

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

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

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

Section 4:

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

- A. In cases of emergency, ~~oral~~ 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.
 - 1. ~~An order may be dictated over the telephone to a registered nurse after the registered nurse has described the patient's condition to the member or practitioner; or~~
 - 2. ~~An order may be dictated over the telephone to a pharmacist when the member or practitioner concurs with a medical order change as recommended by a pharmacist; or~~
 - 3. ~~An order pertaining to respiratory care may be dictated over the telephone to a respiratory therapist after the respiratory therapist has described the patient's condition to the member or practitioner.~~
- C. All verbal orders will be accepted and documented per hospital policy.

~~All orders must be written in the patient's medical record by the registered nurse, pharmacist or respiratory therapist who receives the order and must be personally signed within three (3) days by the member or practitioner who delivers the order.~~

D. Verbal orders regarding bed occupancy will be accepted and documented per hospital policy.

~~Orders specifying the bed occupancy category to which a patient is to be admitted or transferred shall be in writing, shall be dated and shall be signed by the physician or dentist giving the order. Oral orders specifying bed occupancy category assignment may be accepted from physicians or dentists by a registered nurse, including a registered nurse assigned to utilization management responsibilities. An oral order specifying bed occupancy category assignment which is accepted by a utilization management registered nurse may be communicated by that registered nurse directly to a registered nurse on the nursing unit for transcription into the Patient's medical record. In all other cases, the order must be written in the patient's medical record by the registered nurse who receives the order. All oral orders specifying the bed occupancy category to which a patient is to be admitted or transferred must be personally signed within 48 hours by the physician or dentist who delivers the order.~~

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

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

EXPLANATION

This amendment removes detailed time frames, references to staff who may accept verbal orders, process for accepting and documenting verbal orders. The intent is to reference hospital policy for these issues. This revision will reduce the need to revise the bylaws as verbal order policy evolves and changes. This amendment now also meets regulatory standards imposed on the institution and brings this component of health care into compliance.

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RE: BYLAWS AMENDMENT CHANGING PATIENT CARE RULES AND REGULATIONS WITH RESPECT TO POST-ANESTHETIC PROGRESS NOTES

Article VIII, Section 8 is amended as follows:

Section 8:

A surgical procedure shall be performed only upon the informed consent of the patient or the patient’s legal representative, except in emergencies or pursuant to a court order. Operative reports dictated or written immediately after surgery record the name of the primary surgeon and assistants, findings, technical procedures used, specimens removed, and postoperative diagnosis. The completed operative report is authenticated by the surgeon and filed in the medical record as soon as possible after surgery. When the operative report is not placed in the medical record immediately after surgery, a progress note is entered immediately. The medical record should reflect a post-anesthetic ~~visit made after the patient left the post anesthesia care unit or other recovery area~~ 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.

EXPLANATION

This amendment is recommended to comply with Medicare Conditions of Participation Interpretive Guidelines for post-anesthesia evaluations.

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RE: BYLAWS AMENDMENT RELATING TO DISCHARGE SUMMARY CRITERIA

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

Section 9:

Patients shall be discharged only upon written order of a member or practitioner. Patients who sign out against medical advice shall be requested to sign a suitable release form. Records of discharged patients shall be completed within fourteen days following discharge. The clinical resume should be concise, include information relative to the reason for hospitalization, pertinent findings; procedures performed and care, treatment and services provided, ~~what action has been taken relative to the findings~~; the condition of the patient on discharge; and instructions given to the patient and/or the family as appropriate. ~~particularly in regard to physical activity limitations, medications, and diet~~. All final diagnoses shall be recorded in full. ~~without abbreviations or symbols~~.

EXPLANATION

This amendment is recommended to comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

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

RE: BYLAWS AMENDMENT MODIFYING THE MEMBERSHIP OF THE UNIVERSITY HOSPITAL ADVISORY COMMITTEE

Article III, Section 3 is amended by deleting subsection (E) and renumbering the subsequent subsection

EXPLANATION

This amendment recognizes that Cardiothoracic Surgery is now a Clinical Service and as such the Head of that Department would become a member of the University Hospital Advisory Committee through Section 3(A) of Article III.

RE: BYLAWS AMENDMENT DELETING CHILDREN’S HOSPITAL OF IOWA SUBCOMMITTEE, CLINICAL CANCER CENTER ADVISORY SUBCOMMITTEE, EMERGENCY TREATMENT CENTER ADVISORY SUBCOMMITTEE AND STRATEGIC PLANNING SUBCOMMITTEE

Article III, Section 5 is amended by deleting current subsections (B)(2), (B)(3), (B)(7), and (B)(15)

EXPLANATION FOR SUBCOMMITTEE DELETIONS

This amendment eliminates the Children’s Hospital of Iowa Advisory Subcommittee, the Clinical Cancer Center Advisory Subcommittee, the Emergency Treatment Center Advisory Subcommittee, and the Strategic Planning Subcommittee as standing subcommittees of the Hospital Advisory Committee.

- **Children’s Hospital of Iowa Advisory Subcommittee** – This Subcommittee was created when the Children’s Hospital of Iowa was established as an organizational entity and input from a broad spectrum of faculty and staff was needed for developing the children’s hospital plans, programs and policies and providing advice and direction on other dimensions of the CHI. Now that the UI Children’s Hospital is a fully functioning unit, a leadership group performs these functions as well as addressing numerous operational and strategic issues critical to the success of the Children’s Hospital and the Subcommittee is no longer required.
- **Clinical Cancer Center Advisory Subcommittee** – The need for the CCC Advisory Subcommittee has been eliminated and the Subcommittee is no longer active.
- **Emergency Treatment Center Advisory Subcommittee** – This Subcommittee was established at a time when there was no Emergency Medicine Department and the Subcommittee served as a means for bringing all relevant clinical services together for joint policy making and to address issues that arose in delivering emergency services. With the establishment of the Emergency Medicine Department, the need for the ETC Advisory Subcommittee was eliminated and the Subcommittee is no longer active.
- **Strategic Planning Subcommittee** – This Subcommittee had been established to provide a vehicle for ensuring multi-departmental involvement in developing strategic plans for the UIHC and monitoring progress in achieving strategic planning goals. Now that strategic plans will be developed jointly with the Carver College of Medicine through the Office of Integrated Strategic Planning and Business Development, the Strategic Planning Subcommittee is no longer needed or active.

RE: BYLAWS AMENDMENT MODIFYING THE CHARGE TO THE ENVIRONMENT OF CARE SUBCOMMITTEE

Article III, Section 5(B)(8) is modified as follows:

To establish, implement and maintain the UIHC Environment of Care Program, in accordance with the requirements of the Joint Commission on Accreditation of Healthcare Organizations and applicable state and federal laws. The Subcommittee develops and/or approves recommendations and interventions to protect the well-being of patients, visitors and staff in the areas of fire protection, safety, hazardous materials and waste, medical equipment, utilities, security and emergency management. ~~The Subcommittee organizes and conducts an 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;~~

~~maintains written emergency management planning standards; and arranges periodic rehearsals of the emergency management plan.~~

EXPLANATION FOR MODIFICATION TO EOC CHARGE

This amendment removes those responsibilities that have been assigned to a new subcommittee of the UHAC.

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RE: BYLAWS AMENDMENT CREATING THE EMERGENCY MANAGEMENT SUBCOMMITTEE

Article III, Section 5 is amended by adding new subsection (B)(5) Emergency Management Subcommittee and its charge and renumbering the remaining subsection to reflect this change.

5. Emergency Management Subcommittee:

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

- a. Conducts a Hazard Vulnerability Analysis (HVA) on an annual basis.
- b. Maintains a written Emergency Operations Plan which features a Hospital Incident Command System (HICS) for organizing the UIHC's response to all hazards and standard operating procedures to address the hazards identified.
- c. Arranges at least twice yearly exercises of the Emergency Operations Plan.
- d. Provides continuity of operations plans to guide the UIHC's maintenance and restoration of essential services.
- e. Ensures that all staff with HICS assignments and other staff designated for responding to disasters and major emergencies receive training in accord with UIHC requirements and regulatory guidelines and understand their role(s) and responsibilities for responding to various disasters and emergencies.

- f. Maintains relationships and participates in County, State and Federal programs related to emergency management.
- g. Assures 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.

EXPLANATION FOR SUBCOMMITTEE ADDITION

This amendment adds the Emergency Management Subcommittee as a standing subcommittee of the Hospital Advisory Committee

- **Emergency Management Subcommittee** – The 2009 standards for Joint Commission accreditation include a new chapter with standards for “Emergency Management” and delete standards related to this subject from the “Environment of Care” chapter. This change has been made to reinforce the importance of emergency planning and preparedness in hospitals and significantly expand the number and scope of standards in this area that hospitals will need to meet in attaining Joint Commission accreditation. In accord with this change, the UIHC will establish a new Emergency Management Subcommittee that will replace its current Disaster Management and Emergency Preparedness Work Group of the Environment of Care Subcommittee.

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RE: BYLAWS AMENDMENT CHANGING THE CHARGE TO THE PHARAMCY AND THERAPEUTICS SUBCOMMITTEE

Article III, Section 5(B)(15) is amended to read as follows:

~~To provide the Hospital Administration and its clinical leadership with information and advice concerning the proper use of drugs and related products.~~

~~To consider patient welfare, education, research, and economic factors when analyzing the utilization of drugs and related products, advising on additions to and deletions from the Hospital Formulary, advising on the use and control of experimental drugs.~~

~~To take whatever action is deemed appropriate to provide the best therapeutic agents for patients coordinate with cost increase limitations extant within the health industry.~~

Promote evidence-based, best practice standards in the formulary decision-making process to assure clinical efficacy, patient safety and cost-effective prescribing within UI Health Care.

Review policies and procedures related to proper medication administration to assure medications are administered safely and appropriately.

Facilitate education of healthcare providers and students regarding medication-related issues.

Assure that medications are prescribed appropriately, safely, and effectively through medication use evaluation processes.

Assure compliance with JCAHO, FDA and other regulatory guidelines related to medication use.

Review and support investigational medication studies to ensure patient safety and adherence to UI Health Care policies.

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 settings.

EXPLANATION

This amendment reflects contemporary healthcare practice as it relates to the use of medications. The new charge better reflects the true work of the subcommittee.

RE: BYLAWS AMENDMENT DEFINING TEMPORARY PRIVILEGES IN THE EVENT OF A FULL SCAEL DISASTER

Article IV, Section 3(C)(4) is amended to read as follows:

4. Temporary Staff

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

- b. If a “full-scale disaster” has been declared pursuant to the UIHC Disaster and Emergency Preparedness Plan and the organization is unable to handle the immediate patient needs, the Chair or Vice Chair of the Hospital Advisory Committee may grant temporary privileges to a licensed physician or dentist upon presentation of reasonable evidence of the identity and licensure of the individual.

EXPLANATION

This amendment is recommended to comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

RE: BYLAWS AMENDMENT DEFINING TEMPORARY PRIVILEGES IN THE EVENT OF A FULL SCAEL DISASTER

Article IV, Section 4(C)(3) is amended to read as follows:

3. Clinical Privileges of Temporary Staff.

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

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

- b. If a “full-scale disaster” has been declared pursuant to the UIHC Disaster and Emergency Preparedness Plan and the organization is unable to handle the immediate patient needs, the chair or Vice chair of the Hospital Advisory Committee may grant temporary privileges to a licensed physician or dentist upon presentation of reasonable evidence of the identity and licensure of the individual (Section 3.C.4.b). The privileges of a Member of the Temporary Staff appointed pursuant to Section 3.c.4.b shall automatically terminate when the “all clear” has been declared pursuant to the UIHC Disaster and Emergency Preparedness Plan.

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

The credentials of a Temporary Member of the Clinical Staff appointed pursuant to this subsection shall be verified in the same manner as the credentials of any other Temporary Member, except that the process may occur

retrospectively. The process for verifying credentials shall begin as soon as the immediate situation that resulted in the declaration of a “full scale disaster” is under control.

EXPLANATION

This amendment is recommended to comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

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RE: BYLAWS AMENDMENT MODIFYING THE FREQUENCY OF CLINICAL PRIVILEGES REVIEW

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

C. Annual ~~Annual~~ Biennial Review of Clinical Privileges

~~Each calendar year by April 1,~~ Biennially, the head of each Clinical Service shall review the clinical privileges and the physical and mental condition of all members and practitioners who hold clinical privileges in that Clinical Service and forward a recommendation to the applicable Credentials Panel, along with the supporting documentation. The review of clinical privileges and the physical and mental condition of the clinical Service Heads shall be conducted by an ad hoc review committee composed of three members of the Active Clinical Staff who have the rank of professor and who are selected by the Chairperson of the applicable Credentials Panel. The review shall be documented and the recommendation forwarded to the applicable Credentials Panel, along with the supporting documentation.

EXPLANATION

This amendment is recommended to comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

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RE: BYLAWS AMENDMENT WITH RESPECT TO DECREASED CLINICAL PRIVILEGES

Article IV Section 6(B) is amended as follows:

Section 6: Corrective Action

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 recommendation is to deny the request for decreased clinical privileges, the Chairperson of the Credentials Panel shall forward it, together with the supporting documentation, to the Hospital Advisory Committee for review and final action. The recommendation shall specify whether or not the Panel was unanimous. If the Panel was not unanimous, dissenting members may attach a minority report.

EXPLANATION

This amendment is recommended to comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

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RE: BYLAWS AMENDMENT REGARDING SURGICAL PATHOLOGY REVIEW

Article V, Section 3 is amended to read as follows:

Section 3: Surgical Pathology Review

~~All tissues removed surgically shall be examined by the Surgical Pathologist.~~ Any tissues removed from a patient that requires diagnostic definition must be sent to Pathology. 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.

EXPLANATION

This amendment clarifies the requirement that all clinically relevant tissues are submitted for pathologic evaluation while providing a mechanism by which to exempt from examination those tissues which are not deemed clinically relevant.