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AMENDED AND RESTATED  
BYLAWS  
RULES  
&  
REGULATIONS

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

2019

**Revised and Adopted by The  
Clinical Systems Committee**

**(formerly the University Hospital Advisory Committee)**

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10/10; 4/11; 10/13, 12/15; 11/16; \_\_\_\_

**Approved by the Board of Regents, State of Iowa  
as Trustees of the UIHC**

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6/05; 3/09; 10/10; 6/11; 2/14; 2/16; 12/16; \_\_\_\_

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

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## 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 decision-making and goal-attainment for all departments of this teaching institution. The bylaws, rules and regulations shall: 1) establish effective cooperation through defined objectives; 2) serve as a resource document for employees, staff, and the public; 3) cause appropriate interaction and effective coordination with the 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. 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 UIHC; medically indigent patients of the state admitted for observation, diagnosis, care and treatment; and other patients admitted or seen for diagnosis and treatment in 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

UIHC is a component of University of Iowa Health Care, which is comprised of UIHC, Carver College of Medicine, and the faculty practice plan referred to as University of Iowa Physicians. Consistent with the authority delegated by the Board of Regents as described in Article III, Section 1, the President of the University of Iowa delegates to the Vice President for Medical Affairs responsibility for the operations of University of Iowa Health Care. The Vice President for Medical Affairs delegates to the Chief Executive Officer of UIHC the responsibility for the operation of the hospitals and clinics. 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 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 UIHC commensurate with the authority conferred by the Vice President 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 UIHC;
3. To provide liaison with the Clinical Staff, the Clinical Services of the UIHC, the health college deans, the University Administration, the Board of Regents, and between the UIHC 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 for Medical Affairs a report to the Board of Regents summarizing actions taken by the Clinical Systems 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 Clinical Systems 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 UIHC continuous, coordinate administrative direction;
8. To organize the administrative functions of the UIHC, 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 Clinical Systems 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, Vice President for Medical Affairs, President of the University, and the Board of Regents on the overall activities of the UIHC and on appropriate federal, state and local developments that affect the UIHC; and
12. Through the Vice President for Medical Affairs and President of the University of Iowa, to provide the Board of Regents with short-range and long-range hospital objectives and programs, both of an operational and capital nature, after consultation with the Clinical Systems 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. The Clinical Services shall be as follows:

Anesthesia	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
Obstetrics-Gynecology	Urology
Ophthalmology & Visual Sciences	

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 Chief Executive 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 Clinical Systems Committee providing guidance on the policies of University of Iowa Health Care;
- 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 Article IV, Section 5(C);
- d. Be responsible for enforcement within the Clinical Service of these Amended and Restated Bylaws, Rules and Regulations;
- e. Be responsible for the patient care, teaching and research programs of the Clinical Service; and

- f. Participate in planning and decision-making relating to his/her Clinical Service through collaborative activities with the UIHC administration in all matters affecting patient care.

C. Chief of Staff

1. Appointment

- a. Nominating Committee: The co-Chairs of the Clinical Systems Committee and the Dean of the College of Medicine shall select two (2) members of the Clinical Systems 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 Clinical Systems Committee; provided, however, that members of the Clinical Systems 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 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 Staff, or Emeritus Staff and shall possess the background, experience and demonstrated competence to fulfill the duties of the position.

4. Removal. The Clinical Systems Committee, by a two-thirds vote, may remove the Chief of Staff for conduct detrimental to the interest of the UIHC or 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 Clinical Systems Committee.
  - b. Chair the Clinical Staff Affairs Subcommittee, and in that capacity assure that the Subcommittee fulfills its responsibilities as defined in the Amended and Restated 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 Clinical Systems Committee with a focus on clinically relevant initiatives.
  - c. Serve as Ombudsman for the Clinical Staff and provide liaison between the Clinical Staff and the Chief Executive Officer and 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 Clinical Systems Committee pursuant to Article III, Section 1.
  - e. Advise the co-Chairs of the Clinical Systems Committee on the selection of co-chairs and members to select standing Subcommittees of the Clinical Systems Committee.

#### Section 4: The UIHC Departments

The UIHC departments established pursuant to Article II, Section 2(B)(9) shall be listed in an appendix to these Amended and Restated 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: CLINICAL SYSTEMS COMMITTEE AND ITS SUBCOMMITTEES

### Section 1: Name and Delegation of Authority

The UIHC administration and the Clinical Staff shall express their joint policy-making efforts regarding the clinical operations of University of Iowa Health Care via the primary internal policy-making body of the UIHC and its Clinical Staff -- the Clinical Systems Committee. The Board of Regents delegates through the President of the University of Iowa and the Vice President for Medical Affairs to the Clinical Systems Committee the responsibility to act as an internal governing body of the clinical operations of University of Iowa Health Care, including UIHC, in performing the following functions:

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

### Section 2: Purpose

The purpose of this body shall be:

- A. To cause all patients to be properly evaluated, admitted to the UIHC if appropriate, and/or treated in the clinics, receive proper diagnosis, treatment and care and to make recommendations to the Board of Regents on matters of clinical management and planning;
- B. To further the objectives of this health science center in education and research;
- C. To represent and act on behalf of the Clinical Staff between annual meetings of the Clinical Staff. This authority is delegated to the Clinical Systems Committee by approval of these Amended and Restated Bylaws, Rules and Regulations;

- D. To provide a means whereby problems of a clinical-administrative nature may be discussed between the Clinical Staff and the UIHC administration;
- E. To initiate and maintain policies, rules, and regulations relating to the coordinate operation of the Clinical Services at University of Iowa Hospitals and Clinics;
- F. To provide a forum for the review of operational problems, recommended action on medical administrative matters, and the formulation of policies and procedures;
- G. To provide a forum whereby the UIHC administration may discuss programs and proposals of an institution-wide nature with the Clinical Staff;
- H. To pass judgment on major proposals affecting the clinical-administrative operations of the institution;
- I. To designate subcommittees to conduct the business of UIHC and its Clinical Staff consistent with these Amended and Restated Bylaws, Rules and Regulations, and to receive and act upon subcommittee reports; and
- J. To provide a medium for dissemination of information to the Clinical Staff.

### Section 3: Membership

Membership of the Clinical Systems Committee shall consist of the following:

- A. The Heads of the respective Clinical Services.
- B. The Chief Executive Officer.
- C. The Chief of Staff.
- D. The Vice President of Medical Affairs.
- E. The Dean of the College of Medicine (if not the same individual as the Vice President for Medical Affairs).
- F. The Executive Director of University of Iowa Physicians.
- G. Executive Dean of the Carver College of Medicine.

- H. The Director of the Clinical Cancer Center.
- I. 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 Clinical Systems 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. Notwithstanding the foregoing, an at-large member of the Clinical Staff elected to the Clinical Systems Committee may resign at any time, in which instance an election shall be held. In addition, an at-large member of the Clinical Staff elected to the Clinical Systems Committee may be removed by Vice President for Medical Affairs or by the Clinical Systems Committee, by a two-thirds vote, for conduct detrimental to the interest of the UIHC or its Clinical Staff, or if the member is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office. Notwithstanding the foregoing, in the event removal is by the Clinical Systems Committee, a removal notice of the meeting at which such action shall be decided shall be given in writing to the at-large member of the Clinical Staff being considered for removal at least ten (10) days in advance of the meeting. The at-large member of the Clinical Staff shall be afforded the opportunity to speak prior to the taking of any vote on such removal by the Clinical Systems Committee.
- J. Such individuals appointed by the Vice President for Medical Affairs.

#### Section 4: Meetings

The Clinical Systems Committee shall meet at least quarterly. The co-Chairs may schedule additional meetings as deemed necessary. Special meetings may be called at the request of any three (3) members of the Committee. An agenda shall be prepared by the co-Chairs 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 Clinical Systems Committee who is unable to attend a meeting may designate a person to represent the member at the meeting. The

representative may not cast the vote of the member and does not count for purposes of meeting quorum as further described in Article III, Section 5. If a member or the member's designee 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 co-Chairs 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 co-Chairs, 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.

Section 5: Quorum/Action at Meetings/Telephonic and Electronic Participation/Written Consents.

- A. Quorum. Fifty (50) percent of the total voting membership of the Committee shall constitute a quorum. Member-designated representatives shall not count toward a quorum. In the absence of a quorum at any meeting of the Clinical Systems Committee, a co-Chair or a majority of the Clinical Systems Committee present may adjourn the meeting to another date, time and place with notice to the members of the Clinical Systems Committee.
- B. Action at Meetings. Unless otherwise specifically provided by law or in the Amended and Restated Bylaws, Rules and Regulations, the vote of a majority of a quorum at a meeting of the Clinical Systems Committee shall constitute an action of the Clinical Systems Committee.
- C. Telephone and Electronic Conference Meetings and Participation. The members of the Clinical Systems Committee may participate in a meeting by means of telephone or other communications equipment that enables all of the Clinical Systems Committee participating in the meeting to communicate with each other (including computer, video, or other electronic equipment). Such participation shall constitute presence in person at the meeting.
- D. Written Consents. Action may be taken by the Board without a meeting, if all Clinical Systems Committee consent to such action in writing, and the writing or writings are filed with the minutes of proceedings of the Clinical Systems Committee. Consents under this subsection may be given via electronic communication.

## Section 6: Officers

- A. Co-Chairs. The Clinical Systems Committee shall have 2 co-Chairs: the Chief Executive Officer of the UIHC and a Clinical Systems Committee member with Active Clinical Staff privileges appointed by the Vice President for Medical Affairs.
- B. Vice Chair. The Chief of Staff shall be the Vice Chair of the Clinical Systems Committee. The Vice Chair, or in the absence of the Vice Chair one of the co-Chairs, shall preside at all meetings.
- C. Recorder. A member of the hospital administrative staff -- selected by the Chief Executive Officer -- shall be the Recorder. This function may be rotated at the Chief Executive Officer's discretion. The Recorder shall not be a member of the Committee and, thus, shall have no vote.
- D. Appointment. Appointment of the Chief Executive Officer co-Chair and Vice Chair shall be ex officio. Selection of the recorder will be as set forth in Article III, Section 4(C) above. Appointment of the other co-Chair shall be a member of the Clinical Systems Committee with Active Clinical Staff privileges as determined by the Vice President for Medical Affairs.
- E. Term of Appointment. The appointment of the co-Chair appointed by the Vice President for Medical Affairs from amongst the members with Active Clinical Staff privileges shall be for a three (3) year term. An individual may be reappointed to no more than two (2) terms from the adoption of these Amended and Restated Bylaws, Rules, and Regulations. The co-Chair's term will begin on January 1 and end on December 31; provided, however, that the term of the first co-Chair appointed upon adoption of these Amended and Restated Bylaws, Rules, and Regulations shall commence promptly upon appointment and therefore may be longer than two (2) years for the initial term.
1. Qualifications. The co-Chair selected from amongst the members with Active Clinical Staff privileges shall possess the background, experience and demonstrated competence to fulfill the duties of the position.
  2. Removal. The co-Chair selected from amongst the members with Active Clinical Staff privileges may be removed by Vice President for Medical Affairs or by the Clinical Systems Committee, by a two-thirds vote, for conduct detrimental to the interest of the

UIHC or its Clinical Staff, or if the co-Chair is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office. Notwithstanding the foregoing, in the event removal is by the Clinical Systems Committee, a removal notice of the meeting at which such action shall be decided shall be given in writing to the co-Chair who was selected from amongst the members with Active Clinical Staff privileges at least ten (10) days in advance of the meeting. The co-Chair shall be afforded the opportunity to speak prior to the taking of any vote on such removal by the Clinical Systems Committee.

## Section 7: Subcommittees

### A. Structure

1. Membership. Subcommittees shall be either standing or ad hoc. Upon notice to the Clinical Systems Committee co-Chairs, subcommittees may create standing or ad hoc working groups, as appropriate, to fulfill their charge. Membership of a subcommittee may consist of Clinical Staff members, hospital administrative staff members, and other professional staff of the UIHC. Members of each subcommittee shall be designated by the co-Chairs of Clinical Systems Committee, except that the Credentials Subcommittee shall have the composition specified below in this subsection and the Chair of Clinical Staff Affairs Subcommittee shall be as set forth below in Article III, Section 7(A)(3).

If a subcommittee is empowered to adopt policies that apply to the Carver College of Medicine's non-clinical operations as well as the University of Iowa Health Care clinical operations, Carver College of Medicine faculty and staff who are not members of the Clinical Staff may serve as members of the subcommittee.

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 Clinical Systems 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, Dentistry, Neurosurgery, Obstetrics-Gynecology, Ophthalmology and Visual Sciences,

Orthopaedics and Rehabilitation, Otolaryngology—Head and Neck Surgery, Surgery and Urology. The Chairs of each Panel shall be selected from among the voting membership of the Panel by the co-Chairs of the Clinical Systems Committee, in conjunction with the Vice Chair. Each Panel shall also include a member of the hospital administrative staff ex officio, without vote, appointed by the Chief Executive Officer.

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 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 chair selected by the Chair of the Clinical Staff Affairs Subcommittee. Members of the PA/ARNP subpanel shall be appointed by the Chair of the Clinical Staff Affairs 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 chair selected by the Chair of the Clinical Staff Affairs Subcommittee. Members of the health care professional subpanel will be selected by the Chair of the Clinical Staff Affairs 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, appointed by the Chief Executive Officer.

2. Terms. 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. To effectuate appropriately staggered terms, at the time of

adoption of these amended and restated Amended and Restated Bylaws, Rules and Regulations, one-third of members of each subcommittee will be given a one (1) year renewable term, one-third of members of each subcommittee will be given a two (2) year renewable term, and one-third of members of each subcommittee will be given a three (3) year renewable term

3. Subcommittee co-Chairs. Except as set forth in Article III, Section (7)(A)(1) and (3) , each subcommittee shall have two co-chairs. One co-chair will be appointed by the Chief Executive Officer of UIHC. One co-chair will be appointed by a majority vote of the members of the Clinical Systems Committee with Active Clinical Staff privileges. Subcommittee chairs shall be appointed to a three (3) year term that may be renewed for one (1) additional three (3) year term. In the event that a subcommittee co-chair's appointment is associated with a specific office or leadership position they hold within the UIHC, a subcommittee co-chair shall remain co-chair as long as the associated administrative office or leadership position is held ("Ex Officio Term"). If an existing subcommittee member is appointed a subcommittee co-chair, the term of their original membership will immediately cease, and a three (3) year term or Ex Officio Term as subcommittee co-chair will begin immediately. At the conclusion of a subcommittee co-chair's term, that individual may be reappointed as a member of that subcommittee. If a former subcommittee co-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. Except as expressly set forth to the contrary herein, a subcommittee co-chair may not simultaneously hold another chair or co-chair position on the Clinical Systems Committee or on a subcommittee or working group thereof.

The Vice Chair of the Clinical Systems Committee shall be the Chair of the Clinical Staff Affairs Subcommittee.

- B. Subcommittee Meetings. Standing subcommittees shall meet at least annually. Working groups may meet on an as-needed basis. Minutes of subcommittees and working groups, and a listing of the members in attendance shall be kept. Any member who misses two (2) consecutive meetings without an excuse approved by a chair of the subcommittee shall be notified that a third consecutive unexcused absence may be deemed a resignation from the subcommittee. Upon a third consecutive unexcused absence, a subcommittee co-chair may

notify the member and the co-Chairs of the Clinical Systems Committee that the member's position is vacant and a new member shall be appointed by the co-Chairs of the Clinical Systems Committee subject to approval by the Clinical Systems Committee membership. Notwithstanding the foregoing, any subcommittee member may resign at any time, at which time a new member shall be appointed by the co-Chairs of the Clinical Systems Committee.

C. Quorum/Action at Meetings/Telephonic and Electronic Participation/Written Consents.

1. Quorum. Fifty (50) percent of the total voting membership of the subcommittee shall constitute a quorum. In the absence of a quorum at any Clinical Systems Subcommittee, a co-chair or a majority of the Clinical Systems Subcommittee members present may adjourn the meeting to another date, time and place with notice to the members of the Clinical Systems Subcommittee.
2. Action at Meetings. Unless otherwise specifically provided by law or in the Amended and Restated Bylaws, Rules and Regulations, the vote of a majority of a quorum at a meeting of a subcommittee or working group of the Clinical Systems Committee shall constitute an action of such subcommittee or working group of the Clinical Systems Committee.
3. Telephone and Electronic Conference Meetings and Participation. The members of Clinical Systems Subcommittee may participate in a meeting by means of telephone or other communications equipment that enables all of the Clinical Systems Subcommittee members participating in the meeting to communicate with each other (including computer, video, or other electronic equipment). Such participation shall constitute presence in person at the meeting.
4. Written Consents. Action may be taken by the subcommittee without a meeting, if all members of the subcommittee consent to such action in writing, and the writing or writings are filed with the minutes of proceedings Clinical Systems Subcommittee meeting. Consents under this subsection may be given via electronic communication.

D. Standing Subcommittee Charges

Standing subcommittees and their respective charges are as follows:

1. Clinical Operations Subcommittee

To collaboratively review the operations of specific clinical services at UIHC. As a form for collaboration between Clinical Staff leaders, patient care service leaders, support service leaders, and UIHC administration. A service line specific working group assisting this Subcommittee may be established or modified at any time by the Clinical Systems Committee. In fulfilling this charge, the Clinical Services Subcommittee will:

- a. Review operational performance, including:
  - i. Patient access and patient throughput performance;
  - ii. Operational efficiency and cost management performance;
  - iii. Provider satisfaction and efficiency;
  - iv. Staff engagement and efficiency;
  - v. Facilities and support services;
  - vi. Service specific revenue cycle issues; and
  - vii. Other operational issues as brought up by Clinical Staff and UIHC personnel.

Clinical Systems Committee may supplement or amend these duties with subcommittee specific duties at any time.

2. Clinical Staff Affairs Subcommittee

To cause patient care delivered at the UIHC to 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 Clinical Staff Affairs Subcommittee will:

- a. Adjudication.
  - i. Hear and adjudicate problems of a professional and ethical nature involving the clinical practice of either house staff or Clinical Staff members.
  - ii. Review interdisciplinary or inter-clinical department conflicts with the corollary responsibility for recommending to the Clinical Systems Committee policy statements or protocols to remedy such occurrences and otherwise foster harmonious interdepartmental relationships aimed at ensuring quality patient care.
- b. Critical Care. Through oversight of a standing Critical Care Working Group, 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 working group 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.
- c. Diagnostic Services. Through oversight of the standing Diagnostic Services Advisory Working Group, provide the Clinical Staff and UIHC'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 Working Group will:
  - i. 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.

- ii. 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.
  - iii. 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.
- d. Emergency Management. Through oversight of the standing Emergency Management Working Group, organize, conduct and update 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 fulfilling this charge, the Emergency Management Working Group will:
- i. Conduct a Hazard Vulnerability Analysis (HVA) on an annual basis.
  - ii. 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.
  - iii. Arrange at least twice yearly exercises of the Emergency Operations Plan.
  - iv. Provide continuity of operations plans to guide the UIHC's maintenance and restoration of essential services.
  - v. 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.

- vi. Maintain relationships and participates in County, State and Federal programs related to emergency management.
- vii. 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.
- e. Environment of Care. Through oversight of the standing Environment of Care Working Group, establish, implement and maintain the UIHC Environment of Care Program, in accordance with the requirements of The Joint Commission 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.
- f. Graduate Medical Education. Through the oversight of the standing Graduate Medical Education Working Group, advise on all matters pertaining to the house staff training programs at UIHC, including, but not limited to the following: assist in the recruitment, orientation, and scheduling of house staff physicians and dentists; conduct periodic reviews of all UIHC residency programs in accordance with Accreditation Council for Graduate Medical Education guidelines; and provide a forum for house staff issues as expressed by the house staff representatives on the Working Group or by other house staff.
- g. Health Information Management Systems. Through the oversight of the standing Health Information Management Systems Working Group, maintain broad responsibility for the ongoing management and development of the medical records and other health information systems management at the UIHC to facilitate their efficiency and effectiveness. In fulfilling this charge, the Health Information Management Systems Working Group will:
  - i. Review, analyze and evaluate the quality of systems and processes to enable complete, accurate medical record documentation in the UIHC in

compliance with applicable regulations of governmental agencies, accrediting bodies, and payers, and make recommendations for improvement where appropriate.

- ii. Oversee all medical record forms including documents created during clinical information systems downtime and make appropriate recommendations for their improvement.
- iii. Review procedures for safeguarding medical records against loss, defacement, tampering, or use by unauthorized persons, and make appropriate recommendations for their improvement. Review strategic planning for application system development.
- iv. Evaluate the appropriateness of security and backup procedures for health care data in all settings, including the exchange of data with other computers. 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 health care information system.
- v. 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.
- vi. Monitor system processes to ensure compliance with regulatory guidelines for safeguarding patient data security.
- vii. Following review of project and equipment requests, the Subcommittee will forward recommendations to UIHC administration.

- h. Pharmacy and Therapeutics. Through the oversight of the standing Pharmacy and Therapeutics Working Group, promote evidence-based, best practice standards in the formulary decision-making process to assure clinical efficacy, patient safety and cost-effective prescribing within UIHC. In fulfilling this charge, the Pharmacy and Therapeutics Working Group will:
  - i. Review policies and procedures related to proper medication administration to assure medications are administered safely and appropriately.
  - ii. Facilitate education of healthcare providers and students regarding medication-related issues.
  - iii. Assure that medications are prescribed appropriately, safely and effectively through medication use evaluation processes.
  - iv. Assure compliance with The Joint Commission, FDA and other regulatory and accreditation guidelines related to medication use.
  - v. Review and support investigational medication studies to ensure patient safety and adherence to UIHC policies.
  - vi. 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.
- i. Provider Well-Being. Through oversight of the standing Provider Well-Being Working Group, care for the well-being of health care providers so that they are in the best position to care for patients, including review licensed independent provider satisfaction survey data and develop recommendations for improvement.
- j. Supervision of Non-Privileged Providers. Through oversight of the standing Supervision of Non-Privileged Providers Working Group, manage supervision of other providers whose services may be independently billable but require appropriate Clinical Staff member medical direction and oversight to supervise

clinically appropriate and compliant practice of non-privileged providers.

- k. Utilization Management. Through oversight of the standing Utilization Management Working Group: 1) promote the efficient use of facilities (including coordination of admission and continued stay reviews); and 2) formulate, maintain and review a utilization review plan appropriate for the UIHC and consistent with applicable federal requirements. In fulfilling this charge, the Utilization Management Working Group will:
  - i. Describe UIHC activities to cause services to be provided to patients that are medically necessary and at the appropriate level of care;
  - ii. Monitor utilization activities and outcomes;
  - iii. Minimize reimbursement penalties and physician sanctions through screening and appropriate documentation; and
  - iv. Centralize communication with external review agencies, including the quality improvement organization.

### 3. Compliance Subcommittee

To provide oversight and guidance for the regulatory audit and compliance activities of UIHC. Enable the organization to adopt and implement policies and procedures that will meet the intent and comply with all applicable laws, rules, regulations and policies. 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 elements of the Federal Compliance Program Guidance 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.

4. Credentials Subcommittee

To review the credentials of all members or other practitioners applying for initial or increased clinical privileges; 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 Amended and Restated Bylaws, Rules and Regulations; to make a recommendation to the Clinical Systems Committee on each application, reaffirmation, or corrective action described in this paragraph; and to report problems related to clinical practice or professional policy through the Clinical Staff Affairs Subcommittee to the Clinical Systems Committee.

5. Finance and Revenue Cycle Subcommittee

To cause proper oversight of financial systems and process of payment to be handled accurately and completely in accordance with applicable laws, regulations, and payer contractual obligations.

- a. Oversee proper financial systems management and reporting.
- b. Facilitate timely, accurate, and complete documentation of medically necessary services rendered.
- c. Enable timely, accurate, and complete submission of invoices for payment for medically necessary services rendered.
- d. Provide coding and documentation accuracy oversight.
- e. Oversee third party payor contracting efforts.

- f. Collaborate with other UI Health Care groups further payment for quality initiatives.
- g. Oversee payment processes including but not limited to prior authorization, eligibility and benefits verification, payment posting, denials management and appeals processing, and payment process reporting.
- h. Collaborate with other UI Health Care groups to develop revenue cycle- and finance-related provider and staff education.

6. Quality and Safety Oversight Subcommittee

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 charge, the Quality and Safety Oversight Subcommittee will:

- a. Coordinate the quality and performance improvement activities of the UIHC.
- b. Ethics. Through oversight of the standing Ethics Working Group:
  - i. Develop and carry out educational programs that will enhance awareness and understanding of biomedical ethical issues for clinical and UIHC staff, undergraduate and graduate trainees, patients and their families, and propose policies and guidelines regarding the ethical aspects of medical, surgical and dental practice.
  - ii. Provide consultation on ethical issues to members of the UIHC Clinical Staff, House Staff and Professional Staff.
- c. Infection Control. Through oversight of the standing Infection Control Working Group, review infection data, policies, procedures and processes, and revise policies and procedures, and recommend changes in procedures and practices as necessary so that appropriate interventions to prevent infections in the UIHC and its associated clinics are made.
- d. Performance Improvement. Through the standing Performance Improvement Working Group, review, analyze and evaluate on a continuing basis the

performance of the Clinical Service quality and Performance Improvement Program 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. Protection of Persons. Through oversight of the standing Protection of Persons Working Group, facilitate the protection of persons, including minors and dependent adults, to identify, treat, and as permitted or required by law, report cases of suspected child or dependent adult abuse or domestic violence.
- f. Transfusion Working Group. Through oversight of the standing Transfusion Working Group, 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.

#### 7. 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.

#### E. Ad Hoc Subcommittees

Ad hoc subcommittees shall be appointed by the co-Chairs to study particular problems in response to the recommendations of the Clinical Systems Committee. Subcommittee membership shall be constituted in relationship to the particular problem to be addressed.

### 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 cause that all patients admitted to or treated in any of the facilities, departments, or services of the UIHC to receive medical and dental diagnosis, treatment, and personalized care consistent with applicable standards of care;
- B. To cause, through ongoing review and evaluation procedures, a high level of professional and ethical performance of all those persons authorized to practice within the UIHC;
- C. To provide an appropriate educational setting that will lead to continuous advancement of professional knowledge and skill; and
- 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 Amended and Restated Bylaws, Rules and Regulations.

### B. Basic Qualifications for Clinical Staff Membership

All members of the Clinical Staff shall meet the following basic qualifications and shall, in addition, satisfy the qualifications of one of the specific categories of 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. 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 UIHC will be provided high quality health care.

2. As a condition of membership, the 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 UIHC patient treatment

responsibilities from the University of Iowa College of Dentistry, according to the procedures of the College of Dentistry and the UIHC (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(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, who meets the qualifications for membership (see Article II, Section 3(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 members are eligible to vote. Active Clinical Staff are expected to contribute to the organizational and administrative affairs of the 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 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, 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 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 Amended and Restated Bylaws, Rules and Regulations directives of the Clinical Systems Committee, and rules and regulations of the applicable Clinical Service.

#### Section 4: Clinical Privileges

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

##### A. Practice Limited to Clinical Privileges

Each 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 Clinical Systems Committee or by these Amended and Restated 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 Clinical Systems Committee, and rules and regulations of the applicable Clinical Service.
2. All 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 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 Clinical Systems 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.

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.

The Clinical Systems 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 Clinical Systems 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, and to admit patients.

### 3. Clinical Privileges of Temporary Staff

A co-Chair of the Clinical Systems 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(C)(4) and Article IV, Section 4(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 Clinical Systems 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 a co-Chair of the

Clinical Systems 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 Clinical Systems Committee, practice without supervision. 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 Clinical Systems 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 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.

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

All clinical privileges granted by the Clinical Systems Committee are contingent on the health care professional (as defined in Article IV, Section 3(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(C)(1)(c) according to the procedure in Article IV, Section 5. Health care professionals with clinical privileges may not admit patients.

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, but may apply for privileges as described in this Section according to the procedure set 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 Working Group and shall not, unless specified in the protocol approved by the Pharmacy and Therapeutics Working Group, 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 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 chair 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 chair 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 member or practitioner, with clinical privileges at the UIHC, 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 UIHC's Emergency Operations Plan has been activated in response to a disaster and the UIHC is unable to meet immediate patient needs. Disaster privileges may be granted only by the co-Chairs or Vice Chair of the Clinical Systems 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 Chair 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(B)(1), or practitioner, as described in Article IV, Section 4(F), the Chair 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 Chair of the applicable subpanel will forward a recommendation to the Chair 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 Chair of the Credentials Panel shall forward a recommendation, together with the supporting documentation, to the Clinical Systems Committee for review and final action (Article IV, Section 6(D)). Within thirty (30) days of receipt of the recommendation, the Clinical Systems 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(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(C), and a summary of the applicant's rights in the hearing. Failure to make a written request for a hearing to the Chair of the Clinical Staff Affairs 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 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 Chair 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 Chair 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 and, if applicable, 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 Chair 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 Clinical Systems Committee. The Clinical Systems 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(B). Each member's or practitioner's clinical privileges shall continue until final action by the Clinical Systems Committee, unless they are suspended under Article IV, Section 5(E) or Article IV, Section 6(F).

D. 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 practitioner by requesting to the Clinical Service Head a reduction in clinical privileges. The reduction request must be signed and dated by the requesting member or practitioner and shall be effective upon a signed and dated acknowledgement from the Clinical Service Head, with the reduction effective 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.

E. Professional Liability Reporting

If the items listed in Article IV, Section 4(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 Chair 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 Amended and Restated Bylaws, Rules and Regulations.

F. Physical and Mental Examinations

Whenever the Clinical Service Head or Chair 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 Chair who makes the request. If the member or practitioner and the Head or Chair 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 Chair. 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 Chair.

## 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 UIHC and its Clinical Staff, or to be disruptive to operations of the UIHC, or for violation of these Bylaw, Rules and Regulations, directives of the Clinical Systems Committee, or rules and regulations of the applicable Clinical Service. Action may be initiated by written request from a co-Chair of the Clinical Systems Committee, Chair of the Clinical Staff Affairs Subcommittee, from the applicable Clinical Service Head, or from a majority of a review committee created pursuant to Article IV, Section 5(C), to the Chair 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 Chair, the Credentials Panel shall prepare a recommendation which shall be handled as provided in Article IV, Section 6(B).

### 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 Chair of the Credentials Panel shall forward it, together with the supporting documentation, to the Clinical Systems 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 Chair 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 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 Chair of the Clinical Staff Affairs Subcommittee within thirty (30) days of receiving notice shall constitute a waiver of the right to a hearing. The Chair of the Credentials Panel shall forward the recommendation, together with supporting documentation, to the Clinical Systems 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 Chair of the Credentials Panel shall forward the reconsidered recommendation to the Clinical Systems Committee. If the reconsidered recommendation continues to be adverse, the Chair 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 a co-Chair of the Clinical Systems 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 Article IV, Section 6(B), (D), or (F), 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 Clinical Staff Affairs Subcommittee, the Active Clinical Staff, or the practitioners' discipline, selected by the chair 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 Chair of the Credentials Panel for persons receiving an adverse recommendation from this Panel, by the co-Chairs of the Clinical Systems Committee for persons receiving an adverse recommendation by this Committee or suspension of privileges, and by the Training Program Director 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 Chair of the Clinical Staff Affairs 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 Chair of the Clinical Staff Affairs 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 Chair of the Clinical Staff Affairs Subcommittee, the affected person may waive adherence to the hearing time requirements.

2. Presiding Officer

The Hearing Committee shall select from its membership a chair 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 Clinical Systems 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. Clinical Systems Committee Action

When the Clinical Systems Committee receives the recommendation or reconsidered recommendation from the Chair 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 Clinical Systems 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 co-Chairs of the Clinical Systems 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 Article IV, Section 6(B) or (F), the member or practitioner shall be entitled to a hearing as provided in Article IV, Section 6(C). Failure to make a written request for a hearing to the Chair of the Clinical Staff Affairs 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 Clinical Systems 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 co-Chairs of the Clinical Systems 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 Clinical Systems Committee on the grounds that:

1. there was substantial failure of the Hearing Committee or the Clinical Systems Committee to comply with these Amended and Restated Bylaws, Rules and Regulations

or the procedures adopted by the Clinical Systems 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 Clinical Systems Committee was not supported by substantial evidence in the record as a whole.

Failure to make a written request for appellate review to the co-Chairs of the Clinical Systems Committee within thirty (30) days of receiving notice shall be deemed an acceptance of the decision of the Clinical Systems Committee. The Clinical Systems 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 Clinical Systems Committee, selected by the co-Chairs of the Clinical Systems 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 co-Chairs of the Clinical Systems 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 co-Chairs of the Clinical Systems 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 co-Chairs of the Clinical Systems 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 may be represented by the Chair of the Clinical Staff Affairs 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 Clinical Systems Committee. The Clinical Systems 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 Clinical Systems Committee is final, subject only to the discretionary appeal to the Board of Regents provided in Section III-31 of the University Operations Manual.

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

F. Summary Suspension

The co-Chairs of the Clinical Systems Committee, Chair of the Clinical Staff Affairs 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 at the UIHC, 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 Article IV, Section 6(C). Upon mutual consent of the affected member or practitioner and the Chair of the Clinical Staff Affairs Subcommittee the hearing will be held as

soon as arrangements can be made. Failure to make a written request for a hearing to the Chair of the Clinical Staff Affairs 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 Clinical Systems Committee. The Hearing Committee, in accord with Article IV, Section 5(C), shall make its report and recommendation to the Clinical Systems Committee and they shall be handled as a recommendation of the Credentials Panel as provided in 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 Chair of the Clinical Staff Affairs 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 UIHC at the time of suspension.

G. Automatic Suspension

The Chair of the Clinical Systems Committee, the Chair of the Clinical Staff Affairs 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 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 members or practitioners who receive automatic suspension of their clinical privileges. Privileges will be reinstated by the co-Chairs of the Clinical Systems Committee or the Chair of the Clinical Staff Affairs Subcommittee upon demonstrated compliance.

The Chair of the Clinical Staff Affairs 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 UIHC 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 (12) month duration and may be renewed annually upon satisfactory performance in the training program. In the event that the Training Program Director 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 (3) 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 (3) 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 Training 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 Amended and Restated Bylaws, Rules and Regulations, directives of the Clinical Systems Committee, or rules and regulations of the applicable Clinical Service. After explaining the grounds for suspension or discharge to the house staff member, the Training 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(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 Chair of the Clinical Staff Affairs Subcommittee. Failure to make a written request for a hearing to the Chair of the Clinical Staff Affairs 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 Clinical Staff Affairs 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(C), except for the composition of the Hearing Committee and the recipient of the Committee's decision. The chair 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 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 Chair of the Clinical Staff Affairs 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 III-31 of the University Operations Manual. This procedure and those in this Section shall be exclusive.

The procedures provided in 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 Clinical Systems 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 Clinical Systems 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 Quality and Safety Oversight Subcommittee, the Clinical Systems Committee, and other committees designated by the Clinical Systems 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 Working Group of the 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 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 Amended and Restated Bylaws, Rules and Regulations may be adopted.

## ARTICLE VII: AMENDMENTS

Proposals for amendments or changes in amendments to these Amended and Restated Bylaws, Rules and Regulations must be presented in writing by a member of the Clinical Systems Committee. Such proposals shall require the approval of the Clinical Systems Committee by a majority vote of a quorum of the Committee.

Amendments to Article VIII shall take effect upon such approval by the Clinical Systems 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 Clinical Systems Committee, the President and the Board of Regents. The Amended and Restated Bylaws, Rules and Regulations will be reviewed at least annually by the Clinical Systems Committee. Amendments to the Amended and Restated Bylaws, Rules and Regulations will be proposed as needed.

## ARTICLE VIII: PATIENT CARE RULES AND REGULATIONS

### Section 1: Patient Service Assignment

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.

### Section 2: Assignment Without Regard to Financial Status

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: Admission Information

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: Order Documentation

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, including those regarding bed occupancy, will be accepted and documented per hospital policy.

Medical students who have completed eighteen (18) months of medical school may write orders for review and approval by a licensed independent provider. 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 Health Information Management Systems Working Group.

#### Section 5: Preparation of Medical Record

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 Systems Working Group and conform to the standards of The Joint Commission, 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

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. 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: Documentation of History and Physical

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). 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.

### Section 8: Informed Consent

A 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: Discharge

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: Autopsies

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: Death Certificates

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: 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 Working Group.

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 Working Group. 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 Working Group 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 Working Group 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 Working Group, to standardized dosages in accord with dose conversion protocols approved by the Pharmacy and Therapeutics Working Group. 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: Joint Patient Responsibility

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: Dental Care Coordination

In accord with 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: Emergency Services

The Director of the Emergency Treatment Center shall be a member of the Active Clinical Staff. He or she shall be designated by the Chief Executive Officer of the UIHC, 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: Continuing Education

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: Professional Charges

To avoid confusing multiple billings to patients and to assure appropriate controls of costs to patients, no professional charges for services rendered by a Clinical Staff Member may be submitted to patients for services within the UIHC, except through the faculty practice plan currently known as University of Iowa Physicians and Dental Service Plan fee billings, unless prior written permission has been given by the 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: Disaster Plan

In case of a civil or natural disaster, the UIHC shall follow the Disaster Plan approved by the Clinical Systems Committee.

**APPENDICES**

Appendix I ..... The University of Iowa Hospitals and Clinics  
Departments

THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS DEPARTMENTS

The following hospital departments have been established pursuant to Article II, Section 2(B)(9) of the Amended and Restated Bylaws, Rules and Regulations of the University of Iowa Hospitals and Clinics and its Clinical Staff:

Professional Departments

Food and Nutrition Services	Pharmaceutical Care
Nursing Services and Patient Care	Quality Improvement Program
Rehabilitation Therapies	Social Services
Respiratory Care	Spiritual Services

Other Departments

Capital Management	Joint Office for Compliance
Emergency Management	Marketing and Communications
Engineering Services	Office of the Patient Experience
Environmental Services	Operations Excellence
Financial Operations	Procurement and Value Implementation Services
Guest Services	Revenue Management
Health Care Information Systems	Safety and Security
Health Information Management	Supply Chain
Human Resources	Volunteer Services
Integrated Strategic Planning & Business Development	

