or practitioner does not sign such an acceptance within ten (10) days of receipt of the request, the Credentials Panel, or applicable subpanel, shall conduct an investigative review which shall include an opportunity for the affected member or practitioner to submit information. Within forty-five (45) days of receipt of the request by the Chairperson, the Credentials Panel shall prepare a recommendation which shall be handled as provided in Article IV, Section 6(B). ~~Part B of this section.~~

~~At any time, a member or practitioner may request that a Clinical Service Head reduce their clinical privileges. After conducting a review, the Clinical Service Head may recommend a reduction in the clinical privileges of the member or practitioner. The recommended reduction shall take effect upon being signed by both the Clinical Service Head and the member or practitioner.~~

B. Credentials Panel Recommendations

The Credentials Panel, in consultation with the Clinical Service Head, may recommend a formal letter of reprimand; may recommend reduction, suspension, or termination of clinical privileges, which may include a requirement of consultation or supervision; may impose conditions on the exercise of privileges; may recommend terms of a probationary period; or may recommend the member or practitioner obtain appropriate therapy or counseling.

When the recommendation is to deny the request for decreased clinical privileges, the Chairperson of the Credentials Panel shall forward it, together with the supporting documentation, to the University Hospital Advisory Committee for review and final action.

The recommendation shall specify whether or not the Panel was unanimous. If the Panel was not unanimous, dissenting members may attach a minority report.

When the recommendation is adverse to the member or practitioner, the Chairperson of the Credentials Panel shall send written notification to the member or practitioner within five (5) days of preparation of the recommendation, including the specific reasons for the recommended action, the right to a hearing as provided in ~~Part C of this section,~~ Article IV, Section 6(C), and a summary of the affected member's or practitioner's rights in the hearing. Failure to make a written request for a hearing to the Chairperson of the Professional Practice and Well-being Subcommittee within thirty (30) days of receiving notice shall constitute a waiver of the right to a hearing. The Chairperson of the Credentials Panel shall forward the recommendation, together with supporting documentation, to the University Hospital Advisory Committee. If the hearing is conducted, the Credentials Panel, or in the case of a health care professional or practitioner the applicable subpanel, shall, within fifteen (15) days of receipt of the report and recommendation of the Hearing Committee, consider them and prepare a reconsidered recommendation. The Chairperson of the Credentials Panel shall forward the reconsidered recommendation to the University Hospital Advisory Committee. If the reconsidered recommendation continues to be adverse, the Chairperson of the Credentials Panel shall also send written notification to the affected member or practitioner within five (5) days of the preparation of the reconsidered recommendation. The affected member or practitioner shall have ten (10) days from receipt of the notice to submit a written statement in his/her own behalf to the Chairperson of the University Hospital Advisory Committee.

C. Hearing

1. Hearing Committee, Notice and Personal Presence

Whenever a member or practitioner or an applicant that has been rejected for membership makes a timely request for hearing pursuant to ~~Part~~ Article IV, Section 6(B), (D), or (F of this section), the hearing date shall not be less than thirty (30) days nor more than sixty (60) days from the date of the hearing notice. The Hearing Committee shall be composed of five members of the Professional Practice and Well-being Subcommittee, the Active Clinical Staff, or the practitioners' discipline, selected by the

Chairperson of that Subcommittee, to ensure that the committee is impartial. No staff member or practitioner who has actively participated in consideration of the adverse recommendation shall be appointed a member of this Hearing Committee. Written notice of the place, time, and date of the hearing, including specific charges or reasons for the adverse recommendation and a list of witnesses if any are expected to testify, shall be sent to the person requesting the hearing no less than thirty (30) days before the hearing. This notice shall be prepared by the Chairperson of the Credentials Panel for persons receiving an adverse recommendation from this Panel, by the Chairperson of the [University](#) Hospital Advisory Committee for persons receiving an adverse recommendation by this Committee or suspension of privileges, and by the Clinical Service Head for House Staff Members. The affected person shall be given an opportunity to inspect documentary evidence against him/her. The person may be represented by legal counsel at the hearing if he/she gives written notice to the Chairperson of the Professional Practice [and Well-being](#) Subcommittee at least seven (7) days prior to the hearing. The person may call witnesses on his/her behalf and introduce other evidence, including patient charts, if the person gives seven (7) days notice to the Chairperson of the Professional Practice [and Well-being](#) Subcommittee. Rebuttal evidence and/or witnesses may be added in response, with notice to the affected person prior to the hearing. Personal presence of the affected person or his/her representative shall be required, and failure without good cause to appear shall constitute a waiver of the right to a hearing.

At the written request of the affected person and the approval of the Chairperson of the Professional Practice [and Well-being](#) Subcommittee, the affected person may waive adherence to the hearing time requirements.

2. Presiding Officer

The Hearing Committee shall select from its membership a Chairman who shall be the presiding officer at the hearing. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard and present oral and documentary evidence, and to ensure that decorum is maintained. The presiding officer shall be entitled to determine the order of procedure during the hearing and shall

have the authority and discretion to make rulings on all questions.

3. Conduct of the Hearing

At a hearing both sides shall have the following rights: to call and examine witnesses, to introduce exhibits, to cross-examine any witness on any matter relevant to the issues and to rebut any evidence. The hearing shall not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence on which reasonable persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Hearing Committee may request such a memorandum to be filed following the close of the hearing. The Hearing Committee may interrogate witnesses or call additional witnesses if it deems it appropriate. The presiding officer shall have the discretion to take official notice of any matters relating to the issues under consideration. Participants in the hearing shall be informed of the matters to be officially noticed, they shall be noted in the record of the hearing, and the person requesting the hearing shall have the opportunity to refute the noticed matter. The Hearing Committee shall maintain a record of the hearing by one of the following methods: a shorthand reporter present to make a record of the hearing, a recording, or minutes of the proceedings. The cost of such shorthand reporter shall be borne by the party requesting the reporter. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice.

4. Decision of the Hearing Committee

The decision of the Hearing Committee shall be based on the preponderance of the evidence produced at the hearing. Within thirty [\(30\)](#) days of the completion of the hearing, the Hearing Committee shall submit its written recommendation, including a statement of the basis for the recommendation(s), to the Credential Panel in the case of Part B hearings, the [University](#) Hospital Advisory Committee in the case of Part D or F hearings, or the Clinical Service Head if the affected member is House Staff. The

affected person has the right to receive the written recommendation of the hearing panel, including a statement of the basis of the recommendation(s).

D. University Hospital Advisory Committee Action

When the University Hospital Advisory Committee receives the recommendation or reconsidered recommendation from the Chairperson of the Credentials Panel, it shall consider records created in the proceedings (including any recommendations, and the documentation on which the recommendations are based, of the Credentials Panel or Hearing Committee), any written statement timely submitted by the affected person and in its discretion, other evidence. Within thirty (30) days of receipt of the recommendation or reconsidered recommendation, the University Hospital Advisory Committee shall make its decision and send the affected person written notification, including a statement of the basis of the decision. A member or practitioner shall also be notified of his/her right to request appellate review to the Chairperson of the University Hospital Advisory Committee within thirty (30) days of the notice.

If the decision is to grant fewer clinical privileges than requested or to reduce, suspend or terminate clinical privileges and the affected member or practitioner did not have an opportunity to request a hearing under Part Article IV, Section 6(B) or (~~F of this section.~~), the member or practitioner shall be entitled to a hearing as provided in Part Article IV, Section 6(C of this section.). Failure to make a written request for a hearing to the Chairperson of the Professional Practice and Well-being Subcommittee within thirty (30) days of receiving notice, complying with the requirements of notice in Part B, shall constitute a waiver of the right to a hearing. If a hearing is conducted pursuant to Part C, the University Hospital Advisory Committee shall, within thirty (30) days of receipt of the report and recommendation of the Hearing Committee, make a reconsidered decision, and send the affected member or practitioner written notification of the decision, including a statement of the basis of the decision and his/her right to request appellate review to the Chairperson of the University Hospital Advisory Committee within thirty (30) days of the notice.

E. Appellate Review

If the decision is adverse to the member or practitioner, the affected member or practitioner may request appellate review by the University Hospital Advisory Committee on the grounds

that:

1. there was substantial failure of the Hearing Committee or the University Hospital Advisory Committee to comply with these Bylaws, Rules and Regulations or the procedures adopted by the University Hospital Advisory Committee for the conduct of the hearing and decisions upon hearing so as to deny due process or a fair hearing;
2. the action was taken arbitrarily, capriciously or with prejudice, or
3. the action of the Hearing Committee or University Hospital Advisory Committee was not supported by substantial evidence in the record as a whole.

Failure to make a written request for appellate review to the Chairperson of the University Hospital Advisory Committee within thirty (30) days of receiving notice shall be deemed an acceptance of the decision of the University Hospital Advisory Committee. The University Hospital Advisory Committee shall notify the affected member or practitioner, no less than fourteen (14) days before the appellate review, of the date, time, and place of the review. The appellate review Committee shall be composed of five members of the University Hospital Advisory Committee, selected by the Chairperson of the University Hospital Advisory Committee, to ensure that the committee is impartial. Any individual who has participated in initiating or investigating the underlying matters at issue is disqualified from serving on the appellate review committee.

At the written request of the affected member or practitioner and the approval of the Chairperson of the University Hospital Advisory Committee, the affected person may waive adherence to the hearing time requirements. When the member or practitioner requesting review is under suspension, such review shall be scheduled as soon as arrangements for it may be reasonably made, upon mutual consent of the Chairperson of the University Hospital Advisory Committee and the affected member or practitioner.

The affected member or practitioner shall have access to the report and record of the hearing committee and all other material, favorable or unfavorable, that was considered in making the adverse recommendation against him/her. The affected member or practitioner shall have ten (10) days from the time of the request to submit to the Chairperson of the University Hospital

Advisory Committee a written statement in support of his/her position on appeal, specifying the factual or procedural matters with which he/she disagrees, which are limited to the grounds for appellate review listed above, and the reasons for such disagreement.

The appellate review committee shall review the records created in the proceedings, the written recommendation of the hearing panel, and shall consider any written statement timely submitted by the affected member or practitioner for the purpose of determining whether the adverse recommendation against the affected member or practitioner was supported by substantial evidence in the record, was not arbitrary or capricious, and whether due process and a fair hearing was provided to the affected member or practitioner. The affected member or practitioner shall be present at the appellate review and may be represented by his/her attorney. He/she shall be permitted to speak against the adverse recommendation, limited to the scope of the appellate review, and shall answer questions of any member of the appellate review committee. The ~~clinical staff~~Clinical Staff may be represented by the Chairperson of the Professional Practice and Well-being Subcommittee, or other individual to speak in favor of the adverse recommendation, and shall answer questions of any member of the appellate review committee. The appellate review committee may not accept additional oral and written evidence. Within twenty-one (21) days of completion of the appellate review, the appellate review committee shall submit its report to the University Hospital Advisory Committee. The University Hospital Advisory Committee may affirm, modify, or reverse its prior decision, within thirty (30) days of receiving the report from the appellate review committee. The affected member or practitioner shall be sent written notification of the final decision, including a statement of the basis of the decision, within five (5) days.

The decision of the University Hospital Advisory Committee is final, subject only to the discretionary appeal to the Board of Regents provided in ~~section~~Section III-31 of the University Operations Manual.

The procedures provided in ~~section~~Section III-29.6 of the University Operations Manual shall not be available in any action concerning clinical privileges.

F. Summary Suspension

The Chairperson of the University Hospital Advisory Committee, Chairperson of the

Professional Practice and Well-being Subcommittee, or the Clinical Service Head for the member or practitioner shall have the authority, whenever action must be taken immediately in the best interests of patient care in the hospital, to summarily suspend all or any portion of the clinical privileges of any member or practitioner, and the suspension shall be immediately effective. The affected member or practitioner will be notified in writing of the reasons for the suspension within twenty-four hours. The affected member or practitioner shall be entitled to a hearing, within a reasonable time, as provided in ~~Part C of this section.~~ Article IV, Section 6(C). Upon mutual consent of the affected member or practitioner and the Chairperson of the Professional Practice and Well-being Subcommittee the hearing will be held as soon as arrangements can be made. Failure to make a written request for a hearing to the Chairperson of the Professional Practice and Well-being Subcommittee within thirty (30) days of the suspension shall constitute a waiver of the right to a hearing. If the right to a hearing is waived, the suspended privileges can be restored only by an application for increased privileges as provided in Article IV, Section 5. If the hearing is not waived, the Hearing Committee may temporarily restore all or part of the suspended privileges, pending final determination by the University Hospital Advisory Committee. The Hearing Committee, in accord with ~~Part~~ Article IV, Section 5(C), shall make its report and recommendation to the University Hospital Advisory Committee and they shall be handled as a recommendation of the Credentials Panel as provided in ~~Part D of this section.~~ Article IV, Section 5(D). The Hearing Committee shall also send written notification to the affected member or practitioner, including a statement of the basis of the recommendation.

The Chairperson of the Professional Practice and Well-being Subcommittee or the applicable Clinical Service Head will be responsible for arranging for alternative medical coverage for the patients of the suspended practitioner still in the Hospital at the time of suspension.

G. Automatic Suspension

The Chairperson of the University Hospital Advisory Committee, the Chairperson of the Professional Practice and Well-being Subcommittee, or the applicable Clinical Service Head shall have the authority to automatically suspend the clinical privileges of any member or practitioner who fails to complete medical records in accordance with the ~~clinical staff~~ Clinical Staff rules and regulations or whenever a member's or practitioner's license to practice in Iowa

is revoked, restricted, or suspended. Procedural rights will not be available to member's or practitioner's who receive automatic suspension of their clinical privileges. Privileges will be reinstated by the Chairperson of the University Hospital Advisory Committee or the Chairperson of the Professional Practice and Well-being Subcommittee upon demonstrated compliance.

The Chairperson of the Professional Practice and Well-being Subcommittee or the applicable Clinical Service Head will be responsible for arranging alternative medical coverage for the patients of the suspended member or practitioner still in the Hospital at the time of suspension.

Section 7: House Staff Member Rights

- A. The House Staff Graduate Medical or Dental Education Appointment Contract is for no more than a ~~twelve~~twelve ~~(12)~~ month duration and may be renewed annually upon satisfactory performance in the training program. In the event that the Training Program Director (Clinical Service Head) does not recommend renewal of a house staff member's contract due to unsatisfactory progress in the training program and the training program has not been completed, the affected house staff member shall be so notified in writing at least four (4) months prior to the expiration of the contract, which shall include a statement of the grounds for the decision. A decision not to renew made within four (4) months of the expiration or a decision to cancel a renewed contract before the beginning of the contract period shall be considered a discharge and must be based on grounds that would justify discharge during a contract period.

A Residency Program Director may suspend without pay or discharge a house staff physician or dentist during a contract period for unprofessional or unethical conduct, illegal actions, gross unsatisfactory performance, or failure to observe these Bylaws, Rules and Regulations, directives of the University Hospital Advisory Committee, or rules and regulations of the applicable Clinical Service. After explaining the grounds for suspension or discharge to the house staff member, the Clinical Service Head (Program Director) shall give written notice of the suspension or discharge to the house staff member, including a statement of the grounds for the action, the right to a hearing as provided in Article IV, Section 6, ~~Part (C),~~ and a summary of the house staff member's rights.

A suspended or discharged house staff physician or dentist shall be entitled to a hearing before a body appointed by the Chairperson of the Professional Practice and Well-being Subcommittee. Failure to make a written request for a hearing to the Chairperson of the Professional Practice and Well-being Subcommittee within thirty (30) days of receiving written notice of suspension or discharge shall constitute a waiver of the right to a hearing. The Hearing Committee shall be composed of no less than four members of the Professional Practice and Well-being Subcommittee and three house staff physicians or dentists, selected so as to provide an impartial tribunal. The hearing shall be conducted in accordance with Article IV, Section 6, Part (C), except for the composition of the Hearing Committee and the recipient of the Committee's decision. The Chairperson of the Hearing Committee shall give written notice of the committee's decision to the affected house staff physician or dentist, the program director and the ~~Director~~Chief Executive Officer of UIHC, including a statement of the basis for the decision. At the written request of the affected house staff physician or dentist and the approval of the Chairperson of the Professional Practice and Well-being Subcommittee, the house staff physician or dentist may waive adherence to the hearing time requirements.

The decision of the Hearing Committee is final, subject only to discretionary appeal to the Board of Regents provided in ~~sections~~Sections III-31 of the University Operations Manual. This procedure and those in this ~~section~~Section shall be exclusive.

The procedures provided in ~~section~~Section III-29.6 of the University Operations Manual shall not be available in any action concerning clinical privileges.

Other concerns of house staff members shall be addressed through procedures approved by the University Hospital Advisory Committee.

Section 8: Patient Care Responsibility

A. Clinical Service Head

Each Clinical Service Head shall have supervision over the clinical activities of the Clinical Service.

B. Services

Each Clinical Service shall provide for one or more Services. A Service shall consist of one or more Attending Physicians or Dentists, and may include one or more House Staff members.

On admission to the UIHC, each patient is assigned to the Service of his/her attending physician or dentist.

C. Attending Physicians and Dentists

An Attending Physician or Dentist shall be a member of the Active Clinical Staff or the Emeritus Staff. The Attending Physician or Dentist shall be responsible for ordering (and when appropriate, performing) all diagnostic and therapeutic procedures performed for the patients assigned to his/her Service. He/she may delegate to other members of the Service or the patient care team those procedures which, in his/her judgment, they are capable of performing legally, safely, and effectively, providing that he or she, or another Attending Physician or Dentist, is readily available for consultation during the performance of these activities. Under these circumstances, he or she retains responsibility for these clinical activities.

In the event that the Attending Physician or Dentist expects to be unavailable, it shall be his/her responsibility to designate another member of the Active Clinical Staff or the Emeritus Staff as Attending Physician or Dentist for the patient(s) and to report this action to the Clinical Service Head. If, for any reason, the Attending Physician or Dentist fails to make this designation and is not available, another member of the Clinical Staff shall be designated by the Clinical Service Head as the Attending Physician or Dentist for the patient(s) concerned.

In the discharge of this responsibility for the care of patients, on the Service, the Attending Physician or Dentist shall comply with the regulations and policies issued by the Clinical Services.

Section 9: Clinical Service Meetings

Each Clinical Service shall meet on a regular basis, not less than once per month, and attendance by the members and practitioners with clinical privileges in the Clinical Service shall be required. Such meetings shall serve as an instrument to accomplish a critical review of all medical or dental practices within each Clinical Service. Minutes shall be maintained and shall contain at least a listing of the

Clinical Service members present, the subject matter and clinical problems discussed and actions taken. Attendance will be reported to the appropriate credentials panel through the Clinical Service Head for consideration during the credentialing process.

ARTICLE V: EVALUATION OF CLINICAL CARE

Section 1: Performance Improvement Program

The University Hospital Advisory Committee shall adopt, annually review, and, as necessary, revise a Performance Improvement Program to evaluate the quality of professional services and to take appropriate actions based on those evaluations. The Performance Improvement Program shall include the Clinical Service quality and performance improvement committees, the ~~Professional Practice~~ Quality and Safety Oversight Subcommittee, the University Hospital Advisory Committee, and other committees designated by the ~~University~~ Hospital Advisory Committee.

Section 2: Medical and Dental Audit

Each Clinical Service shall have a Medical or Dental Quality and Performance Improvement Committee which shall be appointed by the Clinical Service Head and be a subcommittee of the ~~Professional Practice~~ Quality and Safety Oversight Subcommittee. The Committee shall measure the extent to which patient care delivered in the Clinical Service satisfies standards of care formulated pursuant to the Performance Improvement Program and take constructive intradepartmental action on the evaluation results.

Section 3: Surgical Pathology Review

Any tissues removed surgically must be sent to Pathology unless prior written approval has been obtained by the responsible physician from the Director of Surgical Pathology, or his designee. Each instance of normal tissue and/or variation between preoperative diagnosis and pathological findings shall be reported to the appropriate Clinical Service Head. These cases shall be prepared for presentation at a subsequent Clinical Service conference.

Section 4: Clinical Service Ongoing Review

Each Clinical Service shall maintain a continuous review of the clinical practice of those persons having clinical privileges in the Clinical Service. Particular attention shall be devoted to cases

involving selected deaths, unimproved patients, nosocomial infections, questionable diagnosis or treatment, and patients with complications of their illnesses. It shall be the responsibility of the Clinical Service Heads to assure the accomplishment of this review objective and that the specific procedures as contained in Article V, Sections 2 and 3 ~~of this Article~~ are followed.

ARTICLE VI: CLINICAL SERVICE RULES AND REGULATIONS

Each Clinical Service Head shall adopt such clinical rules and regulations as may be necessary for proper conduct and administration of the Clinical Service. These shall relate to the proper conduct of Clinical Service organizational activities as well as the level of practice that is to be required of each person with clinical privileges in the respective Clinical Service. No rules, regulations or procedures in conflict with these Bylaws, Rules and Regulations may be adopted.

ARTICLE VII: AMENDMENTS

Proposals for amendments, or changes in amendments to these Bylaws, Rules and Regulations must be presented in writing by a member of the University Hospital Advisory Committee. Such proposals shall require the approval of the University Hospital Advisory Committee by a plurality vote of a quorum of the Committee.

Amendments to Article VIII shall take effect upon such approval by the University Hospital Advisory Committee. Amendments to Articles I through VII, inclusive, shall also require approval by a majority of the Board of Regents upon recommendation by the President of the University of Iowa, and shall take effect upon approval by the University Hospital Advisory Committee, the President and the Board of Regents. The Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics will be reviewed at least annually by the University Hospital Advisory Committee. Amendments to the Bylaws, Rules and Regulations will be proposed as needed.

ARTICLE VIII: PATIENT CARE RULES AND REGULATIONS

Section 1:

All patients admitted to the UIHC as inpatients or housed outpatients shall be assigned to the Service of their attending physician or dentist who pledges to provide or arrange for continuous care for his or her patients. Except in an emergency, no patient shall be admitted to the hospital until after a

provisional diagnosis has been made. In cases of emergency, the provisional diagnosis shall be stated as soon after admission as possible.

Physical Therapy and Occupational Therapy services shall be provided to inpatients and housed outpatients only on the order of a member of the Clinical Staff. Physical Therapists and Occupational Therapists may provide services to outpatients with or without referral when consistent with the licensure of the therapist and the clinical needs of the patient.

Section 2:

Patient care activities shall be related to the institution's teaching programs without regard to the financial status of the patient. Each patient shall be assigned to a patient care team headed by an Attending Physician or Dentist. House staff physicians, dentists, and students of various health disciplines may be assigned to the patient care team of any patient.

Section 3:

Physicians and dentists requesting admission of patients shall be responsible for providing such information as may be necessary to assure the protection of other patients and hospital personnel from those patients who constitute a source of danger from any cause whatsoever.

Section 4:

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

- A. in cases of emergency, verbal orders may be accepted from members or practitioners
- B. 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 (2) 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 patients who have been declared brain dead per hospital policy and family has given consent to organ donation, the patient may have orders written by the Organ Donor Coordinator(s) from the Organ Procurement Organization.

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.

Section 5:

The Attending Physician or Dentist shall be responsible for the preparation of a complete, accurate and legible medical record for each patient. This record shall be prepared in accordance with the format issued by the Health Information Management Subcommittee and conform to the standards of ~~the~~The Joint Commission ~~on Accreditation of Healthcare Organizations~~, and governmental regulating bodies. Medical records shall be safeguarded against loss, defacement, tampering, or use by unauthorized persons. Records shall be removed from the hospital's jurisdiction only in accordance with a court order, subpoena, or statute.

Section 6:

Standard orders may be adopted, as needed by the various Clinical Services and Clinical Divisions, but they must be individually signed. Standard orders must be reviewed, revised as necessary, and readopted at least annually. All medication orders for inpatients will automatically expire at the end of specified durations which have been set by the Pharmacy and Therapeutics Subcommittee. Unless otherwise indicated for specific drugs or drug categories designated by the Pharmacy and Therapeutics Subcommittee, medication orders will automatically expire after thirty (30) days. Cancellation of all existing orders for a patient will be effected on change of service, when the patient is sent to the operating room or delivery room. Drug orders and prescriptions shall be written by the generic name unless the preparation has a simple proprietary name and a complex generic name. Drug dosages shall be written in the metric system.

Section 7:

A medical history and physical examination shall be completed and documented for each patient no more than thirty (30) days before, or twenty-four (24) hours after, admission or registration for a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a member of the Clinical Staff or other practitioners privileged pursuant to Article IV, Section 4(F). An updated examination must be completed prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within thirty (30) days before admission or registration (in a non-inpatient setting). The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a member of the Clinical Staff or other practitioners privileged pursuant to Article IV, Section 4(F).~~A complete history and physical examination shall be recorded and signed within 24 hours after admission of the patient.~~ If the circumstances are such that a delay is necessary, a brief admission note may be recorded pending completion of the history and physical examination. A re-admission note, or a "short form" must be recorded and signed before any operation is performed or treatment is instituted, except in cases of emergency.

Section 8:

A ~~surgical~~ procedure shall be performed only upon the informed consent of the patient or the patient's legal representative, except in emergencies or pursuant to a court order. Operative reports dictated or written immediately after surgery record the name of the primary surgeon and assistants, findings, technical procedures used, specimens removed, and postoperative diagnosis. The completed operative report is authenticated by the surgeon and filed in the medical record as soon as possible after surgery. When the operative report is not placed in the medical record immediately after surgery, a progress note is entered immediately. The medical record should reflect a post-anesthetic evaluation made by an individual qualified to administer anesthesia within 48 hours after surgery. This report should document the cardiopulmonary status, level of consciousness, observations and/or patient instructions given, and any complications occurring during post-anesthetic recovery. All tissues removed will be sent to the Pathology Laboratory, where such examinations will be made as may be considered necessary to arrive at a diagnosis. Reports of such examinations shall be signed by the responsible physician and filed in the medical record and in the pathology files.

In addition, when tissues that have been removed at other institutions are to be used as a basis for developing, recommending or continuing a treatment plan by an Attending Physician or Dentist, the tissues shall be sent to the Pathology Laboratory for a formal examination prior to implementing the treatment plan, unless, in the best medical judgment of the attending physician/dentist, a delay in starting treatment would constitute a significant hazard for the patient. Specific exceptions to this policy may be granted by the Diagnostic Services Subcommittee following a written petition from a clinical division or department.

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 (14) 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.

Section 10:

All members of the Clinical Staff are expected to be actively interested in acquiring permission to perform autopsies. No autopsy shall be performed without the written consent of a person legally authorized to consent. All autopsies shall be supervised by a member of the Active Clinical Staff of the Pathology Department. Physicians seeking permission for autopsies shall explain adequately what constitutes a routine autopsy and that the extent of the permit will not be violated. The Pathology Department shall be notified regarding exceptions in autopsy procedures so that the intent of the person giving the consent shall not be violated. The completed autopsy report shall be made part of the patient's medical record within ninety (90) days of the patient's death.

Section 11:

The Attending Physician or resident physician is responsible for signing the death certificate in a timely manner when requested to do so by a funeral director and/or by a Decedent Care Center staff member.

Section 12:

Drugs used shall be those listed in the U.S. Pharmacopeia – National Formulary, the Formulary and Handbook of the UIHC, or approved by the Pharmacy and Therapeutics Subcommittee. When trade or proprietary nomenclature for a drug is employed, the Clinical Staff of the UIHC authorizes generically equivalent drugs approved by the Pharmacy and Therapeutics Subcommittee to be dispensed by the Pharmacy Department and administered by the Department of Nursing and other persons authorized to administer medications. Additionally, the Clinical Staff authorizes the substitution of drugs that are chemically dissimilar but have been judged by the Pharmacy and Therapeutics Subcommittee to be therapeutically equivalent. If substitution is not acceptable, the physician or dentist must write on the prescription that only the brand specified is acceptable. The Pharmacy will act to obtain and dispense such brand on such indication that only a specific brand is acceptable.

The Clinical Staff authorizes the conversion of ordered doses of selected drugs, as specified by the Pharmacy and Therapeutics Subcommittee, to standardized dosages in accord with dose conversion protocols approved by the Pharmacy and Therapeutics Subcommittee. The Clinical Staff authorizes the Pharmacy Department to dispense, and the Nursing Department and other persons authorized to administer medications to administer, those converted doses. If conversion is not acceptable, the physician or dentist must write on the medication order that only the exact dose specified is acceptable. Pharmacy will prepare and dispense the specified dose on such indication that only that dose is acceptable.

Section 13:

Where there is joint patient responsibility among staff members of two or more Services, it shall be necessary to delineate responsibility. All members of the Services involved in the care of the patient shall accordingly know in whom basic responsibility for making the primary decisions lies and who, in turn, is performing a consultative function. Any conflicts with regard to basic responsibility for a patient shall be adjudicated by the Heads of the Clinical Services involved or, if they are unable to resolve the conflict, the Chief of Staff.

Section 14:

In accord with ~~the Joint Commission on Accreditation of Healthcare Organizations'~~The Joint Commission's standards, all inpatients of the Hospital Dentistry Clinical Service shall receive the same basic clinical appraisal as patients assigned to other Clinical Services. A physician member of the Active Clinical Staff or the Emeritus Staff shall be responsible for the care of any medical problem that may be present, or that may arise concerning a dental patient or other inpatient receiving dental care. A physician's monitoring of hospitalized dental patients is unnecessary unless a medical problem is present upon admission; the dentist does have the obligation to request consultation with an appropriate physician when a medical problem arises during hospitalization of his/her dental patient. The Head of the Department of Surgery, or his designee, shall provide overall supervision of surgical procedures performed by dentists who are not oral surgeons, which means that he/she shall be available for consultation or involvement as necessary, but does not mean that he/she must be present.

Section 15:

The Director of the Emergency Treatment Center shall be a member of the Active Clinical Staff. He or she shall be designated by the Chairman of the University Hospital Advisory Committee, in concert with the Head of the Clinical Service in which the member is appointed, to be responsible for monitoring the daily operations of the Emergency Room. Each Clinical Service Head is responsible for arranging for the availability of members of his Clinical Service to provide consultative and treatment services for emergency patients and to assure that patients presenting for specialty care are provided appropriate and timely service. All members of the Clinical Staff of the UIHC shall participate in the overall plan for the reception and treatment of emergency patients as set forth in the approved Emergency Service Operations Manual.

Section 16:

Members of the Clinical Staff are encouraged to participate in continuing education programs sponsored by the Clinical Services of the UIHC, the University of Iowa College of Medicine and the College of Dentistry, and organizations outside the UIHC. Participation in the roles of both students and teachers is recognized as the means of continuously improving the service rendered by the Clinical Staff.

Section 17:

In order to avoid confusing multiple billings to patients and to assure appropriate controls of costs to patients, no charges ~~may~~may be submitted to patients for services within the UIHC, except through the UIHC's statement or Faculty Practice Plan and Dental Service Plan fee billings, unless prior written permission has been given by the ~~Director~~Chief Executive Officer of the UIHC or his/her designee.

Section 18: Faculty Practice Plan and Dental Service Plan

The Faculty Practice Plan is organized for the purpose of administering certain funds received in the course of medical practice at the UIHC and other locations. The Faculty Practice Plan shall purchase collection services from the UIHC.

The Dental Service Plan is organized for the purpose of administering certain funds received in the course of dental practice at the UIHC and other locations. For services performed within the UIHC, the Dental Service Plan shall purchase collection services from the UIHC.

Section 19: Formulary

The Formulary and Handbook of the UIHC shall be published each year for the benefit of the Clinical Staff and other health care professionals at the UIHC. This document shall include specific policies and procedures to be followed with regard to administrative and clinical matters and shall be reviewed and approved annually by the Pharmacy and Therapeutics Subcommittee.

Section 20: Disaster Plan

In case of a civil or natural disaster, the UIHC shall follow the Disaster Plan approved by the University Hospital Advisory Committee.

APPENDICES

Appendix I	.....	The University of Iowa Hospitals and Clinics Departments
Appendix II	.....	<i>The Code of Iowa</i> (2013) Chapter 263 “University of Iowa Hospitals and Clinics”
Appendix III	.....	<i>The Code of Iowa</i> (2013) Chapter 262 “State Board of Regents”
Appendix IV	.....	<i>The Code of Iowa</i> (2013) Chapter 225 “Psychiatric Hospital”
Appendix V	.....	<i>The Code of Iowa</i> (2013) Chapter 263 “Center for Disabilities and Development”

THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS DEPARTMENTS

The following hospital departments have been established pursuant to Article II, Section 2, ~~Part~~ (B)(i) of the Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics and its Clinical Staff:

Professional Departments

Clinical Quality, Safety and Performance Improvement	Respiratory Care
Food and Nutrition Services	Pharmaceutical Care
Nursing Services and Patient Care	Social, Patient and Family Services
Rehabilitation Therapies	Spiritual Services

Other Departments

<u>Capital Management</u>	<u>Integrated Strategic Planning & Business Development</u>
<u>Community and Patient Relations</u> Capital Management	Jt. Office - Patient Financial Services
<u>Engineering Services</u> Community and Patient Relations	Jt. Office - Compliance
<u>Environmental and Guest Services</u> Engineering	Jt. Office - Marketing/Communications
<u>Finance and Guest Accounting</u> Environmental Services	Materials Service

~~Finance and Accounting~~ Guest Services

Health Information Management

Health Care Information Systems

Human Resources ~~Integrated Strategic Planning &~~
~~Business~~

~~—Development~~

Operational Excellence & Quality/Safety

Procurement Services

Safety and Security

Volunteer Services

**CHAPTER 263
UNIVERSITY OF IOWA**

UNIVERSITY OF IOWA HOSPITALS AND CLINICS

~~263.18 TREATMENT OF PATIENTS — USE OF EARNINGS FOR NEW FACILITIES.~~

- ~~1. The university of Iowa hospitals and clinics authorities may at their discretion receive patients into the hospital for medical, obstetrical, or surgical treatment or hospital care. The university of Iowa hospitals and clinics ambulances and ambulance personnel may be used for the transportation of such patients at a reasonable charge if specialized equipment is required.~~
- ~~2. The university of Iowa hospitals and clinics authorities shall collect from the person or persons liable for support of such patients reasonable charges for hospital care and service and deposit payment of the charges with the treasurer of the university for the use and benefit of the university of Iowa hospitals and clinics.~~
- ~~3. Earnings of the university of Iowa hospitals and clinics shall be administered so as to increase, to the greatest extent possible, the services available for patients, including acquisition, construction, reconstruction, completion, equipment, improvement, repair, and remodeling of medical buildings and facilities, additions to medical buildings and facilities, and the payment of principal and interest on bonds issued to finance the cost of medical buildings and facilities as authorized by the provisions of chapter 263A.~~
- ~~4. The physicians and surgeons on the staff of the university of Iowa hospitals and clinics who care for patients provided for in this section may charge for the medical services provided under such rules, regulations, and plans approved by the state board of regents. However, a physician or surgeon who provides treatment or care for an expansion population member pursuant to chapter 249J shall not charge or receive any compensation for the treatment or care except the salary or compensation fixed by the state board of regents to be paid from the hospital fund.~~

~~263.19 PURCHASES.~~

~~Any purchase in excess of ten thousand dollars, of materials, appliances, instruments, or supplies by the university of Iowa hospitals and clinics, when the price of the materials, appliances, instruments, or supplies to be purchased is subject to competition, shall be made pursuant to open competitive quotations, and all contracts for such purchases shall be subject to chapter 72. However, purchases may be made through a hospital group purchasing organization provided that the university of Iowa hospitals and clinics is a member of the organization.~~

~~263.20 COLLECTING AND SETTLING CLAIMS FOR CARE.~~

~~Whenever a patient or person legally liable for the patient's care at the university of Iowa hospitals and clinics has insurance, an estate, a right of action against others, or other assets, the university of Iowa hospitals and clinics, through the facilities of the office of the attorney general, may file claims, institute or defend suit in court, and use other legal means available to collect accounts incurred for the care of the patient, and may compromise, settle, or release such actions under the rules and procedures prescribed by the president of the university and the office of the attorney general. If a county has paid any part of such patient's care, a pro rata amount collected, after deduction for cost of collection, shall be remitted to the county and the balance shall be credited to the hospital fund.~~

~~263.21 TRANSFER OF PATIENTS FROM STATE INSTITUTIONS.~~

~~The director of the department of human services, in respect to institutions under the director's control, the administrator of any of the divisions of the department, in respect to the institutions under the administrator's control, the director of the department of corrections, in respect to the institutions under the department's control, and the state board of regents, in respect to the Iowa braille and sight saving school and the Iowa school for the deaf, may send any inmate, student, or patient of an institution, or any person committed or applying for admission to an institution, to the university of Iowa hospitals and clinics for treatment and care. The department of human services, the department of corrections, and the state board of regents shall respectively pay the traveling expenses of such patient, and when necessary the traveling expenses of an attendant for the patient, out of funds appropriated for the use of the institution from which the patient is sent.~~

~~263.22 MEDICAL CARE FOR PAROLEES AND PERSONS ON WORK RELEASE.~~

~~The director of the department of corrections may send former inmates of the institutions provided for in section 904.102, while on parole or work release, to the university of Iowa hospitals and clinics for treatment and care. The director may pay~~

~~the traveling expenses of any such patient, and when necessary the traveling expenses of an attendant of the patient, out of funds appropriated for the use of the department of corrections.~~

~~**263.23 OBLIGATIONS TO INDIGENT PATIENTS.**~~

~~The university of Iowa hospitals and clinics shall continue the obligation existing on April 1, 2005, to provide care or treatment at the university of Iowa hospitals and clinics to indigent patients and to any inmate, student, patient, or former inmate of a state institution as specified in sections 263.21 and 263.22, with the exception of the specific obligation to committed indigent patients pursuant to section 255.16, Code 2005.~~

CHAPTER 262
BOARD OF REGENTS

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262.1 MEMBERSHIP.

The state board of regents consists of nine members, eight of whom shall be selected from the state at large solely with regard to their qualifications and fitness to discharge the duties of the office. The ninth member shall be a student enrolled on a full-time basis in good standing at either the graduate or undergraduate level at one of the institutions listed in section 262.7, subsection 1, 2, or 3, at the time of the member's appointment. Not more than five members shall be of the same political party.

262.2 APPOINTMENT — TERM OF OFFICE.

The members shall be appointed by the governor subject to confirmation by the senate. Prior to appointing the ninth member as specified in section 262.1, the governor shall consult with the appropriate student body government at the institution at which the proposed appointee is enrolled. The term of each member of the board shall be for six years, unless the ninth member, appointed in accordance with section 262.1, graduates or is no longer enrolled at an institution of higher education under the board's control, at which time the term of the ninth member shall expire one year from the date on which the member graduates or is no longer enrolled in an institution of higher education under the board's control. However, if within that year the ninth member reenrolls in any institution of higher education under the board's control on a

full-time basis and is a student in good standing at either the graduate or undergraduate level, the term of the ninth member shall continue in effect. The terms of three members of the board shall begin and expire in each odd-numbered year as provided in section 69.19.

~~262.3 Repealed by 80 Acts, ch 1010, § 86.~~

~~262.4 REMOVALS.~~

~~The governor, with the approval of a majority of the senate during a session of the general assembly, may remove any member of the board for malfeasance in office, or for any cause which would render the member ineligible for appointment or incapable or unfit to discharge the duties of office, and the member's removal, when so made, shall be~~

~~262.5 SUSPENSION.~~

~~When the general assembly is not in session, the governor may suspend any member so disqualified and shall appoint another to fill the vacancy thus created, subject to the approval of the senate when next in session.~~

~~262.6 VACANCIES.~~

~~Vacancies shall be filled in the same manner in which regular appointments are required to be made. If the ninth member resigns prior to the expiration of the term, the individual appointed to fill the vacancy shall meet the requirements for the ninth member specified in section 262.1. Other vacancies occurring prior to the expiration of the ninth member's term shall be filled in the same manner as the original appointments for those vacancies.~~

~~262.7 INSTITUTIONS GOVERNED.~~

~~The state board of regents shall govern the following institutions:~~

- ~~1. The state university of Iowa, including the university of Iowa hospitals and clinics.~~
- ~~2. The Iowa state university of science and technology, including the agricultural experiment station.~~
- ~~3. The university of northern Iowa.~~
- ~~4. The Iowa braille and sight saving school.~~
- ~~5. The state school for the deaf.~~
- ~~6. The Oakdale campus.~~
- ~~7. The university of Iowa hospitals and clinics' center for disabilities and development.~~

~~262.8 MEETINGS.~~

~~The board shall meet four times a year. Special meetings may be called by the board, by the president of the board, or by the executive director of the board upon written request of any five members thereof.~~

~~262.9 POWERS AND DUTIES.~~

~~The board shall:~~

- ~~1. Each even-numbered year elect, from its members, a president of the board, who shall serve for two years and until a successor is elected and qualified.~~
- ~~2. Elect a president of each of the institutions of higher learning; a superintendent of each of the other institutions; a treasurer and a secretarial officer for each institution annually; professors, instructors, officers, and employees; and fix their compensation. Sections 279.12 through 279.19 and section 279.27 apply to employees of the Iowa braille and sight saving school and the state school for the deaf, who are licensed pursuant to chapter 272. In following those sections in chapter 279, the references to boards of directors of school districts shall be interpreted to apply to the board of regents.~~
- ~~3. Make rules for admission to and for the government of said institutions, not inconsistent with law.~~
- ~~4. Manage and control the property, both real and personal, belonging to the institutions. The board shall purchase or require the purchase of, when the price is reasonably competitive and the quality as intended, soybean-based inks. All inks purchased that are used internally or are contracted for by the board shall be soybean-based to the extent formulations for such inks are available.
 - ~~a. The department of natural resources shall review the procurement specifications currently used by the board to eliminate, wherever possible, discrimination against the procurement of products manufactured with soybean-based inks.~~
 - ~~b. The department of natural resources shall assist the board in locating suppliers of recycled-content products and soybean-based inks and collecting data on recycled content and soybean-based ink purchases.~~
 - ~~c. The board, in conjunction with the department of natural resources, shall adopt rules to carry out the provisions of this section.~~
 - ~~d. The department of natural resources shall cooperate with the board in all phases of implementing this section.~~~~

5. The board shall, whenever technically feasible, purchase and use degradable loose foam packing material manufactured from grain starches or other renewable resources, unless the cost of the packing material is more than ten percent greater than the cost of packing material made from nonrenewable resources. For the purposes of this subsection, "*packing material*" means material, other than an exterior packing shell, that is used to stabilize, protect, cushion, or brace the contents of a package.
6. Purchase and use recycled printing and writing paper, with the exception of specialized paper when no recyclable product is available, in accordance with the schedule established in section 8A.315; establish a wastepaper recycling program for all institutions governed by the board in accordance with recommendations made by the department of natural resources and the requirements of section 8A.329; shall, in accordance with the requirements of section 8A.311, require product content statements and compliance with requirements regarding procurement specifications; and shall comply with the requirements for the purchase of lubricating oils and industrial oils as established pursuant to section 8A.316.
7. Acquire real estate for the proper uses of institutions under its control, and dispose of real estate belonging to the institutions when not necessary for their purposes. The disposal of real estate shall be made upon such terms, conditions, and consideration as the board may recommend. If real estate subject to sale has been purchased or acquired from appropriated funds, the proceeds of such sale shall be deposited with the treasurer of state and credited to the general fund of the state. There is hereby appropriated from the general fund of the state a sum equal to the proceeds so deposited and credited to the general fund of the state to the state board of regents, which may be used to purchase other real estate and buildings and for the construction and alteration of buildings and other capital improvements. All transfers shall be by state patent in the manner provided by law. The board is also authorized to grant easements for rights of way over, across, and under the surface of public lands under its jurisdiction when in the board's judgment such easements are desirable and will benefit the state of Iowa.
8. Accept and administer trusts and may authorize nonprofit foundations acting solely for the support of institutions governed by the board to accept and administer trusts deemed by the board to be beneficial. Notwithstanding the provisions of section 633.63, the board and such nonprofit foundations may act as trustee in such instances.
9. Direct the expenditure of all appropriations made to said institutions, and of any other moneys belonging thereto, but in no event shall the perpetual funds of the Iowa state university of science and technology, nor the permanent funds of the university of Iowa derived under Acts of Congress, be diminished.
10. Collect the highest rate of interest, consistent with safety, obtainable on daily balances in the hands of the treasurer of each institution.
11. With consent of the inventor and in the discretion of the board, secure letters patent or copyright on inventions of students, instructors and officials, or take assignment of such letters patent or copyright and may make all necessary expenditures in regard thereto. The letters patent or copyright on inventions when so secured shall be the property of the state, and the royalties and earnings thereon shall be credited to the funds of the institution in which such patent or copyright originated.
12. Perform all other acts necessary and proper for the execution of the powers and duties conferred by law upon it.
13. Grant leaves of absence with full or partial compensation to staff members to undertake approved programs of study, research, or other professional activity which in the judgment of the board will contribute to the improvement of the institutions. Any staff member granted such leave shall agree either to return to the institution granting such leave for a period of not less than two years or to repay to the state of Iowa such compensation as the staff member shall have received during such leave.
14. Lease properties and facilities, either as lessor or lessee, for the proper use and benefit of said institutions upon such terms, conditions, and considerations as the board deems advantageous, including leases with provisions for ultimate ownership by the state of Iowa, and to pay the rentals from funds appropriated to the institution for operating expenses thereof or from such other funds as may be available therefor.
15. In its discretion employ or retain attorneys or counselors when acting as a public employer for the purpose of carrying out collective bargaining and related responsibilities provided for under chapter 20. This subsection shall supersede the provisions of section 13.7.
16. In its discretion, adopt rules relating to the classification of students enrolled in institutions of higher education under the board who are residents of Iowa's sister states as residents or nonresidents for fee purposes.
17. In issuing bonds or notes under this chapter, chapter 262A, chapter 263A, or other provision of law, select and fix the compensation for, through a competitive selection procedure, attorneys, accountants, financial advisors, banks, underwriters, insurers, and other employees and agents which in the board's judgment are necessary to carry out the board's intention. Prior to the initial selection, the board shall establish a procedure which provides for a fair and open selection process including, but not limited to, the opportunity to present written proposals and personal interviews. The board shall maintain a list of firms which have requested to be notified of requests for proposal. The selection criteria shall take into consideration, but are not limited to, compensation, expenses, experience with similar issues, scheduling, ability to provide the services of individuals with specific knowledge in the relevant subject matter and length of engagement. The board may

waive the requirements for a competitive selection procedure for any specific employment upon adoption of a resolution of the board stating why the waiver is in the public interest and shall provide the executive council with written notice of the granting of any such waiver.

18. *a.* Not less than thirty days prior to action by the board on any proposal to increase tuition, fees, or charges at one or more of the institutions of higher education under its control, send written notification of the amount of the proposed increase including a copy of the proposed tuition increase docket memorandum prepared for its consideration to the presiding officers of the student government organization of the affected institutions. The final decision on an increase in tuition or mandatory fees charged to all students at an institution for a fiscal year shall be made at a regular meeting and shall be reflected in a final docket memorandum that states the estimated total cost of attending each of the institutions of higher education under the board's control. The regular meeting shall be held in Ames, Cedar Falls, or Iowa City and shall not be held during a period in which classes have been suspended for university holiday or break.

b. Authorize, at its discretion, each institution of higher education to retain the student fees and charges it collects to further the institution's purposes as authorized by the board. Notwithstanding any provision to the contrary, student fees and charges, as defined in section 262A.2, shall not be considered repayment receipts as defined in section 8.2.

19. Adopt policies and procedures for the use of telecommunications as an instructional tool at its institutions. The policies and procedures shall include but not be limited to policies and procedures relating to programs, educational policy, practices, staff development, use of pilot projects, and the instructional application of the technology.

20. Establish a hall of fame for distinguished graduates at the Iowa braille and sight saving school and at the Iowa school for the deaf.

21. Assist a nonprofit organization located in Sioux City in the creation of a tristate graduate center, comparable to the quad cities graduate center, located in the quad cities in Iowa. The purpose of the Sioux City graduate center shall be to create graduate education opportunities for students living in northwest Iowa.

22. Direct the administration of the Iowa minority academic grants for economic success program as established in section 261.101 for the institutions under its control.

23. Develop a policy and adopt rules relating to the establishment of tuition rates which provide a predictable basis for assessing and anticipating changes in tuition rates.

24. Develop a policy requiring oral communication competence of persons who provide instruction to students attending institutions under the control of the board. The policy shall include a student evaluation mechanism which requires student evaluation of persons providing instruction on at least an annual basis. However, the board shall establish criteria by which an institution may discontinue annual evaluations of a specific person providing instruction. The criteria shall include receipt by the institution of two consecutive positive annual evaluations from the majority of students evaluating the person.

25. Develop a policy relating to the teaching proficiency of teaching assistants which provides a teaching proficiency standard, instructional assistance to, and evaluation of persons who provide instruction to students at the higher education institutions under the control of the board.

26. Explore, in conjunction with the department of education, the need for coordination between school districts, area education agencies, state board of regents institutions, and community colleges for purposes of delivery of courses, use of telecommunications, transportation, and other similar issues. Coordination may include, but is not limited to, coordination of calendars, programs, schedules, or telecommunications emissions. The state board shall develop recommendations as necessary, which shall be submitted in a report to the general assembly on a timely basis.

27. Develop and implement a written policy, which is disseminated during registration or orientation, addressing the following four areas relating to sexual abuse:

a. Counseling.

b. Campus security.

c. Education, including prevention, protection, and the rights and duties of students and employees of the institution.

d. Facilitating the accurate and prompt reporting of sexual abuse to the duly constituted law enforcement authorities.

28. Authorize the institutions of higher learning under the board to charge an interest rate, not to exceed the prime rate plus six percent, on delinquent bills. However, the board shall prohibit the institutions from charging interest on late tuition payments and room and board payments if financial aid payments to students enrolled in the institutions are delayed by the lending institution.

29. Direct the institutions of higher education under its control to adopt a policy to offer not less than the following options to a student who is a member of the Iowa national guard or reserve forces of the United States and who is ordered to state military service or federal service or duty:

a. Withdraw from the student's entire registration and receive a full refund of tuition and mandatory fees.

b. Make arrangements with the student's instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student's registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full.

e. Make arrangements with only some of the student's instructors for grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the registration for those courses shall remain intact and tuition and mandatory fees shall be assessed for those courses. Any course for which arrangements cannot be made for grades or incompletes shall be considered dropped and the tuition and mandatory fees for the course refunded.

30. Develop a policy, not later than August 1, 2003, that each institution of higher education under the control of the board shall approve, institute, and enforce, which prohibits students, faculty, and staff from harassing or intimidating a student or any other person on institution property who is wearing the uniform of, or a distinctive part of the uniform of, the armed forces of the United States. A policy developed in accordance with this subsection shall not prohibit an individual from wearing such a uniform on institution property if the individual is authorized to wear the uniform under the laws of a state or the United States. The policy shall provide for appropriate sanctions.

31. Establish a research triangle, defined by the three institutions of higher learning under the board's control, and clearinghouse for purposes of sharing the projects and results of kindergarten through grade twelve education technology initiatives occurring in Iowa's school districts, area education agencies, community colleges, and other higher education institutions, with the education community within and outside of the state. Dissemination of and access to information regarding planning, financing, curriculum, professional development, preservice training, project implementation strategies, and results shall be centralized to allow school districts from across the state to gain ideas from each other regarding the integration of technology in the classroom.

~~262.9A PROHIBITION OF CONTROLLED SUBSTANCES.~~

The state board of regents shall adopt a policy that prohibits unlawful possession, use, or distribution of controlled substances by students and employees on property owned or leased by an institution or in conjunction with activities sponsored by an institution governed by the board. Each institution shall provide information about the policy to all students and employees. The policy shall include a clear statement of sanctions for violation of the policy and information about available drug or alcohol counseling and rehabilitation programs. In carrying out this policy, the institutions shall provide substance abuse prevention programs for students and employees.

~~262.10 PURCHASES — PROHIBITIONS.~~

No sale or purchase of real estate shall be made save upon the order of the board, made at a regular meeting, or one called for that purpose, and then in such manner and under such terms as the board may prescribe. No member of the board or any of its committees, offices or agencies, nor any officer of any institution, shall be directly or indirectly interested in such purchase or sale. Purchases of real estate may be made on written contracts providing for payment over a period of years but the obligations thereon shall not constitute a debt or charge against the state of Iowa nor against the funds of the board or the funds of the institution for which said purchases are made. Purchase payments may be made from appropriated capital funds or from other funds lawfully available for that purpose and allocated therefor by the board, or from any combination of the foregoing, but not from appropriated operating funds. All state appropriated capital funds used for any one purchase contract shall be taken entirely from a single capital appropriation and shall be set aside for that purpose. In event of default, the only remedy of the seller shall be against the property itself and the rents and profits thereof, and in no event shall any deficiency judgment be entered or enforced against the state of Iowa, the board, or the institution for which the purchase was made. Provided, however, that no part of the tuition fees shall be used in the purchase of such real estate.

~~262.11 RECORD — ACTS AFFECTING PROPERTY.~~

All acts of the board relating to the management, purchase, disposition, or use of lands and other property of said institutions shall be entered of record, which shall show the members present, and how each voted upon each proposition. The board may, in its discretion, delegate to each university the authority to approve leases.

~~262.12 COMMITTEES AND ADMINISTRATIVE OFFICES UNDER BOARD.~~

The board of regents shall also have and exercise all the powers necessary and convenient for the effective administration of its office and of the institutions under its control, and to this end may create such committees, offices and agencies from its own members or others, and employ persons to staff the same, fix their compensation and tenure and delegate thereto, or to the administrative officers and faculty of the institutions under its control, such part of the authority and duties vested by statute in the board, and shall formulate and establish such rules, outline such policies and prescribe such procedures therefor, all as may be desired or determined by the board as recorded in their minutes.

~~262.13 SECURITY OFFICERS AT INSTITUTIONS AS PEACE OFFICERS.~~

—The board may authorize any institution under its control to
—commission one or more of its employees as special security officers.

~~—Special security officers shall have the powers, privileges, and immunities of regular peace officers when acting in the interests of the institution by which they are employed. The board shall provide as rapidly as practicable for the adequate training of such special security officers at the Iowa law enforcement academy or in an equivalent training program, unless they have already received such training.~~

~~262.14 LOANS — CONDITIONS — OTHER INVESTMENTS.~~

~~The board may invest funds belonging to the institutions, subject to chapter 12F and the following regulations:~~

- ~~1. Each loan shall be secured by a mortgage paramount to all other liens upon approved farm lands in this state, accompanied by abstract showing merchantable title in the borrower. The loan shall not exceed sixty five percent of the cash value of the land, exclusive of buildings.~~
- ~~2. Each such loan if for a sum more than one fourth of the value of the farm shall be on the basis of stipulated annual principal reductions.~~
- ~~3. a. Any portion of the funds may be invested by the board. In the investment of the funds, the board shall exercise the judgment and care, under the circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in their own affairs as provided in chapter 633A, subchapter IV, part 3.~~
- ~~b. The board shall give appropriate consideration to those facts and circumstances that the board knows or should know are relevant to the particular investment involved, including the role the investment plays in the total value of the board's funds.~~
- ~~c. For the purposes of this subsection, appropriate consideration includes, but is not limited to, a determination by the board that the particular investment is reasonably designed to further the purposes prescribed by law to the board, taking into consideration the risk of loss and the opportunity for gain or other return associated with the investment and consideration of the following factors as they relate to the funds of the board:
 - ~~(1) The composition of the funds of the board with regard to diversification.~~
 - ~~(2) The liquidity and current return of the investments relative to the anticipated cash flow requirements.~~
 - ~~(3) The projected return of the investments relative to the funding objectives of the board.~~~~
- ~~d. The board shall have a written investment policy, the goal of which is to provide for the financial health of the institutions governed by the board. The board shall establish investment practices that preserve principal, provide for liquidity sufficient for anticipated needs, and maintain purchasing power of investable assets of the board and its institutions. The policy shall also include a list of authorized investments, maturity guidelines, procedures for selecting and approving investment managers and other investment professionals as described in section 11.2, subsection 2, and provisions for regular and frequent oversight of investment decisions by the board, including audit. The board shall make available to the auditor of state and treasurer of state the most recent annual report of any investment entity or investment professional employed by an institution governed by the board. The investment policy shall cover investments of endowment and nonendowment funds.~~
- ~~e. Consistent with this subsection, investments made under this subsection shall be made in a manner that will enhance the economy of this state, and in particular, will result in increased employment of the residents of this state.~~
- ~~4. Any gift accepted by the Iowa state board of regents for the use and benefit of any institution under its control may be invested in securities designated by the donor, but whenever such gifts are accepted and the money invested according to the request of the said donor, neither the state, the Iowa state board of regents, nor any member thereof, shall be liable therefor or on account thereof.~~
- ~~5. A register containing a complete abstract of each loan and investment, and showing its actual condition, shall be kept by the board and be at all times open to inspection.~~
- ~~6. All loans made under the provisions of this section shall have an interest rate of not less than three and one half percent per annum.~~

~~262.15 FORECLOSURES AND COLLECTIONS.~~

~~The board shall have charge of the foreclosure of all mortgages and of all collections from delinquent debtors to said institutions. All actions shall be in the name of the state board of regents, for the use and benefit of the appropriate institution.~~

~~262.16 SATISFACTION OF MORTGAGES.~~

~~When loans are paid, the board shall release mortgages securing the same as follows:~~

- ~~1. By a satisfaction piece signed and acknowledged by the treasurer of the institution to which the loan belongs, which shall be recorded in the office of the recorder of the county where said mortgage is of record; or~~

~~2. By entering a satisfaction thereof on the margin of the record of said mortgage, dated, and signed by the treasurer of the institution to which the loan belongs.~~

~~262.17 BIDDING IN PROPERTY.~~

~~In case of a sale upon execution, the premises may be bid off in the name of the board of regents, for the benefit of the institution to which the loan belongs.~~

~~262.18 DEEDS IN TRUST.~~

~~Deeds for premises so acquired shall be held for the benefit of the appropriate institution and such lands shall be subject to lease or sale the same as other lands.~~

~~262.19 ACTIONS NOT BARRED.~~

~~No lapse of time shall be a bar to any action to recover on any loan made on behalf of any institution.~~

~~262.20 BUSINESS OFFICES -- VISITATION.~~

~~A business office shall be maintained at each of the institutions of higher learning, with such organizations, powers and duties as the board may prescribe and delegate.~~

~~262.21 ANNUITY CONTRACTS.~~

~~At the request of an employee through contractual agreement the board may arrange for the purchase of group or individual annuity contracts for any of its employees, which annuity contracts are issued by a nonprofit corporation issuing retirement annuities exclusively for educational institutions and their employees or are purchased from any company the employee chooses that is authorized to do business in this state or through an Iowa licensed salesperson that the employee selects, on a group or individual basis, for retirement or other purposes, and may make payroll deductions in accordance with the arrangements for the purpose of paying the entire premium due and to become due under the contract. The deductions shall be made in the manner which will qualify the annuity premiums for the benefits under section 403(b) of the Internal Revenue Code, as defined in section 422.3. The employee's rights under the annuity contract are nonforfeitable except for the failure to pay premiums. As used in this section, unless the context otherwise requires, "annuity contract" includes any custodial account which meets the requirements of section 403(b)(7) of the Internal Revenue Code, as defined in section 422.3. Whenever an existing tax sheltered annuity contract is to be replaced by a new contract the agent or representative of the company shall submit a letter of intent to the company being replaced, to the commissioner of insurance, and to the agent's or representative's own company at least thirty days prior to any action. Each required letter of intent shall be sent by registered mail. This letter of intent shall contain the policy number and description of the contract being replaced and a description of the replacement contract.~~

~~262.22 DIRECTOR'S REPORT.~~

~~The director of the department of administrative services shall include in the director's report to the governor the amount paid for services and expenses of officers and employees of the board of regents and to whom paid.~~

~~262.23 DUTIES OF TREASURER.~~

~~The treasurer of each of said institutions shall:~~

- ~~1. Receive all appropriations made by the general assembly for said institution, and all other funds from all other sources, belonging to said institution.~~
- ~~2. Pay out said funds on order of the board of regents, or of such committee or official as it designates, on bills duly audited in accordance with the rules prescribed by said board.~~
- ~~3. Retain all bills, so paid by the treasurer, with receipts for their payment as vouchers.~~
- ~~4. Keep an accurate account of all revenue and expenditures of said institution, so that the receipts and disbursements of each of its several departments shall be apparent at all times.~~
- ~~5. Annually, and at such other times as the board may require, report to it said receipts and disbursements in detail.~~

~~262.24 REPORTS OF EXECUTIVE OFFICERS.~~

~~The executive officer of each of said institutions shall, on or before the first day of August of each even numbered year, make a report to the board, setting forth such observations and recommendations as in the executive officer's judgment are for the benefit of the institution, and also the executive officer's recommendations of a budget for the several colleges and departments of the institution, in detail, and estimates of the amount of funds required therefor for the ensuing biennium.~~

~~262.25 REPORTS OF SECRETARIAL OFFICERS.~~

The secretarial officer shall, for the institution of which the officer acts as secretary, on or before August 1 of each year, report to the board in such detail and form as it may prescribe:

1. The funds available each fiscal year from all sources for the erection, equipment, improvement, and repair of buildings.
 2. Interest on endowment and other funds, tuition, state appropriations, laboratory and janitor fees, donations, rents, and income from all sources affecting the annual income of the support funds of said institution.
 3. How the funds so received were expended, giving under separate heads the cost of instruction, administration, maintenance and equipment of departments, and the general expense of the institution.
 4. The number of professors, instructors, fellows, and tutors, and the number of students enrolled in each course during each year, stating separately the number of students attending short courses.
 5. The amount of unexpended balances of departments remaining in the hands of the treasurer, and the amounts undrawn from the state treasury on June 30 of each year. The report for the Iowa state university of science and technology shall also show the receipts of the experiment station from all sources for each fiscal year, and how the same were expended.
- 62, 66, 71, 73, 75, 77, 79, 81, § 262.25]

~~262.25A PURCHASE OF AUTOMOBILES.~~

1. Institutions under the control of the state board of regents shall purchase only new automobiles which have at least the fuel economy required for purchase of new automobiles by the director of the department of administrative services under section 8A.362, subsection 4. This subsection does not apply to automobiles purchased for law enforcement purposes.
2. A gasoline powered motor vehicle purchased by the institutions shall not operate on gasoline other than ethanol blended gasoline as defined in section 214A.1, unless under emergency circumstances or if to do so would result in the use of a percentage of ethanol blended gasoline higher than recommended by the vehicle manufacturer or would result in a violation of the vehicle's manufacturer warranty. A diesel powered motor vehicle purchased by the institutions shall not operate on diesel fuel other than biodiesel fuel as defined in section 214A.1, if commercially available, unless to do so would result in the use of a percentage of biodiesel not recommended by the vehicle manufacturer or would result in violation of the vehicle's manufacturer warranty, or under emergency circumstances. A state issued credit card shall not be used to purchase gasoline other than ethanol blended gasoline if commercially available or to purchase diesel fuel other than biodiesel fuel if commercially available. The motor vehicle shall also be affixed with a brightly visible sticker which notifies the traveling public that the motor vehicle is being operated on ethanol blended gasoline or biodiesel fuel, as applicable. However, the sticker is not required to be affixed to an unmarked vehicle used for purposes of providing law enforcement or security.
3. *a.* Of all new passenger vehicles and light pickup trucks purchased by or under the direction of the state board of regents, a minimum of ten percent of all such vehicles and trucks purchased shall be equipped with engines which utilize alternative methods of propulsion, including but not limited to any of the following:
 - (1) A flexible fuel which is any of the following:
 - (a) E 85 gasoline as provided in section 214A.2.
 - (b) B 20 biodiesel blended fuel as provided in section 214A.2.
 - (c) A renewable fuel approved by the office of renewable fuels and coproducts pursuant to section 159A.3.
 - (2) Compressed or liquefied natural gas.
 - (3) Propane gas.
 - (4) Solar energy.
 - (5) Electricity.
- b.* The provisions of this subsection do not apply to vehicles and trucks purchased and directly used for law enforcement or off road maintenance work.

~~262.25B PURCHASE OF BIO-BASED HYDRAULIC FLUIDS, GREASES, AND OTHER INDUSTRIAL LUBRICANTS.~~

The state board of regents and institutions under the control of the board purchasing hydraulic fluids, greases, and other industrial lubricants shall give preference to purchasing bio-based hydraulic fluids, greases, and other industrial lubricants as provided in section 8A.316.

~~262.25C PURCHASE OF DESIGNATED BIOBASED PRODUCTS.~~

The state board of regents and institutions under the control of the board purchasing products shall give preference to purchasing designated biobased products in the same manner as provided in section 8A.317.

~~262.26 REPORT OF BOARD.~~

The board shall, biennially, at the time provided by law, report to the governor and the legislature such facts, observations, and conclusions respecting each of such institutions as in the judgment of the board should be considered by the legislature. Such report shall contain an itemized account of the receipts and expenditures of the board, and also the reports made to the

board by the executive officers of the several institutions or a summary thereof, and shall submit budgets for biennial appropriations deemed necessary and proper to be made for the support of the several institutions and for the extraordinary and special expenditures for buildings, betterments, and other improvements.

~~262.27 COLONEL OF CADETS — GOVERNOR'S AWARD.~~

~~The commandant and instructor of military science and tactics at each of the institutions for higher learning is given the rank of colonel of cadets, and the governor shall issue such commission upon the request of the president of such institution. The governor of Iowa is hereby authorized to annually confer an appropriate award to any outstanding reserve officer training corps cadet or cadets at each university. Such award shall be on behalf of the people of the state of Iowa.~~

~~262.28 APPROPRIATIONS — MONTHLY INSTALLMENTS.~~

~~All appropriations made payable annually to each of the institutions under the control of the board of regents shall be paid in twelve equal monthly installments on the last day of each month on order of said board.~~

~~262.29 EXPENSES — FILING AND AUDIT.~~

~~Repealed by 2006 Acts, ch 1051, § 10.~~

~~262.30 CONTRACTS FOR TRAINING TEACHERS.~~

~~The board of directors of any school district in the state of Iowa may enter into contract with the state board of regents for furnishing instruction to pupils of such school district, and for training teachers for the schools of the state in such particular lines of demonstration and instruction as are deemed necessary for the efficiency of the university of northern Iowa, state university of Iowa, and Iowa state university of science and technology as training schools for teachers.~~

~~262.31 PAYMENT.~~

~~The contract for such instruction shall authorize the payment for such service furnished the school district or for such service furnished the state, the amount to be agreed upon by the state board of regents and the board of the school district thus cooperating.~~

~~262.32 CONTRACT — TIME LIMIT.~~

~~Such contracts shall be in writing and shall extend over a period of not to exceed two years, and a copy thereof shall be filed in the office of the administrator of the area education agency.~~

~~262.33 FIRE PROTECTION CONTRACTS.~~

~~The state board of regents shall have power to enter into contracts with the governing body of any city or other municipal corporation for the protection from fire of any property under the control of the board, located in any such municipal corporation or in territory contiguous thereto, upon such terms as may be agreed upon.~~

~~262.33A FIRE AND ENVIRONMENTAL SAFETY — REPORT — EXPENDITURES.~~

~~It is the intent of the general assembly that each institution of higher education under the control of the state board of regents shall, in consultation with the state fire marshal, identify and correct all critical fire and environmental safety deficiencies. Commencing July 1, 1993, each institution under the control of the state board of regents shall expend annually for fire safety and deferred maintenance at least the amount budgeted for these purposes for the fiscal year beginning July 1, 1992, in addition to any moneys appropriated from the general fund for these purposes in succeeding years.~~

~~262.34 IMPROVEMENTS — ADVERTISEMENT FOR BIDS — DISCLOSURES — PAYMENTS.~~

~~1. When the estimated cost of construction, repairs, or improvement of buildings or grounds under charge of the state board of regents exceeds one hundred thousand dollars, the board shall advertise for bids for the contemplated improvement or construction and shall let the work to the lowest responsible bidder. However, if in the judgment of the board bids received are not acceptable, the board may reject all bids and proceed with the construction, repair, or improvement by a method as the board may determine. All plans and specifications for repairs or construction, together with bids on the plans or specifications, shall be filed by the board and be open for public inspection. All bids submitted under this section shall be accompanied by a deposit of money, a certified check, or a credit union certified share draft in an amount as the board may prescribe.~~

~~2. A bidder awarded a contract shall disclose the names of all subcontractors, who will work on the project being bid, within forty eight hours after the award of the contract. If a subcontractor named by a bidder awarded a contract is replaced, or if the cost of work to be done by a subcontractor is reduced, the bidder shall disclose the name of the new subcontractor or the amount of the reduced cost.~~

3. Payments made by the board for the construction of public improvements shall be made in accordance with the provisions of chapter 573 except that:

a. Payments may be made without retention until ninety five percent of the contract amount has been paid. The remaining five percent of the contract amount shall be paid as provided in section 573.14, except that:

(1) At any time after all or any part of the work is substantially completed in accordance with paragraph "c", the contractor may request the release of all or part of the retainage owed. Such request shall be accompanied by a waiver of claim rights under the provisions of chapter 573 from any person, firm, or corporation who has, under contract with the principal contractor or with subcontractors, performed labor, or furnished materials, service, or transportation in the construction of that portion of the work for which release of the retainage is requested.

(2) Upon receipt of the request, the board shall release all or part of the unpaid funds. Retainage that is approved as payable shall be paid at the time of the next monthly payment or within thirty days, whichever is sooner. If partial retainage is released pursuant to a contractor's request, no retainage shall be subsequently held based on that portion of the work. If within thirty days of when payment becomes due the board does not release the retainage due, interest shall accrue on the retainage amount due as provided in section 573.14 until that amount is paid.

(3) If at the time of the request for the retainage there are remaining or incomplete minor items, an amount equal to two hundred percent of the value of each remaining or incomplete item, as determined by the board's authorized contract representative, may be withheld until such item or items are completed.

(4) An itemization of the remaining or incomplete items, or the reason that the request for release of the retainage was denied, shall be provided to the contractor in writing within thirty calendar days of the receipt of the request for release of retainage.

b. For purposes of this section, "authorized contract representative" means the architect or engineer who is in charge of the project and chosen by the board to represent its interests, or if there is no architect or engineer, then such other contract representative or officer as designated in the contract documents as the party representing the board's interest regarding administration and oversight of the project.

c. For purposes of this section, "substantially completed" means the first date on which any of the following occurs:

(1) Completion of the project or when the work has been substantially completed in general accordance with the terms and provisions of the contract.

(2) The work or the portion designated is sufficiently complete in accordance with the requirements of the contract so the board can occupy or utilize the work for its intended purpose.

(3) The project is certified as having been substantially completed by either of the following:

(a) The architect or engineer authorized to make such certification.

(b) The contracting authority representing the board.

4. The contractor shall release retained funds to the subcontractor or subcontractors in the same manner as retained funds are released to the contractor by the board. Each subcontractor shall pass through to each lower tier subcontractors all retained fund payments from the contractor.

~~262.34A BID REQUESTS AND TARGETED SMALL BUSINESS PROCUREMENT.~~

~~1. The state board of regents shall request bids and proposals for materials, products, supplies, provisions, and other needed articles to be purchased at public expense, from Iowa state industries as defined in section 904.802, subsection 2, when the articles are available in the requested quantity and at comparable prices and quality.~~

~~2. Notwithstanding section 73.16, subsection 2, and due to the high volume of bids issued by the board and the need to coordinate bidding of three institutions of higher learning, the board shall issue electronic bid notices for distribution to the targeted small business internet site through internet links to each of the regents institutions.~~

~~3. Notwithstanding section 73.17, the board shall notify the director of the department of economic development of regents institutions' targeted small business purchases on an annual basis.~~

~~262.34B STUDENT FEE COMMITTEE.~~

~~1. A student fee committee composed of five students and five university employees shall be established at each of the universities governed by the board as identified in section 262.7, subsections 1 through 3. The five student members of the student fee committee of each university shall be appointed by the recognized student government organization of each university. The five university employees shall be appointed by the president of the university.~~

~~2. The student fee committee shall consider any proposed student activity changes at the university and shall make recommendations concerning student activity fee changes to the president of the affected university for review no later than April 15 of the year which includes the subsequent academic period in which the proposed fee change will take effect. The student fee committee shall provide a copy of its recommendations to the recognized student government organizations at each university and those organizations may review the recommendations and provide comment to the president of the university and the state board of regents. The president of the university shall transmit the recommendations of the student~~

fee committee and the president's endorsement or recommendation to the state board of regents for consideration. The president of the university shall transmit a copy of the president's endorsement or recommendation to the recognized student government organizations for the university.

3. The state board of regents shall make the final decision on student activity fee changes. The state board of regents shall forward a copy of the committee's recommendations, the president's endorsement or recommendation, the recognized student government organization's comments, and its decision regarding student activity fee changes to the chairpersons and ranking members of the joint education appropriations subcommittee.

4. This section does not apply to fees charged for purposes of acquisition or construction of self-liquidating and revenue-producing buildings and facilities under sections 262.35 through 262.42, 262.44 through 262.53, and 262.55 through 262.66; or acquiring, purchasing, leasing, or constructing buildings and facilities under chapter 262A.

~~262.35 DORMITORIES AT STATE EDUCATIONAL INSTITUTIONS.~~

The state board of regents is authorized to:

- ~~1. Erect from time to time at any of the institutions under its control such dormitories as may be required for the good of the institutions.~~
- ~~2. Rent the rooms in such dormitories to the students, officers, guests, and employees of said institutions at such rates as will insure a reasonable return upon the investment.~~
- ~~3. Exercise full control and complete management over such dormitories.~~

~~262.36 PURCHASE OR CONDEMNATION OF PROPERTY.~~

The erection of such dormitories is a public necessity and said board is vested with full power to purchase or condemn at said institutions, or convenient thereto, all real estate necessary to carry out the powers herein granted.

~~262.38 BORROWING MONEY AND MORTGAGING PROPERTY.~~

In carrying out the above powers, said board may:

- ~~1. Borrow money.~~
- ~~2. Mortgage any real estate so acquired and the improvements erected thereon in order to secure necessary loans.~~
- ~~3. Pledge the rents, profits, and income received from any such property for the discharge of mortgages so executed.~~

~~262.39 NATURE OF OBLIGATION -- DISCHARGE.~~

No obligation created hereunder shall ever be or become a charge against the state of Iowa but all such obligations, including principal and interest, shall be payable solely:

- ~~1. From the net rents, profits, and income arising from the property so pledged or mortgaged,~~
- ~~2. From the net rents, profits, and income which has not been pledged for other purposes arising from any other dormitory or like improvement under the control and management of said board, or~~
- ~~3. From the income derived from gifts and bequests made to the institutions under the control of said board for dormitory purposes.~~

~~262.40 LIMITATION ON DISCHARGING OBLIGATIONS.~~

In discharging obligations under section 262.39 the dormitories at each of said institutions shall be considered as a unit and the rents, profits, and income available for dormitory purposes at one institution shall not be used to discharge obligations created for dormitories at another institution.

~~262.41 EXEMPTION FROM TAXATION.~~

All obligations created hereunder shall be exempt from taxation.

~~262.42 LIMITATION ON FUNDS.~~

No state funds shall be loaned or used for this purpose. This shall not apply to funds derived from the net earnings of dormitories now or hereafter owned by the state.

~~262.43 STUDENTS RESIDING ON STATE-OWNED LAND.~~

The state board of regents shall pay to the local school boards the tuition payments and transportation costs, as otherwise authorized by statutes for the elementary or high school education of students residing on land owned by the state and under the control of the state board of regents. Such payments for the three institutions of higher learning, the state university of Iowa, the Iowa state university of science and technology, and the university of northern Iowa, shall be made from the funds of the respective institutions other than state appropriations, and for the two nonecollegiate institutions, the Iowa braille and

sight saving school and the state school for the deaf, the payments and costs shall be paid from moneys appropriated to the state board of regents.

~~262.44 AREAS SET ASIDE FOR IMPROVEMENT.~~

The state board of regents is authorized to:

Set aside and use portions of the respective campuses of the institutions of higher education under its control, namely, the state university of Iowa, the Iowa state university of science and technology, and the university of northern Iowa, as the board determines are suitable for the acquisition or construction of self liquidating and revenue producing buildings and facilities which the board deems necessary for the students and suitable for the purposes for which the institutions were established including without limitation: Student unions, recreational buildings, auditoriums, stadiums, field houses, athletic buildings and areas, parking structures and areas, electric, heating, sewage treatment and communication utilities, research equipment and additions to or alterations of existing buildings or structures.

2. Acquire by any lawful means additional land deemed by the board to be desirable and suitable for any or all of the aforesaid purposes.

3. Construct, equip, furnish, maintain, operate, manage and control any or all of the buildings, structures, facilities, areas, additions or improvements hereinbefore enumerated.

~~262.45 PURCHASE OR CONDEMNATION OF REAL ESTATE.~~

The erection of the buildings, improvements and facilities for the educational institutions of higher learning in this state is a public necessity and the board is vested with full power to purchase or condemn at said institutions, or convenient thereto, all real estate necessary to carry out the powers herein granted.

~~262.46 TITLE IN NAME OF STATE.~~

The title to all real estate so acquired and the improvements erected thereon shall be taken and held in the name of the state.

~~262.47 FEES AND CHARGES FROM STUDENTS.~~

When in the opinion of the board of regents, any of the buildings, structures, facilities, property, improvements, equipment, additions or alterations as above authorized are deemed necessary by said board for the comfort, convenience and welfare of the student body as a whole, or for any specified class or part thereof, the board of regents shall have authority to charge and collect, from all students in attendance at the university, college or institution, or from any specified class or part thereof for which such facilities are so deemed necessary, fees and charges for the use and availability of such buildings, facilities, improvements and for the services and benefits made available therefrom. The fees and charges if established shall be applied to the costs of acquisition, construction, maintenance and financing of such improvements.

~~262.48 BORROWING MONEY AND PLEDGE OF REVENUE.~~

In carrying out the above powers said board may:

1. Borrow money on the credit of the income and revenues to be derived from the operation or use of the building, structure, facility, area or improvement and from fees or charges made by said board to students for whom such facilities are made available and to issue notes, bonds, or other evidence of indebtedness in anticipation of the collection of such income, revenues, fees and charges.

2. Mortgage any real estate so acquired and the improvements erected thereon in order to secure necessary loans.

3. Pledge the rents, profits and income received from any such property for the discharge of the indebtedness.

4. Pledge the proceeds of all fees and charges to students attending the institution for the use or availability of such buildings, structures, areas or facilities for the discharge of the indebtedness.

~~262.49 NO OBLIGATION AGAINST STATE.~~

No obligation created hereunder shall ever be or become a charge against the state of Iowa but all such obligations, including principal and interest, shall be payable solely:

1. From the net rents, profits and income arising from the property so pledged or mortgaged,

2. From the net rents, profits, and income which has not been pledged for other purposes arising from any similar building, facility, area or improvement under the control and management of said board,

3. From the fees or charges established by said board for students attending the institution for the use or availability of the building, structure, area, facility or improvement for which the obligation was incurred, or

4. From the income derived from gifts and bequests made to the institutions under the control of said board for such purposes.

~~262.50 PROHIBITED USE OF FUNDS.~~

In discharging the obligations under section 262.49 the buildings, structures, areas, facilities and improvements at each of said institutions shall be considered as a unit and the rents, profits and other income available for such purposes at one institution shall not be used to discharge obligations created for similar purposes at another institution.

~~262.51 TAX EXEMPTION.~~

All obligations created hereunder shall be exempt from taxation, together with the interest thereon.

~~262.52 NO STATE FUNDS LOANED.~~

No state funds shall be loaned for this purpose. This shall not apply to funds derived from the net earnings of such buildings, structures, areas and facilities now or hereafter owned by the state or to funds received from student fees or charges.

~~262.53 CONSTRUCTION OF STATUTES.~~

This division shall not be construed to repeal, modify or amend any law of this state now in force, but shall be deemed as supplemental thereto, nor shall it prevent the making of state appropriations, in whole or in part, for any of the purposes of this division.

~~262.54 COMPUTER SALES.~~

Sales, by an institution under the control of the board of regents, of computer equipment, computer software, and computer supplies to students and faculty at the institution are retail sales under chapter 423.

~~262.55 DEFINITIONS.~~

The following words or terms, as used in this division, shall have the respective meanings as stated:

1. *"Board"* shall mean the state board of regents.
2. *"Bonds or notes"* shall mean revenue bonds or revenue notes which are payable solely and only from net rents, profits and income derived from the operation of residence halls, dormitories, facilities therefor and additions thereto.
3. *"Institution"* or *"institutions"* shall mean the state university of Iowa, the Iowa state university of science and technology and the university of northern Iowa.
4. *"Project"* shall mean the acquisition by purchase, lease or construction of buildings for use as student residence halls and dormitories, including dining and other incidental facilities therefor, and additions to such buildings, the reconstruction, completion, equipment, improvement, repair or remodeling of residence halls, dormitories, or additions thereto or facilities therefor, and the acquisition of property therefor of every kind and description, whether real, personal or mixed, by gift, purchase, lease, condemnation or otherwise and the improvement of the same.

~~262.56 AUTHORIZATION — CONTRACTS — TITLE.~~

Subject to and in accordance with the provisions of this division the state board of regents is hereby authorized to undertake and carry out any project as hereinbefore defined at the state university of Iowa, Iowa state university of science and technology, and the university of northern Iowa and to operate, control, maintain and manage student residence halls and dormitories, including dining and other incidental facilities, and additions to such buildings at each of said institutions. All contracts for the construction, reconstruction, completion, equipment, improvement, repair or remodeling of any buildings, additions or facilities shall be let in accordance with the provisions of section 262.34. The title to all real estate acquired under the provisions of this division and the improvements erected thereon shall be taken and held in the name of the state of Iowa. The board is authorized to rent the rooms in such residence halls and dormitories to the students, officers, guests and employees of said institutions at such rates, fees or rentals as will provide a reasonable return upon the investment, but which will in any event produce net rents, profits and income sufficient to insure the payment of the principal of and interest on all bonds or notes issued to pay any part of the cost of any project and refunding bonds or notes issued pursuant to the provisions of this division.

~~262.57 BONDS OR NOTES.~~

To pay all or any part of the cost of carrying out any project at any institution the board is authorized to borrow money and to issue and sell negotiable bonds or notes and to refund and refinance bonds or notes heretofore issued or as may be hereafter issued for any project or for refunding purposes at a lower rate, the same rate, or a higher rate or rates of interest and from time to time as often as the board shall find it to be advisable and necessary so to do. Such bonds or notes may be sold by said board at public sale in the manner prescribed by chapter 75, but if the board shall find it to be advantageous and in the public interest to do so, such bonds or notes may be sold by the board at private sale without published notice of any kind and without regard to the requirements of chapter 75 in such manner and upon such terms as may be prescribed by the

resolution authorizing the same. Bonds or notes issued to refund other bonds or notes heretofore or hereafter issued by the board for residence hall or dormitory purposes at any institution, including dining or other facilities and additions, or heretofore or hereafter issued for refunding purposes, may either be sold in the manner hereinbefore specified and the proceeds thereof applied to the payment of the obligations being refunded, or the refunding bonds or notes may be exchanged for and in payment and discharge of the obligations being refunded, and a finding by the board in the resolution authorizing the issuance of such refunding bonds or notes that the bonds or notes being refunded were issued for a purpose specified in this division and constitute binding obligations of the board shall be conclusive and may be relied upon by any holder of any refunding bond or note issued under the provisions of this division. The refunding bonds or notes may be sold or exchanged in installments at different times or an entire issue or series may be sold or exchanged at one time. Any issue or series of refunding bonds or notes may be exchanged in part or sold in parts in installments at different times or at one time. The refunding bonds or notes may be sold or exchanged at any time on, before, or after the maturity of any of the outstanding notes, bonds, or other obligations to be refinanced thereby and may be issued for the purpose of refunding a like or greater principal amount of bonds or notes, except that the principal amount of the refunding bonds or notes may exceed the principal amount of the bonds or notes to be refunded to the extent necessary to pay any premium due on the call of the bonds or notes to be refunded or to fund interest in arrears or about to become due. All bonds or notes issued under the provision of this division shall be payable solely and only from and shall be secured by an irrevocable pledge of a sufficient portion of (1) the net rents, profits and income derived from the operation of residence halls, dormitories, dining or other incidental facilities and additions, including necessary real and personal property, acquired or improved in whole or in part with the proceeds of such bonds or notes, regardless of the manner of such acquisition or improvement, and (2) the net rents, profits and income not pledged for other purposes derived from the operation of any other residence halls or dormitories, including dining or other incidental facilities and additions, at the particular institution. All bonds or notes issued under the provisions of this division shall have all the qualities of negotiable instruments under the laws of this state.

262.58 RATES AND TERMS OF BONDS OR NOTES.

Such bonds or notes may bear such date or dates, may bear interest at such rate or rates, payable semiannually, may mature at such time or times, may be in such form, carry such registration privileges, may be payable at such place or places, may be subject to such terms of redemption prior to maturity with or without premium, if so stated on the face thereof, and may contain such terms and covenants all as may be provided by the resolution of the board authorizing the issuance of the bonds or notes. In addition to the estimated cost of construction, the cost of the project shall be deemed to include interest upon the bonds or notes during construction and for six months after the estimated completion date, the compensation of a fiscal agent or adviser, and engineering, administrative and legal expenses. Such bonds or notes shall be executed by the president of the state board of regents and attested by the executive director of the state board of regents, secretary, or other official thereof performing the duties of the executive director of the state board of regents, and the coupons thereto attached shall be executed with the original or facsimile signatures of said president, executive director, secretary, or other official. Any bonds or notes bearing the signatures of officers in office on the date of the signing thereof shall be valid and binding for all purposes, notwithstanding that before delivery thereof any or all such persons whose signatures appear thereon shall have ceased to be such officers. Each such bond or note shall state upon its face the name of the institution on behalf of which it is issued, that it is payable solely and only from the net rents, profits and income derived from the operation of residence halls or dormitories, including dining and other incidental facilities, at such institution as hereinbefore provided, and that it does not constitute a charge against the state of Iowa within the meaning or application of any constitutional or statutory limitation or provision. The issuance of such bonds or notes shall be recorded in the office of the treasurer of the institution on behalf of which the same are issued, and a certificate by such treasurer to this effect shall be printed on the back of each such bond or note.

262.59 REFUNDING.

Upon the determination by the state board of regents to undertake and carry out any project or to refund outstanding bonds or notes, said board shall adopt a resolution describing generally the contemplated project and setting forth the estimated cost thereof, or describing the obligations to be refunded, fixing the amount of bonds or notes to be issued, the maturity or maturities, the interest rate or rates and all details in respect thereof. Such resolution shall contain such covenants as may be determined by the board as to the issuance of additional bonds or notes that may thereafter be issued payable from the net rents, profits and income of the residence halls or dormitories, the amendment or modification of the resolution authorizing the issuance of any bonds or notes, the manner, terms and conditions and the amount or percentage of assenting bonds or notes necessary to effectuate such amendment or modification, and such other covenants as may be deemed necessary or desirable. In the discretion of the board any bonds or notes issued under the terms of this division may be secured by a trust indenture by and between the board and a corporate trustee, which may be any trust company or bank having the powers of a trust company within or without the boundaries of the state of Iowa, but no such trust indenture shall convey or mortgage the buildings or facilities or any part thereof. The provisions of this division and of any resolution or other proceedings

authorizing the issuance of bonds or notes and providing for the establishment and maintenance of adequate rates, fees or rentals and the application of the proceeds thereof shall constitute a contract with the holders of such bonds or notes.

~~262.60 RATES, FEES AND RENTALS— PLEDGE.~~

~~Whenever bonds or notes are issued by the state board of regents, it shall be the duty of said board to establish, impose and collect rates, fees or rentals for the use of and services provided by the residence halls and dormitories, including dining and other incidental facilities therefor, at the institution on behalf of which such bonds or notes are issued, and to adjust such rates, fees or rentals from time to time, in order to always provide net amounts sufficient to pay the principal of and interest on such bonds or notes as the same become due and to maintain a reserve therefor, and said board is authorized to pledge a sufficient amount of the net rents, profits and income derived from the operation of residence halls and dormitories, including dining and other facilities therefor, at such institution for this purpose. Rates, fees or rentals collected at one institution shall not be used to discharge bonds or notes issued for or on account of another institution. All bonds or notes issued under the terms of this division shall be exempt from taxation by the state of Iowa and the interest thereon shall be exempt from the state income tax.~~

~~262.61 ACCOUNTS.~~

~~A certified copy of each resolution providing for the issuance of bonds or notes under this division shall be filed with the treasurer of the institution on behalf of which the bonds or notes are issued and it shall be the duty of said treasurer to keep and maintain separate accounts for each issue of bonds or notes in accordance with the covenants and directions set out in the resolution providing for the issuance thereof. All rates, fees or rentals collected for the use of and services provided by the residence halls and dormitories, including dining and other incidental facilities therefor, at each institution shall be held in trust by the treasurer thereof, separate and apart from all other funds, to be used solely and only for the purposes specified in this division and as may be required and provided for by the proceedings of the board authorizing the issuance of bonds or notes. It shall be the duty of the treasurer of each institution to disburse funds from the proper account for the payment of the principal of and interest on the bonds or notes in accordance with the directions and covenants of the resolution authorizing the issuance thereof. If the amount of bonds or notes issued under this chapter exceeds the actual costs of the projects for which the bonds or notes were issued, the amount of the difference shall be used to pay the principal and interest due on bonds or notes issued under this chapter.~~

~~262.62 NO OBLIGATION AGAINST STATE.~~

~~Under no circumstances shall any bonds or notes issued under the terms of this division be or become or be construed to constitute a charge against the state of Iowa within the purview of any constitutional or statutory limitation or provision. No taxes, appropriations or other funds of the state of Iowa may be pledged for or used to pay such bonds or notes or the interest thereon but any such bonds or notes shall be payable solely and only as to both principal and interest from the net rents, profits and income derived from the operation of residence halls and dormitories, including dining and other incidental facilities therefor, at the institutions of higher learning under the control of the state board of regents as hereinbefore provided, and the sole remedy for any breach or default of the terms of any such bonds or notes or proceedings for their issuance shall be a proceeding either in law or in equity by suit, action or mandamus to enforce and compel performance of the duties required by this division and the terms of the resolution under which such bonds or notes are issued.~~

~~262.63 WHO MAY INVEST.~~

~~All banks, trust companies, building and loan associations, savings and loan associations, investment companies and other persons carrying on an investment business, all insurance companies, insurance associations and other persons carrying on an insurance business and all executors, administrators, guardians, trustees and other fiduciaries may legally invest any sinking funds, moneys or other funds belonging to them or within their control in any bonds or notes issued pursuant to this division; provided, however, that nothing contained in this section may be construed as relieving any persons from any duty of exercising reasonable care in selecting securities for purchase or investment.~~

~~262.64 FEDERAL OR OTHER AID ACCEPTED.~~

~~The state board of regents is authorized to apply for and accept federal aid or nonfederal gifts or grants of funds and to use the same to pay all or any part of the cost of carrying out any project at any institution under the terms of this division or to pay any bonds and interest thereon issued for any of the purposes specified in this division.~~

~~262.64A REPORTS TO GENERAL ASSEMBLY.~~

~~Repealed by 2005 Acts, ch 179, § 160.~~

~~262.65 ALTERNATIVE METHOD.~~

~~This division shall be construed as providing an alternative and independent method for carrying out any project at any institution of higher learning under the control of the state board of regents, for the issuance and sale or exchange of bonds or notes in connection therewith and for refunding bonds or notes pertinent thereto, without reference to any other statute, and shall not be construed as an amendment of or subject to the provisions of any other law, and no publication of any notice, whether under section 73A.12 or otherwise, and no other or further proceeding in respect to the issuance or sale or exchange of bonds or notes under this division, shall be required except such as are prescribed by this division, any provisions of other statutes of the state to the contrary notwithstanding.~~

~~262.66 PRIOR ACTION LEGALIZED.~~

~~All rights heretofore acquired in connection with the financing of any project at any institution are hereby preserved and all acts and proceedings taken by the board preliminary to and in connection with the authorization and issuance of any previously issued and outstanding notes or other obligations for any project are hereby legalized, validated and confirmed and said notes or obligations are hereby declared to be legal and to constitute valid and binding obligations of the board according to their terms and payable solely and only from the sources referred to therein.~~

~~262.67 APPROVAL OF EXECUTIVE COUNCIL.~~

~~Repealed by 2005 Acts, ch 179, § 160. See § 262.9(7).~~

~~262.68 SPEED LIMIT ON INSTITUTIONAL GROUNDS.~~

~~The maximum speed limit of all vehicles on institutional roads at institutions under the control of the state board of regents shall be forty five miles per hour. All driving shall be confined to driveways designated by the state board. Whenever the state board shall determine that the speed limit hereinbefore set forth is greater than is reasonable or safe under the conditions found to exist at any place of congestion or upon any part of its institutional roads, said board shall determine and declare a reasonable and safe speed limit thereat which shall be effective when appropriate signs giving notice thereof are erected at such places of congestion or other parts of its institutional roads. Any person violating the aforementioned speed limits shall be guilty of a simple misdemeanor.~~

~~262.69 TRAFFIC CONTROL AND PARKING.~~

~~The state board of regents may make such rules as it deems necessary and proper to provide for the policing, control, and regulation of traffic and parking of vehicles and bicycles on the property of any institution under its control. The rules may provide for the use of institutional roads, driveways, and grounds, registration of vehicles and bicycles, the designation of parking areas, the erection and maintenance of signs designating prohibitions or restrictions, the installation and maintenance of parking control devices, and assessment, enforcement, and collection of reasonable sanctions for the violation of the rules. Any rules made pursuant to this section may be enforced under procedures adopted by the board for each institution under its control. Sanctions may be imposed upon students, faculty and staff for violation of the rules, including, but not limited to, a reasonable monetary sanction which may be deducted from student deposits and faculty or staff salaries or other funds in the possession of the institution, or added to student tuition bills. The rules made pursuant to this section may also be enforced by the impoundment of vehicles and bicycles parked in violation of the rules, and a reasonable fee may be charged for the cost of impoundment and storage, prior to the release of the vehicles and bicycles to their owners. Each institution under the control of the board shall establish procedures for the determination of controversies in connection with imposition of sanctions. The procedures shall require giving notice of the violation and the sanction involved and provide an opportunity for an administrative hearing. Judicial review of the administrative ruling may be sought in accordance with the terms of the Iowa administrative procedure Act, chapter 17A. Notwithstanding the provisions of chapter 17A, a proceeding conducted by the state board of regents or an institution governed by the state board of regents to determine the validity of an assessment of a violation of traffic control and parking rules is not a contested case as defined in section 17A.2, subsection 5.~~

~~262.70 EDUCATION, PREVENTION, AND RESEARCH PROGRAMS IN MENTAL HEALTH AND DISABILITY SERVICES.~~

~~The division of mental health and disability services of the department of human services may contract with the board of regents or any institution under the board's jurisdiction to establish and maintain programs of education, prevention, and research in the fields of mental health, mental retardation, developmental disabilities, and brain injury. The board may delegate responsibility for these programs to the state psychiatric hospital, the university hospital, or any other appropriate entity under the
—board's jurisdiction.~~

~~262.71 CENTER FOR EARLY DEVELOPMENT EDUCATION.~~

~~The board of regents shall develop a center for early development education at one of the regents institutions specified in section 262.7, subsections 1 through 3. The center's programs shall be conducted in a laboratory school setting to serve as a model for early childhood education. The programs shall include, but not be limited to, programs designed to accommodate the needs of at risk children. The teacher education programs at all three state universities shall cooperate in developing the center and its programs. The center's programs shall take a holistic approach and the center shall, in developing its programs, consult with representatives from each of the following agencies, institutions, or groups:~~

- ~~1. The university of northern Iowa.~~
- ~~2. Iowa state university.~~
- ~~3. The university of Iowa.~~
- ~~4. The division of child and family services of the department of human services.~~
- ~~5. The department of public health.~~
- ~~6. The department of human services.~~
- ~~7. An early childhood development specialist from an area education agency.~~
- ~~8. A parent of a child in a head start program.~~
- ~~9. The department of education.~~
- ~~10. The child development coordinating council.~~

~~262.75 INCENTIVES FOR COOPERATING TEACHERS.~~

~~A cooperating teacher incentive program is established to encourage experienced teachers to serve as cooperating teachers for student teachers enrolled in the institutions of higher education under the control of the board. An individual who submits evidence to an institution that the individual has satisfactorily served as a cooperating teacher for a student teacher from any of the institutions of higher education under the control of the board for the duration of the student teaching experience shall receive from the institution either a monetary recompense or a reduction in tuition for graduate hours of coursework equivalent to the value of the monetary recompense, rounded to the nearest whole credit hour. If, because of a policy adopted by the board of directors employing the teacher, the amount of the monetary recompense is not made available to the teacher for the teacher's own personal use or the salary paid to the cooperating teacher by the employing board is correspondingly reduced, the institution shall grant the teacher the reduction in tuition pursuant to this section in lieu of the monetary recompense. In lieu of the payment of monetary recompense to a cooperating teacher, the cooperating teacher may direct that the monetary recompense be paid by the institution directly into a scholarship fund which has been established jointly by the board of directors of the school district that employs the teacher and the local teachers' association. In such cases, the cooperating teacher shall receive neither monetary recompense nor any reduction in tuition at the institution.~~

~~262.76 AND 262.77~~

~~Reserved.~~

~~262.78 CENTER FOR AGRICULTURAL HEALTH AND SAFETY.~~

- ~~1. The board of regents shall establish a center for agricultural health and safety at the university of Iowa. The center shall be a joint venture by the university of Iowa and Iowa state university of science and technology. The center shall establish farm health and safety programs designed to reduce the incidence of disabilities suffered by persons engaged in agriculture which results from disease or injury. The university of Iowa is primarily responsible for the management of agricultural health and injury programs at the center. Iowa state university of science and technology is primarily responsible for the management of the agricultural safety programs of the center.~~
- ~~2. The center shall cooperate with the center for rural health and primary care, established under section 135.107, the center for health effects of environmental contamination established pursuant to section 263.17, and the department of agriculture and land stewardship. The agencies shall coordinate programs to the extent practicable.~~
- ~~3. The president of the university of Iowa, in consultation with the president of Iowa state university of science and technology, shall employ a full time director of the center. The center may employ staff to carry out the center's purpose. The director shall coordinate the agricultural health and safety programs of the center. The director shall regularly meet and consult with the advisory committee to the center for rural health and primary care. The director shall provide the board of regents with relevant information regarding the center.~~
- ~~4. The center may solicit, accept, and administer moneys contributed to the center by any source, and may enter into contracts with public or private agencies in order to carry out its purposes.~~
- ~~5. The center shall cooperate with public and private entities to provide support to programs emphasizing agricultural health, safety, and rehabilitation for farm families.~~

~~262.79 AND 262.80~~

Reserved.

~~262.81 LEGISLATIVE INTENT.~~

The general assembly recognizes that educational programs designed to enhance the interrelation and cooperation among cultural, racial, and ethnic groups in society require the contribution and active participation of all ethnic and racial groups. The general assembly also recognizes that failure to include minority representation at the faculty level at the state universities contributes to cultural, racial, and ethnic isolation of minority students and does not reflect the realities of a multicultural and diverse society. Therefore, the "Regents' Minority and Women Educators Enhancement" program is established to assist in the recruitment and retention of faculty that more adequately represents the diverse cultural, racial, and ethnic makeup of society and to improve the education of all students.

~~262.82 REGENTS' MINORITY AND WOMEN EDUCATORS ENHANCEMENT PROGRAM.~~

The board of regents shall establish a program to recruit minority educators to faculty positions in the universities under the board's control. The program shall include, but is not limited to, the creation of faculty positions in all areas of academic pursuit. The board of regents shall also establish a program to create faculty opportunities for women educators at the universities under the board's control. The program shall include, but is not limited to, the creation of faculty positions in targeted shortage areas. The board of regents shall also develop and implement, in consultation with appropriate faculty representatives, tenure, promotion, and hiring policies that recognize the unique needs of faculty members who are principal caregivers to dependents. As used in this section, "minority educator" means an educator who is a minority person as defined in section 261.102.

~~262.83 THROUGH 262.90~~

Reserved.

~~262.91 LEGISLATIVE INTENT.~~

The general assembly recognizes that universities must provide an environment that enables all students to have an equal opportunity to succeed. The general assembly also recognizes that, because of inequalities in educational preparation, economic factors, and social circumstances, not all young Iowans have the same degree of access to Iowa's higher education system. The general assembly further acknowledges that an early intervention system using public school districts, community agencies, and other state institutions can be useful in preparing young students to succeed in college. Therefore, the "College bound" program is established to ensure that the state's universities and students' local communities become involved early in a student's life by promoting and informing students about the opportunities in higher education, so that lack of adequate personal resources is not a barrier to attending college for young Iowans.

~~262.92 COLLEGE BOUND PROGRAM.~~

1. The board of regents shall establish or contract to establish college bound programs to provide Iowa minority students with information and experiences relating to opportunities offered at the regents' universities. Programs developed may include, but are not limited to, the following elements:

- a. Reinforcement of efforts to attract undergraduate students from age groups currently served by traditional methods of outreach which use high school and community college services.
- b. Extension of traditional student recruitment methods which are designed to encourage minority students in grades seven through twelve to pursue postsecondary academic courses of study.
- c. Identification, at each of the regents' universities, of courses of study to be targeted for the recruitment of minority students.
- d. Offerings at the regents' universities of innovative programs, which are experience oriented, for families with minority children.

2. The board of regents shall establish a voucher program for students in grades seven through twelve. Vouchers may be obtained by any qualified secondary student at any regents' university upon completion of a college bound program provided under subsection 1. Students may receive one voucher for each program. One or more vouchers entitle a student to priority over other persons applying for grants under the Iowa minority academic grants for economic success program established in section 261.101. Vouchers shall be submitted with the grant application within one year after a student graduates from high school at any higher education institution which offers grants under the Iowa minority academic grants for economic success program. Vouchers earned can only be used by the person who participated in the college bound voucher program and are not transferable. Vouchers issued by a university under this program shall be signed by the president of the university.

~~3. The board of regents shall adopt rules to establish program guidelines for the universities under the board's control and for the administration and coordination of program efforts. Rules adopted shall include methods of recording data relating to voucher recipients and making the data available to the college student aid commission.~~

~~**262.93 REPORTS TO GENERAL ASSEMBLY.**~~

~~The college student aid commission and the state board of regents each shall submit, by January 1 of each year, a report on the progress and implementation of the programs which they administer under sections 261.102 through 261.105, 262.82, and 262.92. The reports shall include, but are not limited to, the numbers of students participating in the programs and allocation of funds appropriated for the programs.~~

~~**262.94 THROUGH 262.99**~~

~~Reserved.~~

~~**262.100 INNOVATIVE SCHOOL CALENDAR PILOT PROGRAM — SCHOOL FOR THE DEAF.** Repealed by its own terms effective June 30,~~

**CHAPTER 225
PSYCHIATRIC HOSPITAL**

- 225.1 ESTABLISHMENT.
- 225.2 NAME — LOCATION.
- 225.3 UNDER CONTROL OF STATE BOARD OF REGENTS.
- 225.5 COOPERATION OF HOSPITALS.
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225.1 ESTABLISHMENT.

There shall be established a state psychiatric hospital, especially designed, kept, and administered for the care, — observation, and treatment of those persons who are afflicted with abnormal mental conditions.

225.2 NAME — LOCATION.

It shall be known as the state psychiatric hospital, and shall be located at Iowa City, and integrated with the university of Iowa college of medicine and university hospital of the state university of Iowa.

225.3 UNDER CONTROL OF STATE BOARD OF REGENTS.

The state board of regents shall have full power to manage, control, and govern the said hospital the same as other institutions already under its control.

225.4

Repealed by 76 Acts, ch 1136, § 26.

225.5 COOPERATION OF HOSPITALS.

The medical director of the state psychiatric hospital shall seek to bring about systematic cooperation between the several state hospitals for persons with mental illness and the state psychiatric hospital.

~~225.6~~

~~Repealed by 76 Acts, ch 1136, § 26.~~

~~225.7 CLASSES OF PATIENTS.~~

~~Patients admitted to the said state psychiatric hospital shall be divided into four classes:~~

- ~~1. Voluntary private patients.~~
- ~~2. Committed private patients.~~
- ~~3. Voluntary public patients.~~
- ~~4. Committed public patients.~~

~~225.8 MAINTENANCE.~~

~~All voluntary private patients and committed private patients shall be kept and maintained without expense to the state, and the voluntary public patients and committed public patients shall be kept and maintained by the state.~~

~~225.9 VOLUNTARY PRIVATE PATIENTS.~~

~~Voluntary private patients may be admitted in accordance with the regulations to be established by the state board of regents, and their care, nursing, observation, treatment, medicine, and maintenance shall be without expense to the state. However, the charge for such care, nursing, observation, treatment, medicine, and maintenance shall not exceed the cost of the same to the state. The physicians on the hospital staff may charge such patients for their medical services under such rules, regulations and plan therefor as approved by the state board of regents.~~

~~225.10 VOLUNTARY PUBLIC PATIENTS.~~

~~Persons suffering from mental diseases may be admitted to the state psychiatric hospital as voluntary public patients as follows: Any physician authorized to practice medicine or osteopathic medicine in the state of Iowa may file information with the board of supervisors of the person's county of residence or the board's designee, stating that the physician has examined the person and finds that the person is suffering from some abnormal mental condition that can probably be remedied by observation, treatment, and hospital care; that the physician believes it would be appropriate for the person to enter the state psychiatric hospital for that purpose and that the person is willing to do so; and that neither the person nor those legally responsible for the person are able to provide the means for the observation, treatment, and hospital care.~~

~~225.11 INITIATING COMMITMENT PROCEDURES.~~

~~When a court finds upon completion of a hearing held pursuant to section 229.12 that the contention that a respondent is seriously mentally impaired has been sustained by clear and convincing evidence, and the application filed under section 229.6 also contends or the court otherwise concludes that it would be appropriate to refer the respondent to the state psychiatric hospital for a complete psychiatric evaluation and appropriate treatment pursuant to section 229.13, the judge may order that a financial investigation be made in the manner prescribed by section 225.13. If the costs of a respondent's evaluation or treatment are payable in whole or in part by a county, an order under this section shall be for referral of the respondent through the central point of coordination process for an evaluation and referral of the respondent to an appropriate placement or service, which may include the state psychiatric hospital for additional evaluation or treatment. For purposes of this chapter, "central point of coordination process" means the same as defined in section 331.440.~~

~~225.12 VOLUNTARY PUBLIC PATIENT — PHYSICIAN'S —REPORT.~~

~~A physician filing information under section 225.10 shall include a written report to the county board of supervisors or the board's designee, giving a history of the case as will be likely to aid in the observation, treatment, and hospital care of the person named in the information and describing the history in detail.~~

~~225.13 FINANCIAL CONDITION.~~

~~The county board of supervisors or the board's designee is responsible for investigating the financial condition of a person being admitted to the state psychiatric hospital and of those legally responsible for the person's support.~~

~~225.14 PATIENT COSTS.~~

~~If it is determined through the financial condition investigation made pursuant to section 225.13 that a person is a committed or voluntary private patient, the person or those legally responsible for the person's support are liable for expenses as~~

provided in section 225.22. The costs of a committed or voluntary public patient shall be paid by the state as provided in section 225.28.

~~225.15 EXAMINATION AND TREATMENT.~~

~~When a respondent arrives at the state psychiatric hospital, the admitting physician shall examine the respondent and determine whether or not, in the physician's judgment, the respondent is a fit subject for observation, treatment, and hospital care. If, upon examination, the physician decides that the respondent should be admitted to the hospital, the respondent shall be provided a proper bed in the hospital; and the physician who has charge of the respondent shall proceed with observation, medical treatment, and hospital care as in the physician's judgment are proper and necessary, in compliance with sections 229.13 to 229.16. A proper and competent nurse shall also be assigned to look after and care for the respondent during observation, treatment, and care. Observation, treatment, and hospital care under this section which are payable in whole or in part by a county shall only be provided as determined through the central point of coordination process.~~

~~225.16 VOLUNTARY PUBLIC PATIENTS — ADMISSION.~~

- ~~1. If the county board of supervisors or the board's designee finds from the physician's information which was filed under the provisions of section 225.10 that it would be appropriate for the person to be admitted to the state psychiatric hospital, and the report of the county board of supervisors or the board's designee made pursuant to section 225.13 shows that the person and those who are legally responsible for the person are not able to pay the expenses incurred at the hospital, or are able to pay only a part of the expenses, the person shall be considered to be a voluntary public patient and the board of supervisors shall direct that the person shall be sent to the state psychiatric hospital at the state university of Iowa for observation, treatment, and hospital care.~~
- ~~2. When the patient arrives at the hospital, the patient shall be cared for in the same manner as is provided for committed public patients in section 225.15.~~

~~225.17 COMMITTED PRIVATE PATIENT — TREATMENT.~~

- ~~1. If the judge of the district court finds pursuant to section 225.11 that the respondent is an appropriate subject for placement at the state psychiatric hospital, and that the respondent, or those legally responsible for the respondent, are able to pay the expenses associated with the placement, the judge shall enter an order directing that the respondent shall be sent to the state psychiatric hospital at the state university of Iowa for observation, treatment, and hospital care as a committed private patient.~~
- ~~2. When the respondent arrives at the hospital, the respondent shall receive the same treatment as is provided for committed public patients in section 225.15, in compliance with sections 229.13 to 229.16. However, observation, treatment, and hospital care under this section of a respondent whose expenses are payable in whole or in part by a county shall only be provided as determined through the central point of coordination process.~~

~~225.18 ATTENDANTS.~~

~~The county board of supervisors or the board's designee may appoint a person to accompany the committed public patient or the voluntary public patient or the committed private patient from the place where the patient may be to the state psychiatric hospital, or to accompany the patient from the hospital to a place as may be designated by the county. If a patient is moved pursuant to this section, at least one attendant shall be of the same gender as the patient.~~

~~225.19 COMPENSATION FOR ATTENDANT.~~

~~An individual appointed by the county board of supervisors or the board's designee to accompany a person to or from the hospital or to make an investigation and report on any question involved in the matter shall receive three dollars per day for the time actually spent in making the investigation and actual necessary expenses incurred in making the investigation or trip. This section does not apply to an appointee who receives fixed compensation or a salary.~~

~~225.20 COMPENSATION FOR PHYSICIAN.~~

~~Repealed by 2006 Acts, ch 1059, § 14.~~

~~225.21 COMPENSATION CLAIMS — FILING — APPROVAL.~~

~~The person making claim to compensation under section 225.19 shall file the claim in the office of the county auditor. The claim is subject to review and approval by the board of supervisors or the board's designee.~~

~~225.22 LIABILITY OF PRIVATE PATIENTS — PAYMENT.~~

Every committed private patient, if the patient has an estate sufficient for that purpose, or if those legally responsible for the patient's support are financially able, shall be liable to the county and state for all expenses paid by them in behalf of such patient. All bills for the care, nursing, observation, treatment, medicine, and maintenance of such patients shall be paid by the director of the department of administrative services in the same manner as those of committed and voluntary public patients as provided in this chapter, unless the patient or those legally responsible for the patient make such settlement with the state psychiatric hospital.

~~225.23 COLLECTION FOR TREATMENT.~~

~~If the bills for a committed or voluntary private patient are paid by the state, the state psychiatric hospital shall file a certified copy of the claim for the bills with the auditor of the patient's county of residence. The county of residence shall proceed to collect the claim in the name of the state psychiatric hospital and, when collected, pay the amount collected to the director of the department of administrative services. The hospital shall also, at the same time, forward a duplicate of the claim to the director of the department of administrative services.~~

~~225.24 COLLECTION OF PRELIMINARY EXPENSE.~~

~~Unless a committed private patient or those legally responsible for the patient's support offer to settle the amount of the claims, the county auditor of the person's county of residence shall collect, by action if necessary, the amount of all claims for per diem and expenses that have been approved by the county board of supervisors or the board's designee and paid by the county as provided under section 225.21. Any amount collected shall be credited to the county treasury.~~

~~225.25 COMMITMENT OF PRIVATE PATIENT AS PUBLIC.~~

~~If a patient is committed to the state psychiatric hospital as a private patient and after admission it is determined through an investigation made pursuant to section 225.13 that the person is a public patient, the expense of keeping and maintaining the patient from the date of the filing of the information upon which the order is made shall be paid by the state.~~

~~225.26 PRIVATE PATIENTS — DISPOSITION OF FUNDS.~~

~~All moneys collected from private patients shall be used for the support of the said hospital.~~

~~225.27 DISCHARGE — TRANSFER.~~

~~The state psychiatric hospital may, at any time, discharge any patient as recovered, as improved, or as not likely to be benefited by further treatment. If the patient being so discharged was involuntarily hospitalized, the hospital shall notify the committing judge or court of the discharge as required by section 229.14 or section 229.16, whichever is applicable. Upon receiving the notification, the court shall issue an order confirming the patient's discharge from the hospital or from care and custody, as the case may be, and shall terminate the proceedings pursuant to which the order was issued. The court or judge shall, if necessary, appoint a person to accompany the discharged patient from the state psychiatric hospital to such place as the hospital or the court may designate, or authorize the hospital to appoint such attendant.~~

~~225.28 APPROPRIATION.~~

~~The state shall pay to the state psychiatric hospital, out of any money in the state treasury not otherwise appropriated, all expenses for the administration of the hospital, and for the care, treatment, and maintenance of committed and voluntary public patients therein, including their clothing and all other expenses of the hospital for the public patients. The bills for the expenses shall be rendered monthly in accordance with rules agreed upon by the director of the department of administrative services and the state board of regents.~~

~~225.29~~

~~Repealed by 76 Acts, ch 1136, § 26.~~

~~225.30 BLANKS — AUDIT.~~

~~The medical faculty of the university of Iowa college of medicine shall prepare blanks containing such questions and requiring such information as may be necessary and proper to be obtained by the physician who examines a person or respondent whose referral to the state psychiatric hospital is contemplated. A judge may request that a physician who examines a respondent as required by section 229.10 complete such blanks in duplicate in the course of the examination. A physician who proposes to file information under section 225.10 shall obtain and complete such blanks in duplicate and file them with the information. The blanks shall be printed by the state and a supply of the blanks shall be made available to counties. The director of the department of administrative services shall audit, allow, and pay the cost of the blanks as other bills for public printing are allowed and paid.~~

~~225.31~~

~~Repealed by 75 Acts, ch 139, § 82.~~

~~225.32 REPORT AND ORDER TO ACCOMPANY PATIENT.~~

~~One of the duplicate reports shall be sent to the state psychiatric hospital with the patient, together with a certified copy of the order of the court.~~

~~225.33 DEATH OF PATIENT — DISPOSAL OF BODY.~~

~~In the event that a committed public patient or a voluntary public patient or a committed private patient should die while at the state psychiatric hospital or at the university hospital, the state psychiatric hospital shall have the body prepared for shipment in accordance with the rules prescribed by the state board of health for shipping such bodies; and it shall be the duty of the state board of regents to make arrangements for the embalming and such other preparation as may be necessary to comply with the rules and for the purchase of suitable caskets.~~

~~225.34~~

~~Repealed by 96 Acts, ch 1215, § 59.~~

~~225.35 EXPENSE COLLECTED.~~

~~In the event that the said person is a committed private patient, it shall be the duty of the county auditor of the proper county to proceed to collect all of such expenses, in accordance with the provisions of sections 225.23 and 225.24.~~

~~225.36 THROUGH 225.42~~

~~Repealed by 75 Acts, ch 139,
— § 82.~~

~~225.43 THROUGH 225.45~~

~~Repealed by 77 Acts, ch 44, §~~

**CHAPTER 263
UNIVERSITY OF IOWA**

**CENTER FOR
DISABILITIES AND DEVELOPMENT**

~~263.9 ESTABLISHMENT AND OBJECTIVES.~~

~~The state board of regents is hereby authorized to establish and maintain in reasonable proximity to Iowa City and in conjunction with the state university of Iowa and the university hospitals and clinics, a center for disabilities and development having as its objects the education and treatment of children with severe disabilities. The center shall be conducted in conjunction with the activities of the university of Iowa children's hospital. Insofar as is practicable, the facilities of the university children's hospital shall be utilized.~~

~~263.10 PERSONS ADMITTED.~~

~~Every resident of the state who is not more than twenty one years of age, who has such severe disabilities as to be unable to acquire an education in the common schools, and every such person who is twenty one and under thirty five years of age who has the consent of the state board of regents, shall be entitled to receive an education, care, and training in the university of Iowa hospitals and clinics center for disabilities and development, and nonresidents similarly situated may be entitled to an education and care at the center upon such terms as may be fixed by the state board of regents. The fee for nonresidents shall be not less than the average expense of resident pupils and shall be paid in advance. Residents and persons under the care and control of a director of a division of the department of human services who have severe disabilities may be transferred to the center upon such terms as may be agreed upon by the state board of regents and the director.~~

~~263.11 DEFINITION.~~

~~The term "*severe disabilities*" shall be interpreted for the purpose of this division as referring to persons who meet both of the following requirements:~~

- ~~1. Persons who are educable but have severe physical and educational disabilities as a result of cerebral palsy, muscular dystrophy, spina bifida, arthritis, poliomyelitis, or other severe physically disabling conditions.~~
- ~~2. Persons who are not eligible for admission to the schools already established for persons with mental retardation or epilepsy or persons who are deaf or blind.~~

~~263.12 PAYMENT BY COUNTIES.~~

~~The provisions of sections 270.4 to 270.8, inclusive, are hereby made applicable to the university of Iowa hospitals and clinics' center for disabilities and development.~~

~~263.13 GIFTS ACCEPTED.~~

~~The state board of regents is authorized to accept, for the benefit of the university of Iowa hospitals and clinics center for disabilities and development, gifts, devises, or bequests of property, real or personal, including grants from the federal government. The state board of regents may exercise such powers with reference to the management, sale, disposition, investment, or control of property so given, devised, or bequeathed as may be deemed essential to its preservation and the purposes for which made. No contribution or grant shall be received or accepted if any condition is attached as to its use or administration other than it be used for aid to the center as provided in this division.~~



Faculty Presentation
Lung Transplantation: State of the Art

Julia Klesney-Tait, MD, PhD
Assistant Professor of Internal Medicine
Medical Director, Lung Transplantation Program

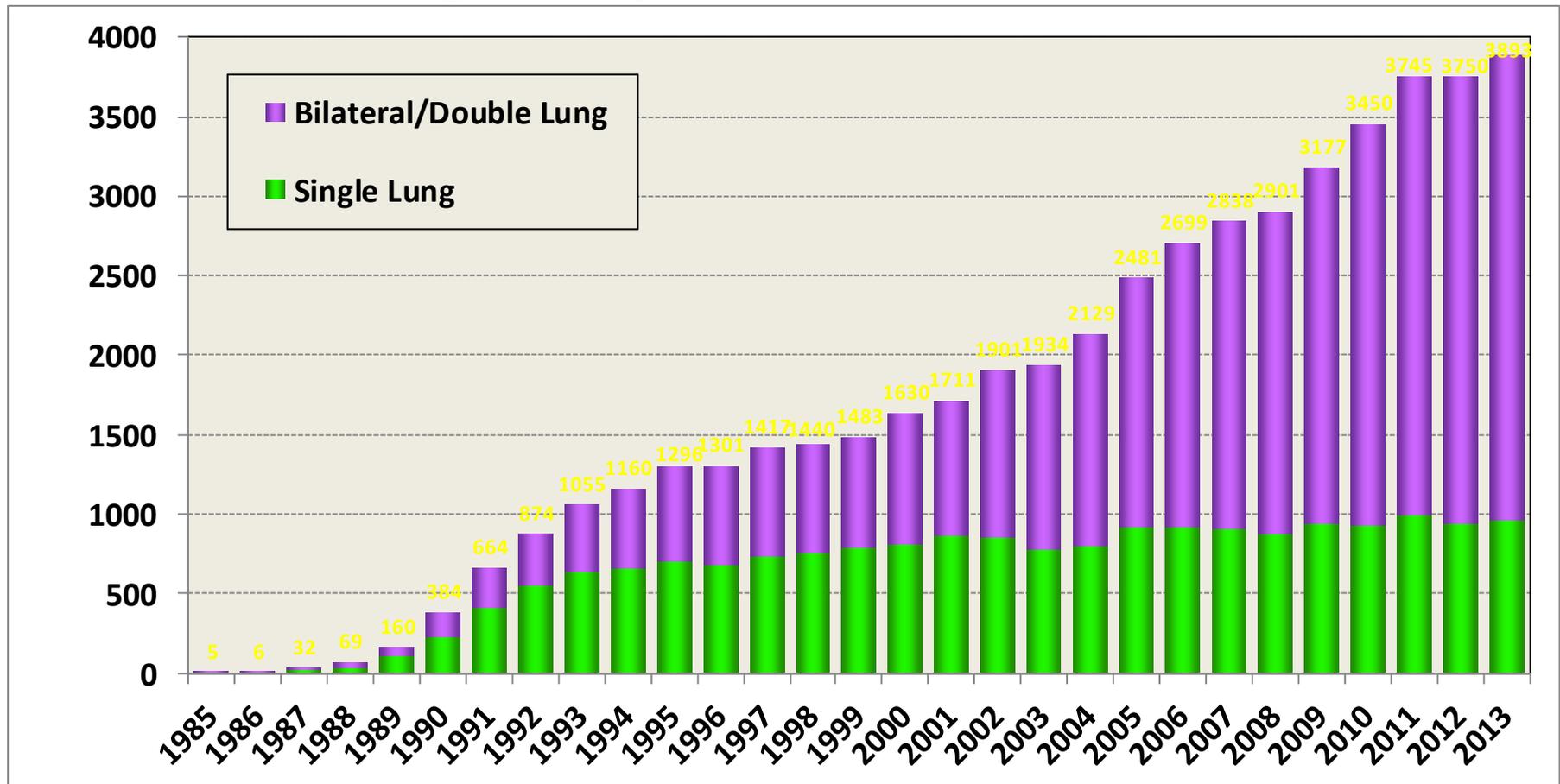
Kalpaj Parekh, MD
Associate Professor of Cardiothoracic Surgery
Surgical Director, Lung Transplantation Program

- Therapy for patients with untreatable end stage lung disease
 - Chronic Obstructive Lung
 - Pulmonary Fibrosis
 - Cystic Fibrosis
 - Pulmonary Hypertension



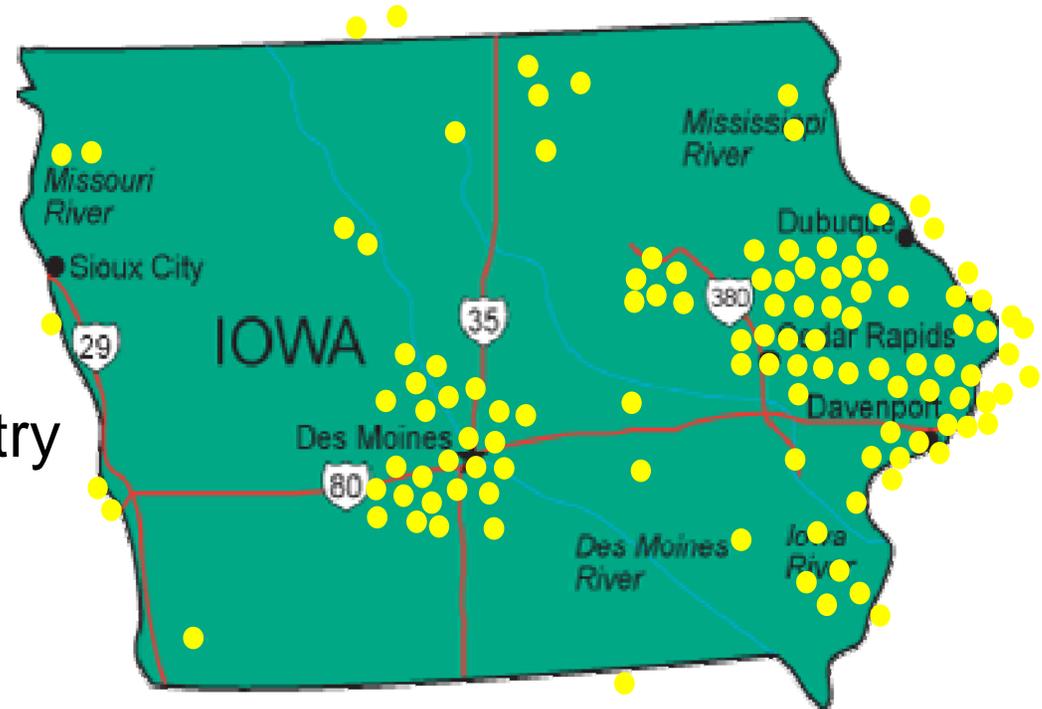
Lung Transplantation: Present

Adult Lung Transplants

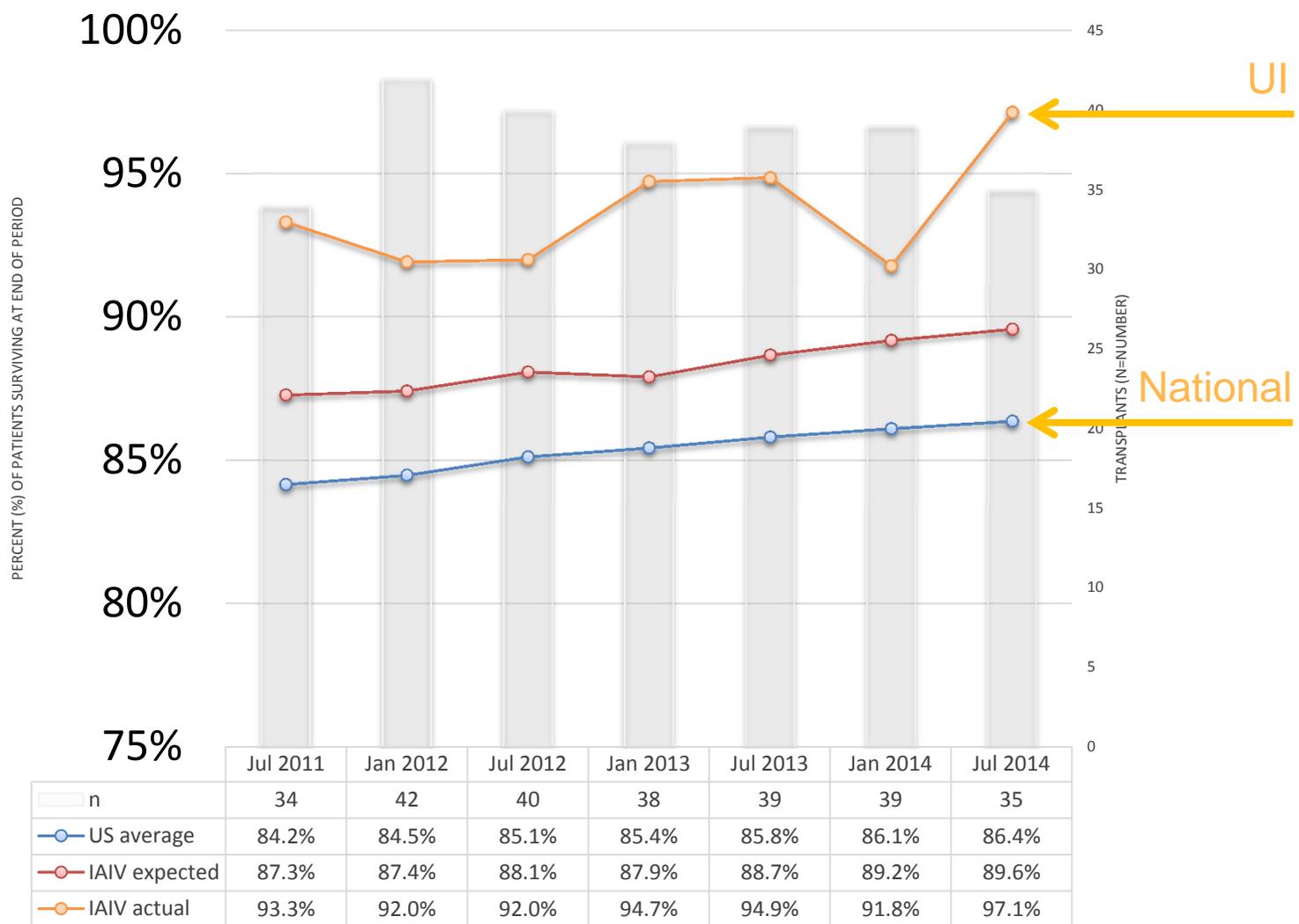


UI Lung Transplantation Program: Clinical Overview

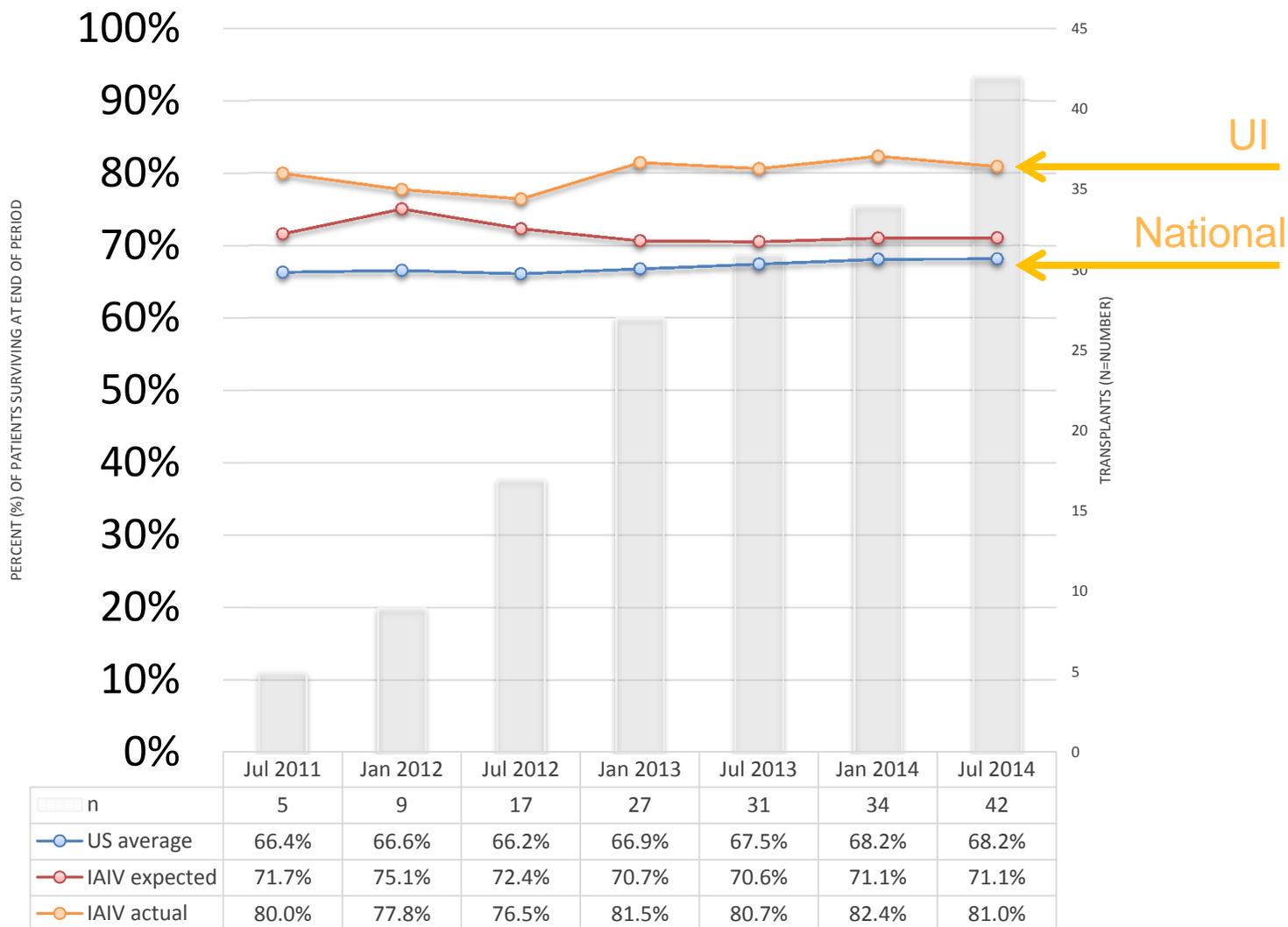
- Restarted in 2007
- 62 centers in the country
- 124 lung transplants



UI Lung Transplantation: One-year Survival: Top 5 in the Nation

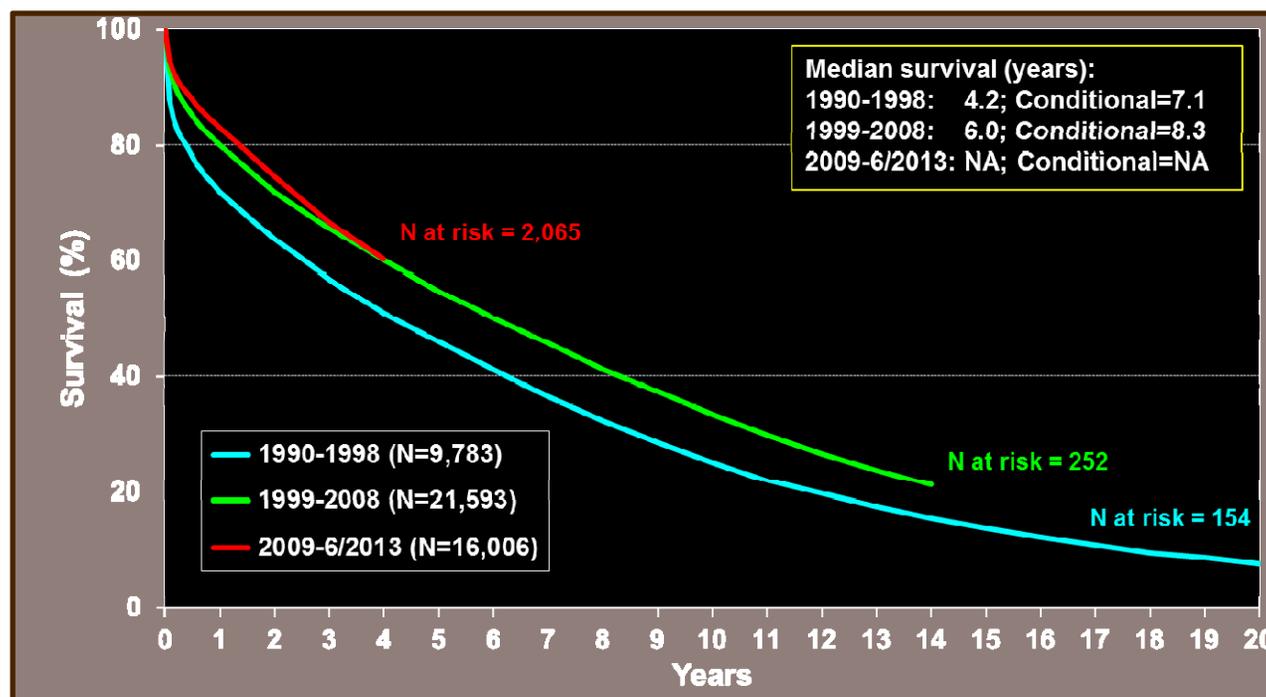


UI Lung Transplantation: Three-year survival



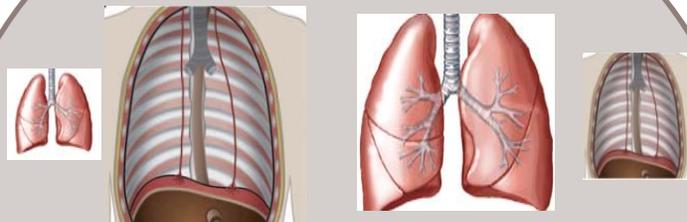
Lung Transplantation

- Despite advances on medical and surgical fronts, national 5 year survival is only 58%
- This means that despite our best clinical efforts, half of our patients have died within 6 years of transplant
- If we are going to change the future, we must ask paradigm-altering questions thorough basic science research.

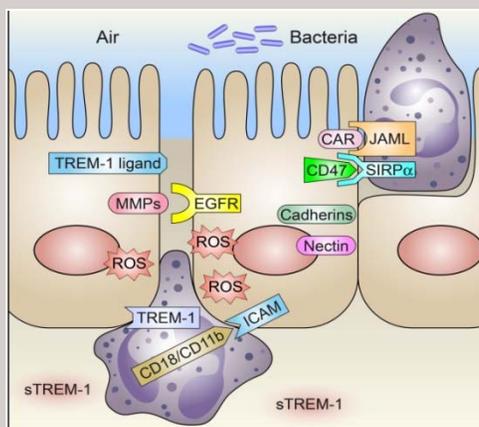


ISHLT data set 2015

UI Lung Transplantation The Future Starts Now



Immunologic Responses



Julia Klesney-Tait, MD, PhD

Clinical Practice

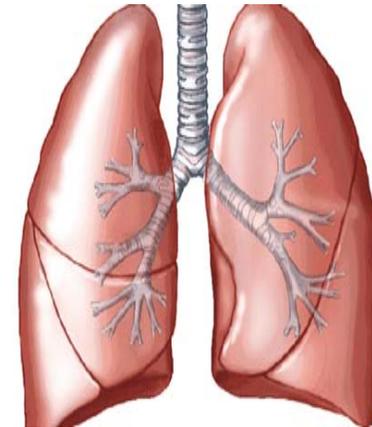
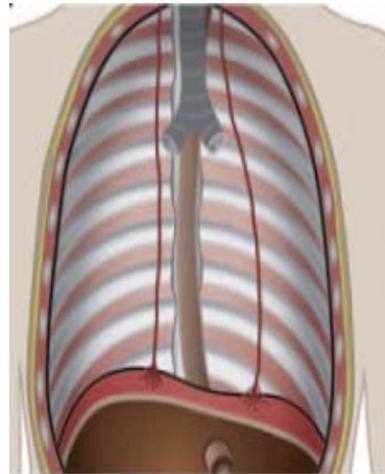
Michael Eberlein, MD, PhD

Lung Stem Cell Therapy



Kalpaj Parekh, MD

UI Lung Transplant Program: Clinical Research



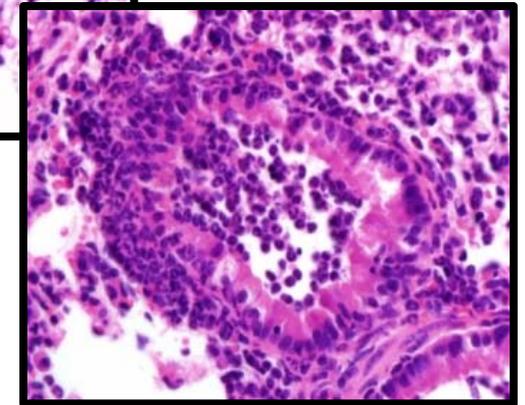
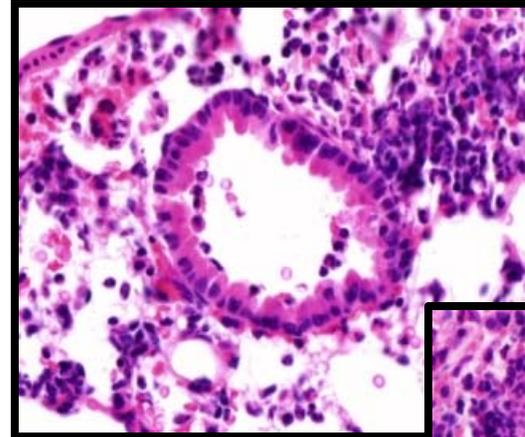
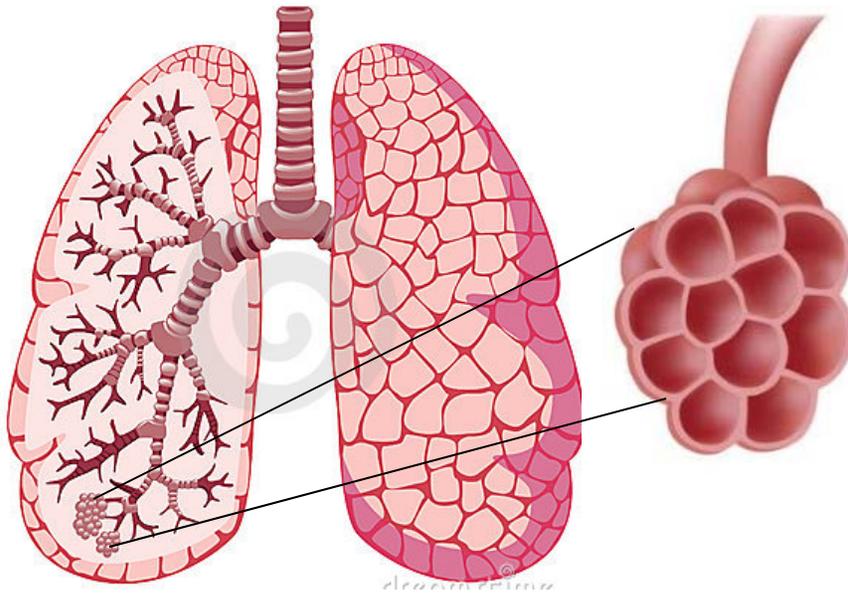
Michael Eberlein, MD, PhD

Size Matters: Patients receiving smaller lungs have a higher incidence of chronic rejection.

Research Questions: What are the structural, hormonal, and biochemical effects of placing small lungs in a large chest?

Clinical Impact: Can we modulate these effects and improve survival?

UI Lung Transplant Program: Immunologic Research



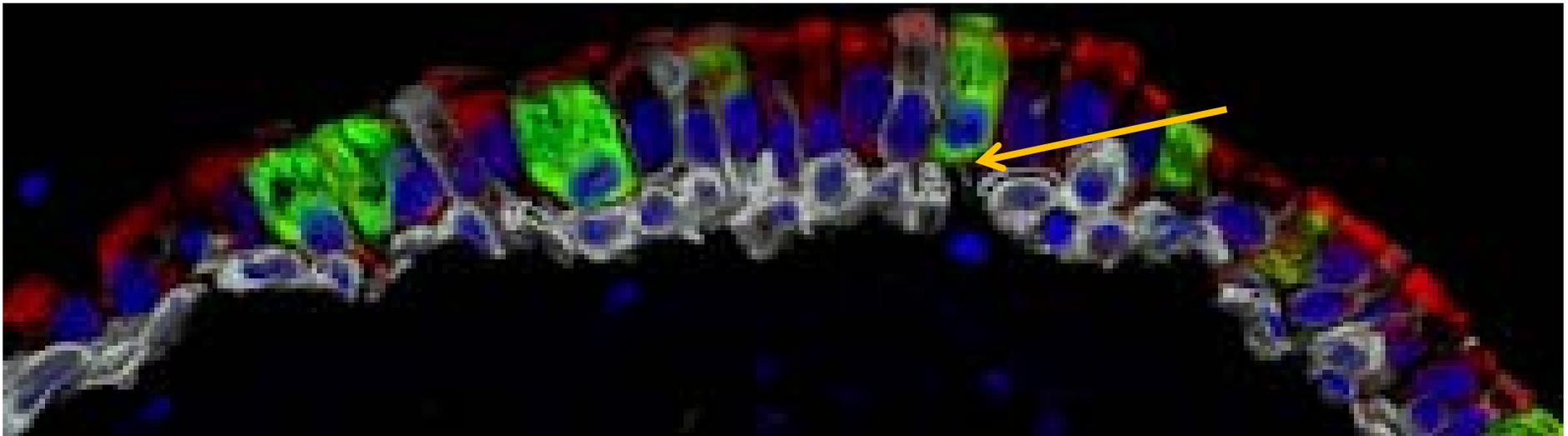
Julia Klesney-Tait, MD, PhD

Location Matters: Immunologic responses in the lung control bacterial clearance and immune rejection.

Research Question: How is neutrophil migration in the lung regulated?

Clinical Impact: Characterization of these pathways will uncover novel therapeutic targets to prevent lung damage in transplantation and potentially other lung diseases.

UI Lung Transplant Program: Lung Stem Cell Research



Kalpaj Parekh, MD

Stem Cells Matter: Lung stem cells repopulate injured areas of the lung. These stem cells disappear over time as our patients develop chronic rejection.

Research Question: Can we protect or expand these cells?

Clinical Impact: These cells can then be used to prevent chronic rejection and potentially cure many of diseases that result in the need for lung transplantation.

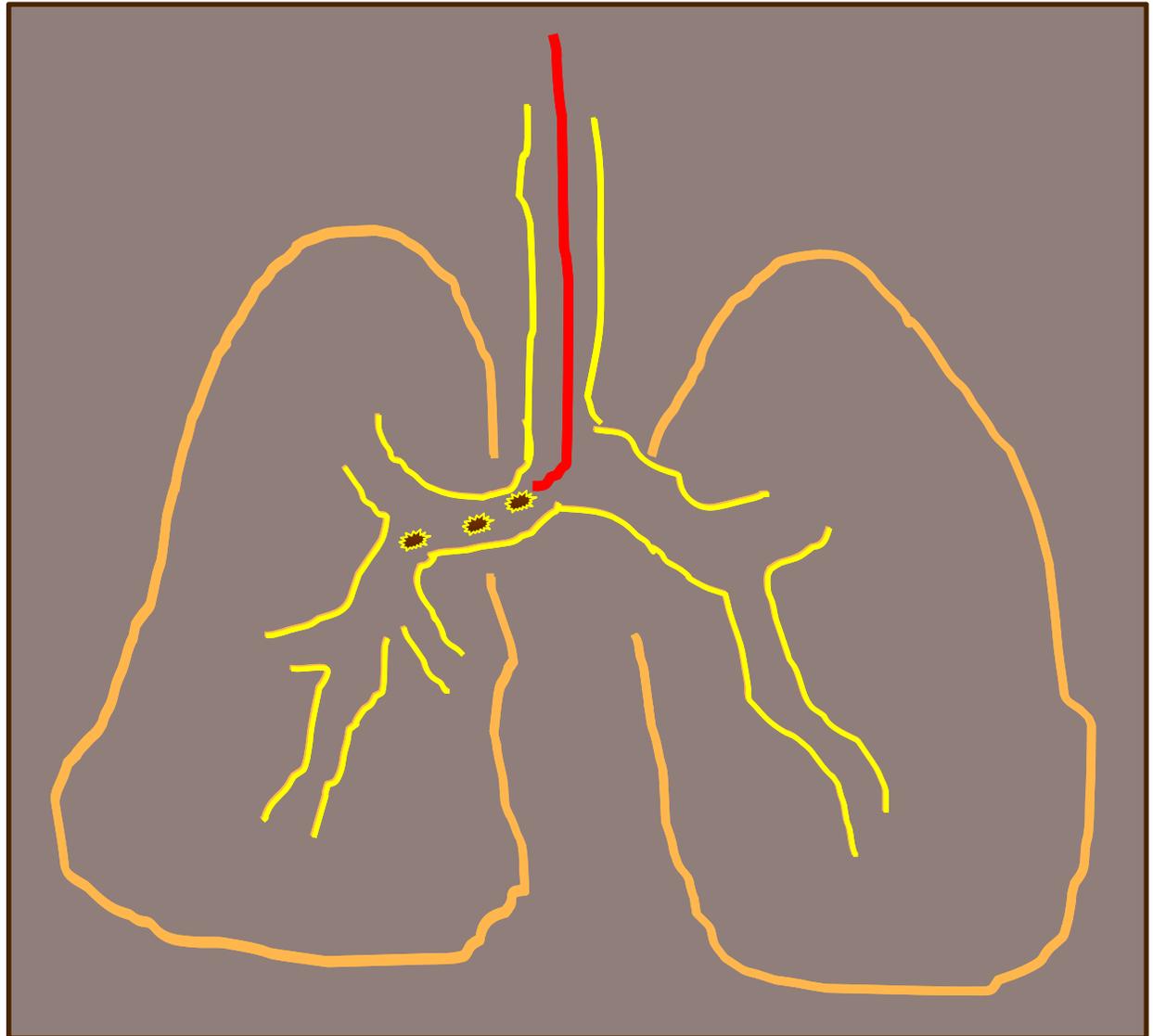
UI Lung Transplant Program: Lung Stem Cell Research

Prevention:

Protect Lung Stem Cells

Therapeutics:

Replete Lung Stem Cells



UI Lung Transplant Program: Research Funding

- National Institutes of Health
- American Heart Association
- Cystic Fibrosis Foundation
- Howard Hughes Foundation
- Thoracic Surgery Foundation for Research and Education
- American Society of Transplant Surgery
- Carver College of Medicine
- Institute for Clinical and Translational Research
- Gene Therapy Core for Cystic Fibrosis
- In vitro models and Cell Culture Core

Heart and Vascular Center Thoracic Surgery

Kalpaj Parekh, Surgical Director
John Keech
Ali Nasr
Al Ackerman

Pulmonary Medicine

Julia Klesney-Tait, Medical Director
Michael Eberlein
Tahuanty Pena

Lung Transplant Coordinators

Abigail Mack
Ronda Wilson
Ilka Hill

Transplant Pharmacy

Heather Bream-Rouwenhorst/Ellen Nickel

Transplant Social Work

Emily Mathews

Pulmonary Rehabilitation

Janie Knipper
Kim Eppen
Jane Greiner
Carol McCafferty

Transplant Office

Debbie Hunter

Organ Transplant Center

Angie Korsum, Administration
Beth Schenkel, Finance

Lung Transplantation Patient Outcomes

- What our patients want you to know about lung transplantation and what it has allowed them to do:

Raise their children



Celebrate the holidays

2015





2012

Go fishing



2014

Run a marathon
(wait, two!)



2015

Enjoy deer season

Compete
in the
Tough
Mudder



2013

Build Iowa's largest
ice cream cone



2010

Run the
Dam to Dam



2009

UI Lung Transplant Program

