UWHCA Board of Directors
July 28, 2022, 1:30 - 4:30 PM

https://uwhealth.webex.com/uwhealth/j.php?MTID=m72f509e51a0bf378e360e8e02f8ee466

Meeting number: 2624 970 6914 / Password: 072822
Phone number: 1-415-655-0003 US TOLL//Access code: 2624 970 6914

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I. Call to Order of Board Meeting / Chair Announcements
Mr. Paul Seidenstricker

UnityPoint Health - Meriter Liaison - Dr. Margaret Noreuil (Primary) and Dr. Newrhee Kim (Alternate)

UWHC Medical President Liaison Update

II. Consent Agenda
Mr. Paul Seidenstricker

Meeting Minutes - Open Session

Medical Staff Membership and Clinical Privileges

Attachment - Medical Staff Membership and Clinical Privileges

Access Community Health Centers, Inc. Participation in UW Health ACO, Inc. as Participant Provider

Executive Summary - Access Community Health Centers, Inc. Participation in UW Health ACO, Inc. as Participant Provider

Resolution - Access Community Health Centers, Inc. Participation in UW Health ACO, Inc. as Participant Provider

UWHC Medical Staff Bylaws Amendments

Executive Summary - UWHC Medical Staff Bylaws Amendments

Attachment - UWHC Medical Staff Bylaws [Clean]

Attachment - UWHC Medical Staff Bylaws [Redline]

Resolution - Approval of Amendments to UWHC Medical Staff Bylaws

III. Clinical Trials at UW
Ms. Betsy Nugent

Presentation - Clinical Trials at UW

IV. Impact of Dobbs Decision on Patient Care
Dr. Peter Newcomer; Invited Guest: Mr. Jay Robaidek

Presentation - Impact of Dobbs Decision on Patient Care

V. Closed Session

Motion to enter in closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: closed session and executive closed session meeting minutes; review of clinical services and facilities planning strategy; and review of year-to-date unaudited preliminary financials; and pursuant to Wisconsin Statutes section 146.38 for the review of the Patient Safety and Quality Committee report and UW Health Kids Quality update; and pursuant to Wisconsin Statutes sections 19.85(1)(c) and 19.36(10) for review of the UW Health CEO performance; and pursuant to Wisconsin Statutes section 19.85(1)(g), to seek confidential and privileged legal analysis and advice regarding workforce matters and potential litigation regarding the same and to confer with legal counsel regarding these and other matters.
VI. Adjourn
The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: June 29, 2022
Medical Board: July 14, 2022

The following actions were endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action.

**New Applications—Medical Staff**

**Department of Anesthesiology**

- **Anesthesiology Core Privileges**: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.

- **Critical Care Core Privileges**: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training. These privileges also include care of patients via telemedicine.

**Abdulmonam A. Ali, MD, Active Staff**

**Department of Medicine/Fellow (Interventional Pulmonary)**

- **Critical Care Medicine Core Privileges**: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training. These privileges also include care of patients via telemedicine.

- **Pulmonary Medicine Core Privileges**: Privileges to evaluate including performance of H&P, diagnose, admit, consult, and treat adult patients presenting with diseases and disorders of the organs of the thorax or chest. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, management of mechanical ventilation; management of noninvasive ventilation; direct laryngoscopy; diagnostic flexible bronchoscopy; including transbronchial lung biopsy, transbronchial needle aspiration, endobronchial ultrasound. Therapeutic bronchoscopy including simple reduction and treatment of bleeding and opening of blocked bronchi; pulmonary function testing (including methacholine challenges) and interpretation; sleep study testing and interpretation; endotracheal intubation; needle aspiration of the chest; chest tube placement; pulmonary treadmill exercise testing; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- **Central venous catheter insertion for access**
- Advanced ventilator management
- Fluoroscopy
- Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics

James D. Alstott, MD, Active Staff
Department of Medicine/Nephrology
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intruterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.
- Nephrology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with illnesses, injuries, and disorders of the kidneys. These privileges include, but are not limited to, placement of temporary vascular access for hemodialysis; management of acute and chronic hemodialysis; placement of (temporary and permanent) catheter for peritoneal dialysis; management of peritoneal dialysis; continuous renal replacement therapy; initiation and supervision of continuous ultrafiltration/dialysis; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Percutaneous needle biopsy of the kidney

Ali S. Antar, MD, Active Staff
Department of Urology/Fellow (Endourology)
- Urology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses or injuries of the genitourinary system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal PH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
- Use of surgical laser
- Laparoscopic urologic procedures
- Fluoroscopy

Joshua L. Arnold, MD, Active Staff
Department of Radiology/Fellow (Musculoskeletal Imaging)
- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine and fluoroscopy in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.

Trent R. Bailey, MD, Active Staff
Department of Medicine/Hospital Medicine
- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Arterial Line Insertion
- Central venous catheter insertion for access
- Paracentesis

Jessica M. Beier, MD, Active Staff
Department of Medicine/Hospital Medicine
- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Marcelo P. Bigarella, MD, Active Staff
Department of Urology/Fellow (Urology-Oncology)
- No Independent Clinical Privileges—all activities done as part of non-accredited fellowship

Mary E. Buchanan, MD, Active Staff
Department of Radiology/Fellow (Musculoskeletal Imaging)
• Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine and fluoroscopy in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.

Brittany A. Buhalog, MD, Active Staff
Department of Dermatology
Dermatology Core Privileges: Privileges to admit, evaluate, diagnose, consult, and treat patients presenting with illnesses and or injuries of the integumentary system. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, excision or other means of removal (including by liposuction) of benign and malignant lesions; curettage; electrosurgery; liquid nitrogen cryosurgery of the skin and other appropriate lesions; nail surgery; actinotherapy treatments (phototherapy - e.g. PUVA); collagen implantation; injectable fillers; Botox injections; dermabrasion; chemical peels; laser treatments; sclerotherapy; dermatopathology; flaps and grafts; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training. These privileges also include care of patients via telemedicine.

Katy A. Coggins, MD, Active Staff
Department of Ophthalmology/Fellow (Glaucoma)
• Ophthalmology Medical and Minor Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways*; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervising residents, fellows and others in training. These privileges also include care of patients via telemedicine.

Cameron D. Crockett, MD, Active Staff
Department of Neurology/Pediatric Neurology
• Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.

Sam G. Dillman, MD, Active Staff
Department of Emergency Medicine
• Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Deep Sedation--Adults (13 years and older)
• Point of Care Emergency Ultrasound
• Fluoroscopy

Margaretta E. Gergen, DO, Active Staff
Department of Family Medicine and Community Health/Fellow (LGBTQ+)

- Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, suturing of uncomplicated lacerations; arthrocentesis; I&D of abscess; simple skin biopsy or excision; removal of nonpenetrating corneal foreign body; uncomplicated minor closed fractures (not involving traction or major manipulation); uncomplicated dislocations; diagnostic endometrial sampling; peripheral intravenous cannulation; peripheral arterial puncture; lumbar puncture; preoperative care of surgical patients; postoperative medical care of surgical patients; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Family Medicine Pediatric Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide non-surgical treatment to pediatric patients without major complications or serious life threatening disease. These privileges include, but are not limited to, the care of normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Patrick T. Grogan, MD, Active Staff

Department of Medicine/Hematology/Oncology

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Medical Oncology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with malignancies. These privileges include, but are not limited to, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes; management and maintenance of indwelling venous access catheters; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Kaitlyn J. Kelly, MD, Active Staff

Department of Surgery/Surgical Oncology

- General Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with disorders, illnesses or injuries of the alimentary tract, the abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system and minor extremity surgery. These privileges include, but are not limited to, laparoscopic surgery, upper gastrointestinal endoscopy, colonoscopy, insertion and management of arterial catheter, insertion and management of chest tubes, insertion and management of central venous catheters, lumbar puncture, pericardiocentesis, tracheostomy, paracentesis, management of trauma, and complete care of critically ill patients with underlying surgical conditions; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.

- Use of surgical robot for procedures otherwise privileged to perform.

Jane S. Lee, MD, Active Staff

Department of Pathology and Lab. Medicine/Fellow (GI)

- Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.

- Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges include supervision of residents, fellows and others in training.

Timothy A. Livett, MD, Active Staff

Department of Pediatrics/Endocrinology

- Pediatric Endocrinology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat infants, children, and adolescents with documented or possible disorders of the endocrine system. These privileges include, but are not limited to, endocrine tolerance and provocative tests; provision of immediate and longitudinal care for adults previously treated for pediatric endocrine system disorders; and supervision of...
residents, fellows and others in training.

Dana E. Loke, MD, Active Staff
Department of Emergency Medicine
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

Simanjit K. Mand, MD, Active Staff
Department of Emergency Medicine
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

Abdul Mohsin, MD, Active Staff
Department of Medicine/Hospital Medicine
- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Cassie L. Nankee, MD, Active Staff
Department of Neurology/Stroke
- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.
- Neurology Stroke Privileges: Privileges include, but are not limited to, admit, evaluate (including H&P), diagnose, consult, provide medical treatment, interpretations of reports of radiologic and laboratory data to treat patients with stroke symptoms. These privileges include providing services via telemedicine.

Michael F. Rentz, MD, Active Staff
Department of Emergency Medicine/Fellow (Simulation)
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

Michael Rubinson, DO, Active Staff
Department of Medicine/Hematology/Oncology (Palliative care)
- Hospice and Palliative Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, provide medical management and treatment for patients requiring hospice and palliative care. Act as an expert consultative resource in the area of hospice and palliative care for other providers. Privileges also include supervision of GME trainees and Advanced Practice Providers (APPs).
Julia D. Shatten, MD, Active Staff
Department of Ophthalmology/Fellow (Cornea)
- Use of surgical laser - YAG capsulotomy, iridotomy, cyclophotocoagulation.
- Use of surgical laser - Argon and Diode for panretinal laser.

Quaovi H. Sodji, MD, Active Staff
Department of Human Oncology
- Radiation Oncology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat patients of all ages, with malignant and benign tumors, as well as other conditions where radiotherapy has a role. These privileges include, but are not limited to, administration of external beam radiation therapy, brachytherapy, naked or tagged radioisotopes (including intralesional, intracavitary, intracystic, intravenous, intraarterial or other routes of administration), radiosensitizers, radioprotectors and other therapeutic drugs required in the routine management of these patients; management and maintenance of indwelling brachytherapy catheters and other devices for delivery of brachytherapy or other forms of radiation; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and other persons in training.

Nadia L. Sweet, MD, Active Staff
Department of Medicine/Chief Resident
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Craig F. Tschautscher, MD, Active Staff
Department of Emergency Medicine/Fellow (Med Flight)
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

Matthew S. VandeHei, MD, Active Staff
Department of Emergency Medicine/Fellow (Ultrasound)
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges
include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Deep Sedation--Adults (13 years and older)
- Point of Care Emergency Ultrasound
- Fluoroscopy

**Gabrielle E. Waclawik, MD, Active Staff**

**Department of Medicine/Chief Resident**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.
- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.
- Gastroenterology and Hepatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal gastric varices, removal of foreign bodies, removal of polypoid lesions, dilation of stenotic lesions with transendoscopic balloon dilators or dilating systems with guidewires, palliative treatment of stenosing neoplasms); colonoscopy with polypectomy; liver biopsy; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Central venous catheter insertion for access

**Saqib Walayat, MD, Active Staff**

**Department of Medicine/Fellow (GI Advanced Endoscopy)**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.
- Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics

**Samantha Williams Al-Kharusy, MD, Active Staff**

**Department of Pediatrics/Chief Resident**

- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
• Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

Lauren Willoughby, MD, Active Staff
Department of Emergency Medicine/Fellow (Education Residency)
• Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Deep Sedation--Adults (13 years and older)
• Point of Care Emergency Ultrasound
• Fluoroscopy

Additional Privileges—Medical Staff
Benjamin J. Fowler, MD
Department of Ophthalmology/Fellow
• Special Competence Medical Retina: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients of all ages, presenting with complicated illnesses, injuries, and disorders of the retina. These privileges include but are not limited to management of macular disease; written interpretation of ICG angiography, OCT, ERG, ultrasound of the globe.

Adrienne L. Johnson, PhD
Department of Medicine/General Internal Medicine
• Psychological testing: adults

Margaret A. Knoedler, MD
Department of Urology
• Use of surgical robot for procedures otherwise privileged to perform.

Matthew H. Lee, MD
Department of Radiology/Fellow
• Adult Moderate Sedation--Adult Moderate Sedation ONLY within University Hospital or UW Health East Madison Hospital

Michael D. Peliska, MD
Department of Medicine/Hospital Medicine
• Thoracentesis

Sabrina S. Sam, MD
Department of Anesthesiology
• Pain Management
• Fluoroscopy

Nicole L. Werner, MD
Department of Surgery/Acute Care and Regional General
• Advanced ventilator management

New Applications--Advanced Practice Providers
Jami E. Hagemann, PA, Physician Assistant
Department of Emergency Medicine
• General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
• PA Emergency Medicine Core Privileges: Privileges to manage and treat pediatric, adolescent, and adult patients with emergency medicine conditions cared for in the emergency department.
• Prescriptive Authority

Courtney M. Maurer, NP, Advance Practice Nurse
Department of Medicine/Allergy, Pulmonary & Critical Care
• Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage,
prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.

- **NP Pulmonary Core Privileges**: Privileges to manage and treat patients with diseases and disorders of the organs of the thorax or chest.
- **NP Critical Care Core Privileges**: Privileges to manage and treat patients in need of critical care.
- **Prescriptive Authority**

**Sara L. Pfender, NP, Advance Practice Nurse**

**Department of Pediatrics/General**

- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- **NP General Pediatrics Core Privileges**: Privileges to manage and treat primary care pediatric patients.
- **Prescriptive Authority**

**Corey L. Smith, NP, Advance Practice Nurse**

**Department of Medicine/Allergy, Pulmonary & Critical Care**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- **NP Pulmonary Core Privileges**: Privileges to manage and treat patients with diseases and disorders of the organs of the thorax or chest.
- **Prescriptive Authority**

**Camilla C. Vargas, PA, Physician Assistant**

**Department of Medicine/Cardiovascular Medicine**

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- **PA Cardiovascular Medicine Core Privileges**: Privileges to manage and treat patients with cardiovascular disease.
- **Prescriptive Authority**

**Additional Privileges—Advanced Practice Providers**

**David W. Castellanos, PA**

**Department of Medicine/General Internal Medicine**

- **Shave Biopsy**

**Courtney E. Hoy, NP (Family Nurse Practitioner)**

**Department of Medicine/Allergy, Pulmonary & Critical Care**

- **Arterial line insertion**

**Joanie E. Klemme, PA**

**Department of Radiology/Interventional Radiology**

- **Paracentesis**

**Victoria K. Murdoch, PA**

**Department of Radiology/Interventional Radiology**

- **Chest tube removal, drain removal, and tunneled central line removal**

**Status Changes/Transfers**

**Anne R. Bachhuber, NP, Advance Practice Nurse**

**Department of Medicine/General Internal Medicine**

**Status change from Affiliate APP to Advanced Practice Nurse—adding privileges**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- **NP General Internal Medicine Core Privileges**: Privileges to manage and treat patients with general internal...
medicine injuries or diseases.

- Prescriptive Authority

**Camille E. Conway, NP, Advance Practice Nurse**

**Transfer to Department of Medicine/Cardiovascular Medicine**

**Effective: 7/17/2022**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.

- Prescriptive Authority

**Mary G. Thompson, MD, Active Staff**

**Department of Family Medicine and Community Health**

**Status change from Affiliate to Active Staff**

- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

**Focused Professional Practice Evaluation Review**

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DuPont, Diana M., PA</td>
<td>Medicine/Nephrology</td>
<td>PA</td>
</tr>
<tr>
<td>Deluca, Jill M., PA</td>
<td>Neurological Surgery</td>
<td>PA</td>
</tr>
<tr>
<td>Statz, Branden M., PA</td>
<td>Surgery/Cardiothoracic</td>
<td>PA</td>
</tr>
<tr>
<td>Gionet, Michelle M., PA</td>
<td>Medicine/Infectious Disease</td>
<td>PA</td>
</tr>
<tr>
<td>Mulroy Cluff, Joelle B., PA</td>
<td>Obstetrics and Gynecology/Gynecologic Oncology</td>
<td>PA</td>
</tr>
</tbody>
</table>

**Focused Professional Practice Evaluation Review- Additional Privileges**

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodavish, Leslie L., PA</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
<td>Joint Injections/Aspirations &amp; Deep and Simple Tissue Closures</td>
</tr>
<tr>
<td>Hermsdorf, Chad E., PA</td>
<td>Surgery/Cardiothoracic</td>
<td>Intraaortic balloon pump removal</td>
</tr>
</tbody>
</table>
Executive Summary

Access Community Health Centers, Inc.
Participation as a Participant Provider in the ACO 
REACH Model for PY23
EXECUTIVE SUMMARY

DATE: July 28, 2022

RE: Request for Approval to Add Access Community Health Centers, Inc. as a Participant Provider in the Accountable Care Organization Realizing Equity, Access, and Community Health Model for Performance Year 2023

Dear UWHCA Board Members,

UW Health ACO, Inc. (“UWHACO”) is an Accountable Care Organization currently participating in the Centers for Medicare and Medicaid (“CMS”) Global and Professional Direct Contracting (“GPDC”) Model for Performance Year 2022. As a current participant in the GPDC Model, UWHACO is eligible to participate in the new Accountable Care Organization Realizing Equity, Access, and Community Health (“ACO REACH”) Model which commences January 1, 2023. CMS has redesigned the GPDC Model in response to Administration priorities, including its commitment to advancing health equity, stakeholder feedback, and participant experience. CMS is renaming the model the ACO REACH Model to better align the name with the purpose of the model: to improve the quality of care for people with Medicare through better care coordination, reaching and connecting health care providers and beneficiaries, including those beneficiaries who are underserved. Structurally and mechanically, the ACO REACH Model is substantially similar to the current GPDC Model that UWHACO participates in, in that it will include a primary care capitation arrangement and a Shared Savings/Shared Loss component. UWHACO intends to participate in the ACO Reach Model. It expects to have the same participant providers who are participating in the GPDC Model, but it is also proposing and recommending the addition of one more participant provider.

Access Community Health Centers, Inc. (“Access”) is a non-profit organization and federally qualified health center that operates multiple health centers in southwest Wisconsin with the mission of improving the health and lives of people who otherwise face financial, cultural, or language obstacles that prevent access to high-quality, affordable health care. Access’ mission aligns with the ACO REACH goals of promoting health equity and addressing healthcare disparities for underserved communities. In light of the foregoing, UWHACO’s executive leadership and its Board of Directors has approved, subject to UWHCA’s approval, the addition of Access as a participant provider in the ACO REACH Model. UWHACO anticipates Access’ attributed Medicare beneficiaries to the ACO REACH model will constitute five to ten percent of the total ACO Medicare beneficiaries in Performance Year 2023.

In light of Access’ status as a federally qualified health center, to accommodate their participation in the ACO REACH Model, UWHACO shall agree to not allocate any percentage of Shared Losses, if applicable, that may result from UWHACO’s and its participating provider’s participation in the ACO
REACH Model, for the first two (2) years of Access’ participation in the ACO REACH Model. To date, UWHACO’s participation in CMS ACO Models has not resulted in any Shared Losses. However, in the event UWHACO were to sustain losses in the ACO REACH Model, such losses would be allocated between the other participant providers in the ACO REACH Model, but not Access.

Should you have any questions, please let us know. Otherwise, we respectfully request that the UWHCA Board accept our recommendation to add Access as a participant provider in the ACO REACH Model and approve the same.

Thank you.

Jonathan Jaffery, M.D., President, UW Health ACO, Inc.
Elizabeth Trowbridge, M.D., Board Chairperson, UW Health ACO, Inc.
Resolution

Access Community Health Centers, Inc.
Participation as a Participant Provider in the
ACO REACH Model - PY23
RESOLUTION OF THE BOARD OF DIRECTORS OF UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

(Regarding Addition of Access Community Health Centers, Inc. as an UW Health ACO, Inc. Participant Provider)

July 28, 2022

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA” or the “Authority”) is the sole Member of UW Health ACO, Inc. (the “Corporation”);

WHEREAS, the Corporation is an Accountable Care Organization currently participating in the Centers for Medicare and Medicaid (“CMS”) Global and Professional Direct Contracting (“GPDC”) Model for Performance Year 2022;

WHEREAS, CMS released a Request for Applications to solicit participants for the Accountable Care Organization Realizing Equity, Access, and Community Health (“ACO REACH”) Model. CMS has redesigned the GPDC Model in response to Administration priorities, including its commitment to advancing health equity, stakeholder feedback, and participant experience. CMS is renaming the model the ACO REACH Model to better align the name with the purpose of the model: to improve the quality of care for people with Medicare through better care coordination, reaching and connecting health care providers and beneficiaries, including those beneficiaries who are underserved. The ACO REACH Model will commence on January 1, 2023;

WHEREAS, Corporation intends to apply for participation in the ACO REACH Model;

WHEREAS, Access Community Health Centers, Inc. (“Access”) is a non-profit organization and federally qualified health center that operates multiple health centers in southwest Wisconsin with the mission of improving the health and lives of people who otherwise face financial, cultural, or language obstacles that prevent access to high-quality, affordable health care;

WHEREAS, Access’ mission aligns with the ACO REACH goals of promoting health equities and addressing healthcare disparities for underserved communities. In light of the foregoing, Corporation’s executive leadership recommended to Corporation’s Board of Directors (“Board”) the addition of Access as a participant provider in conjunction with Corporation’s participation in the ACO REACH Model;

WHEREAS, the Corporation’s Board met on July 25, 2022, and adopted the Corporation’s executive leadership’s recommendation, further recommending to the Authority that it adopt and ratify the foregoing resolution of the Corporation Board to the extent such adoption and ratification may be required.

NOW THEREFORE LET IT BE RESOLVED, the Authority Board of Directors (“Authority Board”) hereby approves the addition of Access as an UW Health ACO, Inc. participant provider in the ACO REACH Model. Access participation shall be effective January 1, 2023.

FURTHER RESOLVED, in light of Access’ status as a federally qualified health center, Corporation shall not allocate any shared losses that may result from Corporation’s and its participating
provider’s participation in the ACO REACH Model, for the first two (2) years of Access’ participation in
the ACO REACH Model.

FURTHER RESOLVED, that Corporation and its President or his designees (each an
“Authorized Officer”) is hereby authorized and empowered to take all such further action and to execute
and deliver all such further agreements, certificates, instruments and documents, and if requested or
required, to take all such other actions as it shall deem necessary, desirable, advisable or appropriate to
consummate, effectuate, carry out or further the addition of Access as a participant provider in the ACO
REACH Model.

FURTHER RESOLVED, to the extent required to effectuate the addition of Access as a
participant provider in the ACO REACH Model, the Corporation, and its Authorized Officer is hereby
authorized to certify any more formal or detailed resolutions as the Corporation or its Authorized Officer
may deem necessary, desirable, advisable or appropriate to consummate, effectuate, carry out or further
the action contemplated by and the intent and purposes of the foregoing resolutions; and that thereupon,
such resolutions shall be deemed adopted as and for the resolutions of the Authority Board as if set forth
at length herein.

FURTHER RESOLVED, that the omission from these resolutions of any direction, approval, or
other action required to effectuate the foregoing resolutions shall in no manner derogate from the
authority of Corporation and its Authorized Officer to take all actions necessary, desirable, advisable or
appropriate to consummate, effectuate, carry out or further the action contemplated by and the intent and
purposes of the foregoing resolutions.

FURTHER RESOLVED, that all actions taken by the Corporation’s or its Authorized Officer
relating to the above resolutions and the action(s) contemplated in connection therewith, are hereby
adopted, ratified, confirmed, and approved in all respects as to the acts and deeds of the Corporation.
Medical Staff Bylaws Amendments—2022

Recommendations and Approvals:
- Approved by the Bylaws Committee: 6/1/2022
- Approved by the Medical Board: 6/9/2022
- Approved by the Medical Staff: 6/20/22
- Submitted to the UWHCA Board of Directors: 6/22/22
- Approved by UWHCA Board of Directors: 7/28/2022

RECOMMENDED SUBSTANTIVE AMENDMENTS:

<table>
<thead>
<tr>
<th>Section</th>
<th>Amendment</th>
<th>Explanation/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article III (Membership), Section 1 (Qualifications), subsection d</td>
<td>Added “visiting clinical adjunct professor” to the definition of Faculty. “Faculty,” for the purpose of these Bylaws, includes tenure track, clinical health sciences track, visiting clinical adjunct professor, clinician teacher track, and emeritus. “Faculty,” for purposes of these Bylaws, also includes faculty recruited and hired into tenure track, clinical health sciences track, or clinician teacher track with an interim title of visiting professor</td>
<td>Added new faculty title to address certain types of practitioners such as locum tenens and CPMs (in the rare event that CPMs would need privileges).</td>
</tr>
</tbody>
</table>

| Article III (Membership), Section 1 (Qualifications), subsection f | Revised subsection f as follows: A member is expected to comply with the hospital’s requirements and policies regarding pre-appointment and periodic health assessments. A member shall undergo a pre-appointment assessment, including but not limited to a health history, physical examination, and tuberculin (TB) skin test (unless an exception applies under applicable UWHCA policies), and provide information regarding immunization status. Periodically during the appointment, the TB and immunization status will be checked by Medical Staff Administration, consistent with hospital policy. Prior to reappointment, a member must document compliance with the hospital’s TB skin test policy and immunization requirements and confirm that there have been no changes in their health status affecting their ability to practice medicine. Exceptions to these requirements may be made in limited situations by the CMO or designee. A file will be maintained in the Employee Health Department. That department will verify a member’s compliance with these requirements to | Current UW Health policies allow for exemptions and/or modifications related to health screens and TB tests under certain limited situations (such as when a provider is 100% remote and will not provide direct patient care). This flexibility is not reflected in the language of the current bylaws. Accordingly, this section was revised to provide additional flexibility that would be afforded by policy. In addition, added language to allow the |
## Section Amendments and Explanations

<table>
<thead>
<tr>
<th>Section</th>
<th>Amendment</th>
<th>Explanation/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff Administration during the reappointment process.</td>
<td>CMO or designee to make exceptions to the requirements.</td>
<td></td>
</tr>
<tr>
<td>Revised subsection e, which requires practitioners to provide notice to the CCO or CMO within 10 days of any of the following:</td>
<td>Clarified that notice of “restrictions” must be provided under item #1.</td>
<td></td>
</tr>
<tr>
<td>Added the following language:</td>
<td>Add language abbreviate CMO and to allow the chair to identify a designee to receive the notices. Changed the reference to “chair” of clinical service to say “chief” of clinical service to be consistent with Article XII.</td>
<td></td>
</tr>
</tbody>
</table>

### Recommended Amendments for Clarity, to Correct Typographical Errors, and to Reflect Current Procedures:

<table>
<thead>
<tr>
<th>Section</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preamble</td>
<td>We changed the name of “The American Center” to “UW Health East Madison Hospital” to reflect the new name change.</td>
</tr>
<tr>
<td>Throughout Bylaws</td>
<td>We have changed references to “GME trainees” to “GME physicians” throughout the bylaws to reflect current naming practices.</td>
</tr>
</tbody>
</table>
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Preamble

The medical staff is accountable for the quality of care in the University of Wisconsin Hospitals and Clinics (“UWHC”), and it accepts and assumes this responsibility subject to the authority of the University of Wisconsin Hospitals and Clinics Authority Board of Directors (“Board of Directors”). The medical staff practicing in the University of Wisconsin Hospitals and Clinics hereby organizes themselves in conformity with the Bylaws and Rules and Regulations hereinafter stated. University of Wisconsin Hospitals and Clinics comprises all locations of the hospital, including, but not limited to, University Hospital, American Family Children’s Hospital, and UW Health East Madison Hospital. For the purpose of these Bylaws, the term “medical staff” shall be as defined in Article IV.

Article I: Name

The name of this organization shall be the medical staff of the University of Wisconsin Hospitals and Clinics.

Article II: Purpose

The purposes of this organization shall be:

1. To monitor and be responsible for the quality of medical care in the hospital.
2. To recommend to the Board of Directors the appointment or reappointment of applicants to the medical staff of the hospital, the granting or limiting of clinical privileges, and other actions affecting members of the medical staff.
3. To promote clinical education and research.

Article III: Membership

Section 1. Qualifications.

a. Membership on the medical staff is limited to physicians, dentists, podiatrists, and certain other professional staff, as authorized in Article IV, licensed to practice in the State of Wisconsin who can document their background, experience, training, health status, and competence; their adherence to the ethics of their profession; and their ability to work with others sufficiently to assure the appropriate department, medical staff, and the Board of Directors that patients in the hospital will be given high-quality medical care. In these Bylaws, “licensed” to practice in the State of Wisconsin shall mean having a professional license, certificate, or other permit from the state permitting practice in the state.

b. Each member shall be free of any significant physical, mental, or behavioral impairment that interferes with or presents a substantial probability of interfering with patient care, the exercise of clinical privileges, or the assumption and discharge of required responsibilities. Each member shall cooperate in any health assessment required by the UW Health chief executive officer (“CEO”), Chief Clinical Officer (“CCO”), or chief medical officer (“CMO”).

c. Each applicant must agree to participate in the educational programs associated with the University of Wisconsin Hospitals and Clinics. The department must adjudge appointments to be consistent with its overall goals.

d. Medical staff membership is contingent upon initial and continued appointment to the faculty of the appropriate clinical department of the University of Wisconsin School of Medicine and Public Health (“SMPH”). “Faculty,” for the purpose of these Bylaws, includes tenure track, clinical health sciences track, visiting clinical adjunct professor, clinician teacher track, and emeritus. “Faculty,” for purposes of these Bylaws, also includes faculty recruited and hired into tenure track, clinical health sciences track, or clinician teacher track with an interim title of visiting professor. This “faculty” designation shall not affect an individual’s appointment as faculty under UW-Madison faculty policies and procedures.
e. Membership shall not be denied on the basis of age, race, color, sex, gender, religion, creed, sexual orientation, national origin, ethnic/national identity, or type of procedure or patient (e.g., Medicaid) in which the applicant specializes.

f. A member is expected to comply with the hospital’s requirements and policies regarding pre-appointment and periodic health assessments. A member shall undergo a pre-appointment assessment, including but not limited to a health history, physical examination, and tuberculin (TB) skin test (unless an exception applies under applicable UWHCA policies), and provide information regarding immunization status. Periodically during the appointment, the TB and immunization status will be checked by Medical Staff Administration, consistent with hospital policy. Prior to reappointment, a member must document compliance with the hospital’s TB skin test policy and immunization requirements and confirm that there have been no changes in their health status affecting their ability to practice medicine. Exceptions to these requirements may be made in limited situations by the CMO or designee. A file will be maintained in the Employee Health Department. That department will verify a member’s compliance with these requirements to Medical Staff Administration during the reappointment process.

g. Applicants and members must have no record of conviction of Medicare, Medicaid, or insurance fraud and abuse; payment of civil money penalties for same; or exclusion or prohibition from participation in such programs.

h. Physician applicants and members of the medical staff must either:
   1. be board certified or board eligible by a certifying board accredited by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). “Board eligible” is as defined by ABMS and AOA; or
   2. demonstrate equivalent training and experience, plus (1) secure individual approval to be participants in all managed care plans for which UWHC performs delegated credentialing that do not accept delegated credentialing for persons without board eligibility or certification, or (2) present a plan approved by the physician, the applicable department(s), the chief medical officer and the hospital chief financial officer, that addresses how the practice of the physician will be structured to address the lack of participant status in managed care plans for which UWHC performs delegated credentialing.

This section does not apply to physicians granted membership on the medical staff before July 1, 2012 and have maintained their membership continuously since July 1, 2012.

Section 2. Ethics and Ethical Relationships. Members of the medical staff shall conduct themselves in the highest ethical tradition. Specifically, members shall abide by the Principles of Medical Ethics and Code of Medical Ethics adopted by the American Medical Association, the American Dental Association Principles of Ethics and Code of Conduct, American Podiatric Medical Association Code of Ethics, and any other applicable professional, ethical standards and interpretations. In addition, members of the medical staff will not engage in rebating a portion of a fee or utilizing other inducements in exchange for the referral of patients.

Section 3. Additional Conditions of Appointment.
   a. Appointments to the medical staff shall confer on the appointees only such clinical privileges as are specified in the notice of appointment.
   b. Active members must provide for continuous care and supervision of their patients, agree to accept staff committee assignments, and provide emergency care and consultation.
   c. Every member must abide by the Bylaws and Rules and Regulations of the Medical Staff; policies and procedures of UW Health and the medical staff; the Bylaws of the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority; UW Health code of conduct; and applicable laws.
d. A member is expected to cooperate in any required review of his or her credentials, qualifications, or compliance with these Bylaws, and refrain from directly or indirectly interfering with any such review.

e. Each practitioner or other professional granted clinical privileges or with a pending application for clinical privileges shall notify the CCO or CMO or designee within ten (10) calendar days after any of the following. Failure to notify shall constitute grounds for corrective action. Upon request from Medical Staff Administration, the practitioner or other professional shall promptly provide copies of documents regarding such reported matter.

- Any voluntary or involuntary loss or lapse of any license, registration, or certification regarding professional practice; or any restriction or other disciplinary or monitoring measure and any change in such restriction, discipline, or monitoring measure by any licensing or registration board that licenses, registers, or certifies clinical or professional practice.
- Any settlements, judgments, or verdicts entered in an action in which the practitioner or other professional was alleged to have breached the standard of care other than those arising out of their employment by the University of Wisconsin or their practice at the University of Wisconsin Hospitals and Clinics.
- Pending investigation, disciplinary action, or other adverse action by a governmental agency and the progress of any investigation or action.
- The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or termination of privileges or ability to practice at another hospital or health care facility.
- Initiation of any corrective action or other disciplinary action at another hospital or health care facility. The affected practitioner or other professional shall provide complete information as to the reasons for the initiation of corrective or disciplinary action and the progress of the proceedings.
- Any changes to the information included in the application for medical staff membership or clinical privileges, including any change of the person’s health status or other change that affects his or her ability to safely and competently exercise privileges.
- Exclusion or preclusion from participation in Medicare, Medicaid, or other federal or state health care programs.
- Any notice of complaint or investigation by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice.
- Any indictment, conviction, or plea of guilty, no contest, or nolo contendere pertaining to any felony; or to any misdemeanor involving (i) controlled substances, (ii) illegal drugs, (iii) Medicare, Medicaid, or insurance or health care fraud or abuse, or (iv) violence against another.

f. The CCO or CMO will forward to the chief (or designee) of the applicable clinical service a copy of any notice received under subsection (e).

g. Each practitioner or other professional granted clinical privileges or with a pending application for such clinical privileges authorizes the University of Wisconsin and any other individual or entity where he or she has worked or is working or is or was permitted to practice to release to the hospital any information pertaining to the medical practice or professional behavior of such practitioner or other professional. The release of information under this subsection (g) does not satisfy the notice requirement in subsection (e).

h. Each practitioner or other professional granted clinical privileges is responsible for maintaining current contact information with Medical Staff Administration and promptly reporting any changes. Except as
otherwise provided in these Bylaws, any notice to practitioners or other professionals granted clinical privileges may be provided by email. Persons granted clinical privileges are responsible for timely retrieval of communications from the hospital or medical staff representatives at the contact information provided to Medical Staff Administration.

Article IV: Categories of the Medical Staff

Section 1. The Medical Staff. The medical staff shall be divided into active medical, courtesy medical, and honorary medical. The “privileged medical staff” shall include the active medical and courtesy medical.

Section 2. The Active Medical Staff. The active medical staff shall consist of physicians, dentists, and podiatrists who are granted membership on the active medical staff and who regularly utilize the hospital, and who assume all the functions and responsibilities that membership on the active medical staff entails. Members of the active medical staff shall be appointed to a clinical service; shall be eligible to vote in the medical staff organization, hold office, and serve on medical staff committees; and are required to attend medical staff meetings.

Section 3. The Courtesy Medical Staff. The courtesy medical staff shall consist of physicians, dentists, and podiatrists who are granted membership on the courtesy medical staff and who are privileged to act as consultants, to admit no more than 20 patients per year to the hospital, and to have no more than 20 scheduled outpatient appointments per year in UWHC clinics. Courtesy medical staff members shall be appointed to a clinical service, but shall not be eligible to vote or hold office in this medical staff organization, except they may be members of the Medical Board.

Section 4. The Honorary Medical Staff. The honorary medical staff shall consist of individuals who are granted membership on the honorary medical staff and who have retired from active hospital service or who are of outstanding competence. Honorary staff members are not eligible to vote or hold office, will not be permitted to admit patients, and shall have no clinical privileges, including consultation. Membership on the honorary medical staff may be granted or terminated by the Board of Directors on recommendation of the Medical Board. The other procedures regarding appointment and reappointment in these Bylaws shall not apply to the honorary medical staff.

Article V: Advanced Practice Providers

Section 1. Definition. Advanced practice providers shall mean professionals other than physicians, dentists, and podiatrists who are eligible to apply for clinical privileges. The categories of professionals eligible to apply for privileges as advanced practice providers are listed in Exhibit 3 of these Bylaws. The categories of professionals listed in Exhibit 3 may be expanded as provided in Section 7 of this Article V.

Section 2. Qualifications and Practice.
   a. Advanced practice providers granted clinical privileges may provide patient care services only within the scope of their licenses and hospital policies and in accordance with clinical privileges granted to the individual by the Board of Directors, which cannot include admitting privileges.
   b. Advanced practice providers shall have appropriate supervision, collaboration, or both, as law or hospital policy requires.
   c. Anyone applying for or receiving clinical privileges under this Article shall also have to comply with the requirements in Article III except as otherwise provided in this Article.

Section 3. Application Process. The procedure and requirements for accepting and processing applications for appointment and reappointment in Article VII shall be followed for applications for clinical privileges from advanced practice providers, except that:
   a. Advanced practice providers shall not be members of the medical staff;
   b. Such individuals must have a faculty appointment at SMPH or be employed by the hospital, the
University of Wisconsin Medical Foundation, or the University of Wisconsin-Madison. Persons who do not have such employment or SMPH faculty appointment shall automatically lose their clinical privileges without right to hearing or review under these Bylaws; and

c. Applications for privileges submitted by advanced practice nurse prescribers, certified nurse midwives, nurse practitioners, and certified registered nurse anesthetists must be submitted for approval first to the designated APNP approval body in accordance with Hospital policy. The chief nurse executive or designee shall make the recommendation whether to approve or renew approval of the advanced practice nurse. Recommendations regarding approval or renewal of approval shall be made to the Credentials Committee.

Section 4. Corrective Action; Hearing and Appeals. Sections 1, 2, and 3 of Article IX shall not apply to advanced practice providers granted clinical privileges under this section. The Board of Directors, CEO, CCO, chief medical officer, or their designees may terminate or restrict any clinical privileges granted under this section. The chiefs of the clinical services, any officer of the medical staff, or the chief medical officer may submit a request to the CEO, CCO, or their designees to take action under this subsection; such request shall not be required to initiate action. The chief nurse executive or their designee may also terminate or restrict any clinical privileges granted to an advanced practice nurse. When clinical privileges are terminated or restricted under this section, the advanced practice providers may be entitled to an opportunity for hearing and appellate review as specified in Article X.

Section 5. Peer Review. Peer review of persons granted clinical privileges shall be conducted in accordance with the policies and procedures of UW Health and the medical staff.

Section 6. Trainees. To the extent permitted by law, persons who are trainees in UWHC-sponsored or UWHC-affiliated training programs may assist in providing services within the training program under supervision of persons who have the clinical privileges to provide the services. Such trainees will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. They may act within the scope of such approval. This section does not apply to Graduate Medical Education (GME) physicians, who are governed by Article VI, Section 1.

Section 7. Determining Need for New Advanced Practice Providers.
Whenever a health care professional of a type not included in Exhibit 3 as permitted to apply for privileges as an advanced practice provider requests permission to practice at the hospital, the Board of Directors, with input from the Medical Board, shall evaluate the need for that type of health care professional as an advanced practice provider, taking into consideration the following factors:

a. The nature of the services that could be offered;
b. Any state license or regulation that outlines the scope of practice for the health care professional;
c. The business and patient care objectives of the hospital;
d. How well the community's needs are currently being met and whether they could be better met if the services offered by the health care professional were provided by the hospital;
e. The type of training that is necessary to perform the services that could be offered and whether there are individuals with more training that are currently providing those services;
f. The availability of supplies, equipment, and other necessary resources to support the health care professional;
g. The availability of trained staff;
h. Patient convenience; and
i. The ability to appropriately supervise performance.
Whenever the Board of Directors approves a new type of health care professional as an advanced practice provider, Exhibit 3 of these Bylaws shall be supplemented to reflect such approval.

**Article VI: GME and Other Physician Learners**

Section 1. GME physicians. GME physicians (residents and fellows) shall be graduates of approved schools of medicine, osteopathy, podiatry, or dentistry in graduate training programs approved by or formally affiliated with the University of Wisconsin Hospitals and Clinics. GME physicians must be licensed. GME physicians are not members of the medical staff, are not eligible to vote or hold office in the medical staff, but GME physicians in hospital-sponsored training programs shall have voting representation on the Medical Board and its committees as provided in these Bylaws. Members of the medical staff may permit GME physicians to function under supervision within the scope of the clinical privileges granted to the supervising medical staff member. Whenever the term “supervision” is used in these Bylaws and Rules and Regulations with reference to GME physicians or other students, it means direction, supervision, and oversight by a supervising member of the medical staff, but does not include a requirement that the medical staff member is present for the conduct of the supervised patient care unless such presence is appropriate under the circumstances or required by law or hospital policy.

Section 2. Other physician learners. Visiting physicians may attend training at the University of Wisconsin Hospitals and Clinics as observers, delegated learners, or both (hereinafter “learners”). Visiting physicians may have direct patient contact as learners only when approved pursuant to UW Health policies. Such learners will be reviewed, approved, evaluated, and supervised pursuant to UW Health policies and procedures. They may act only within the scope of such approval. These learners have no independent clinical privileges and shall not be members of the medical staff. They shall not bill for their services and shall not give orders or make entries in the medical record. To the extent permitted by law and such approval, delegated learners may assist in providing services under direct supervision of members of the medical staff who have the clinical privileges to provide the services. Delegated learners may be approved for gloves-on training for a period not to exceed ten days, and such training must be to learn specific defined patient techniques. The learners shall comply with the requirements in Article III, Section 3(c) through (h) to the same extent as members of the medical staff but shall not be entitled to the corrective action procedures. Unless otherwise provided by UW Health policy, the CEO, CCO, CMO, or their designees may terminate any learner’s approval, and there shall be no right to hearing or appeal. This section does not apply to GME physicians, who are governed by Article VI, Section 1.

**Article VII: Procedure for Appointment and Reappointment**

Section 1. Application for Appointment.

a. Applications to the privileged medical staff shall be submitted on the prescribed forms and shall include detailed information on the applicant’s professional qualifications and indicate professional references and shall include a statement granting the hospital and others immunity in civil liability cases. The applicant shall indicate whether any of their previous memberships, clinical privileges, licenses, or registrations have been revoked, suspended, reduced, not renewed, or voluntarily terminated or limited. The applicant shall also indicate any settlement, judgment, or verdict entered in an action or currently pending action, where the applicant was alleged to have breached the professional standard of care, currently pending or previously successful challenges to any licensure or registration, the voluntary relinquishment of such licensure or registration, or any lapse in licensure or registration. In these cases, the applicant shall provide a written explanation. The applicant must submit a photograph and all other information requested to assist in confirming the identity of the applicant. All materials will be forwarded by Medical Staff Administration to the Credentials Committee.

b. By applying for membership on the privileged medical staff, the applicant signifies a willingness to appear before the Credentials Committee and authorizes members of those committees to consult with any and all members of medical staffs of other hospitals with which the applicant has been associated,
as well as with other persons or entities who may have information bearing on their competence, ethical qualifications, and current health status. If there is doubt as to the competence, ethical character, or health status of the applicant, the applicant shall not be granted privileges unless the doubts can be resolved to the satisfaction of the Board of Directors.

c. All applicants for appointment or reappointment must have professional liability coverage for their activities on the medical staff. Coverage for state employees by the state self-funded liability program or for hospital employees by the hospital liability program satisfies this requirement. All applicants not covered by one of these programs must demonstrate professional liability coverage in the amount required for physician participants in the Wisconsin Injured Patients and Families Compensation Fund ("Fund"), even if exempt from participation in the Fund. Any member who does not have coverage that satisfies this requirement must immediately report the absence of coverage to Medical Staff Administration and all privileges will be automatically suspended in accordance with Article IX, Section 4.

d. An application submitted to the Credentials Committee shall include a statement from the chief of clinical service indicating whether the chief recommends the privileges requested and the category of appointment. Applications for privileges that overlap departments must have a statement from each of the chairs of affected departments. An application may be accepted and processed prior to receipt of the required SMPH faculty appointment, but only if the applicable department chair has provided written notice that a faculty appointment has been recommended. Any approval of membership or clinical privileges shall not be effective until the faculty appointment is received.

Section 2. Appointment Process.

a. The Credentials Committee shall review the qualifications, character, professional competence, and ethical standing of the applicant to the privileged medical staff and verify that all necessary qualifications for staff membership and requested privileges are met. Through Medical Staff Administration, UWHC shall (i) verify in writing and from the primary source whenever feasible or a credentials verification organization the following: the applicant’s current license, specific relevant training, and current competence, (ii) verify the applicant’s ability to perform the privileges requested, and (iii) confirm that the individual requesting approval is the same individual identified in the credentialing documents. UWHC shall query the National Practitioner Data Bank (NPDB) at the time of initial medical staff appointments and initial granting of privileges and at the time of expanding privileges or requesting to add new privileges. Upon receipt of the completed application, confirmation of required verifications, and the results of the NPDB query, the Credentials Committee shall review the application and all supporting documentation and may conduct further investigation. The Credentials Committee shall submit a report of its findings in whole or in part recommending that the application be accepted or rejected.

1. If the recommendation is to accept, the report shall be submitted to the Medical Board, and any recommendation for appointment shall include the recommended staff status and a delineation of privileges.

2. When an applicant has submitted insufficient documentation to support one or more requested privileges, the Credentials Committee shall report on appointment and other privileges, but does not have to report on privileges with insufficient documentation; the committee shall respond to the applicant with a written request that the applicant provides additional documentation or rescind the request for such privileges.

3. If the recommendation of the Credentials Committee is to reject the application, the report shall be submitted to the CMO. The CMO or their designee shall review the recommendation and assess whether the recommendation was made in a discriminatory manner on the basis of a characteristic listed in Article III, section 1(e). If this review confirms that the recommendation was made in a
nondiscriminatory manner, the recommendation shall be forwarded to the Medical Board. If this review cannot confirm that the recommendation was made in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee for further review or to the Medical Board with a report from the chief medical officer or their designee recommending other steps that may be taken to address the possible discrimination.

4. The Credentials Committee may defer consideration of the application as needed.

b. When the Credentials Committee has conducted its evaluation and recommended privileges, an applicant for new privileges may be granted temporary privileges in accordance with Article VIII, Section 2.

c. When the Medical Board recommends denial of appointment or denial of requested privileges, the applicant may be entitled to an opportunity for hearing and appellate review as specified in Article X. The CEO or CCO shall give notice of the adverse recommendation. The CEO may delegate this and any other duty under these Bylaws.

d. Favorable recommendations of the Medical Board regarding the appointment and granting of clinical privileges shall be forwarded to the Board of Directors to be acted upon in accordance with Board of Director procedures. If the Board of Directors’ decision is not to approve the appointment or the requested clinical privileges and the affected member has not had a prior opportunity for the procedural rights provided in Article X, the affected member may be entitled to such procedural rights as specified in Article X. After any such procedural rights are waived or exhausted, the Board of Directors shall make the final decision. However, if the Board of Directors’ decision is contrary to the recommendation of the Medical Board, the matter shall be returned to the Medical Board for an opportunity to comment before a final decision is made by the Board of Directors.

e. When the final decision of the Board of Directors is made, it shall send notice of such decision through the CEO to the applicant. The notice shall specify the period of appointment and privileges, which shall not exceed two years. If the medical staff category or privileges granted differ from those requested or recommended, notice shall also be provided to the chief of the clinical service concerned and the Credentials Committee.

f. Except in extraordinary circumstances, all action on an application shall be accomplished within one hundred twenty (120) calendar days of receipt of a completed application.

g. An application once deemed complete may thereafter be deemed incomplete if at any time during the consideration of the application new, additional, or clarifying information is requested. An incomplete application will not be processed until all requested information is received.

Section 3. Reappointment Process.

a. At least ninety (90) calendar days prior to the end of the appointment term, the chief of each clinical service shall submit to the Credentials Committee a list of all recommended changes in appointment status, assigned privileges, both for each member of the service.

b. The Credentials Committee shall review these recommendations and all other pertinent information available on each member to determine its recommendations for reappointment to the medical staff, and for the delineation and granting of clinical privileges for the ensuing period. The information shall include a query of the National Practitioner Data Bank (NPDB).

c. Each recommendation concerning the reappointment of a medical staff member and the clinical privileges to be granted shall be based upon such member’s professional competence and clinical judgment in the treatment of patients; clinical and/or technical skills as indicated in part by the results of quality assurance activities, conduct, health status, attendance at medical staff and departmental meetings, and participation in staff affairs; compliance with the bylaws of the Board of Directors, the
Bylaws and Rules and Regulations of the Medical Staff, and policies and procedures of UW Health and the medical staff; cooperation with hospital personnel; use of the hospital’s facilities for patients; and relationships with other members of the staff. Each medical staff member must comply with continuing medical education requirements for licensure.

d. The Credentials Committee shall submit a written report of its recommendations.

1. If the recommendation is not to approve the reappointment, the report shall be submitted to the CMO. The CMO or their designee shall review the recommendation and assess whether the recommendation was made in a discriminatory manner on the basis of a characteristic listed in Article III, section 1(e). If this review confirms that the recommendation was made in a nondiscriminatory manner, the recommendation shall be forward to the Medical Board. If this review cannot confirm that the recommendation was made in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee for further review or to the Medical Board with a report from the chief medical officer or their designee recommending other steps that may be taken to address the possible discrimination.

2. If the recommendation is to approve the reappointment, the report shall be submitted to the Medical Board, which shall, after review, act on the recommendations of the Credentials Committee. Recommendations by the Medical Board for reappointment shall be forwarded to the Board of Directors to be acted upon at the next regular meeting. Where the Medical Board recommends non-reappointment, denial, or reduction in clinical privileges, the CEO or CCO shall promptly notify the affected person of such recommendation by certified mail, return receipt requested. No such adverse recommendation shall be forwarded to the Board of Directors until after the affected person has exercised or waived any applicable right to a hearing as provided in Article X. The Board of Directors’ decision with respect to reappointment shall be final.

e. Thereafter, the procedure provided in Section 2(e) of this Article VII shall be followed, and Sections 2(f) and 2(g) shall apply to the processing of a reappointment application.

Section 4. Education. Each individual with clinical privileges must complete training in risk management, safety and infection control, and such other topics as are designated by the Medical Board in programs approved by the Medical Board. Reappointment will not be approved until this requirement is met.

Section 5. License check at time of expiration of license or certification. When the Wisconsin license or certification of a medical staff member or other person with clinical privileges is scheduled to expire, renewal of Wisconsin license or certification shall be verified.

Article VIII: Clinical Privileges

Section 1. Clinical Privileges.

a. Medical staff members and advanced practice providers shall be entitled to exercise only those clinical privileges granted to them based on training, experience, current competence, and health status.

b. Initial application for staff appointment must contain a request for the specific clinical privileges desired by the applicant.

c. The Credentials Committee shall list each member’s specific clinical privileges. However, it is recognized that the listing of clinical privileges may not provide sufficient detail to cover all procedures done and that acceptable new practices may be developed.

d. Periodic determination of clinical privileges and increase or limitation of same shall be based on the recommendations of the chief of the clinical service following consultation with the head of the appropriate subspecialty section.

e. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the
chief of the clinical service in which they have clinical privileges. Patients admitted by a dentist or podiatrist shall be examined upon admission by a physician member of the medical staff who shall be responsible for the care of medical problems that may be present at the time of admission or that may arise during hospitalization.

Section 2. Temporary Privileges.

a. Temporary privileges may be granted to individuals as outlined in this section.

b. An applicant for new privileges with a complete, pending application may be granted temporary privileges, provided (i) the Credentials Committee has recommended granting of such privileges, (ii) the applicant does not have a current or previously successful challenge to licensure or registration, (iii) the applicant has not been subjected to involuntary termination of medical staff membership in another organization, and (iv) the applicant has not been subject to any involuntary limitation, reduction, denial or loss of privileges. Temporary privileges under this subsection may be granted for the lesser of the time until the Board approves or denies the privileges, the Medical Board recommends not granting a particular privilege, or one hundred and twenty (120) calendar days. “Applicant for new privileges” includes an individual applying for clinical privileges at the hospital for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is seeking renewal of privileges and is requesting one or more additional privileges.

c. Temporary privileges may be granted to meet an important patient care need, provided the individual granting privileges has appropriate documentation and information available to them that may be reasonably relied upon to establish the competence and ethical standing of the applicant. The information shall include verification of current licensure and current competence. Temporary privileges granted under this subsection shall ordinarily be granted for brief periods, not to exceed ninety (90) calendar days, but may be renewed if necessary, to address an important patient care need.

d. All temporary privileges are granted by the CMO (as designee of the CEO) on the recommendation of the chief of the appropriate clinical service (as designee of the medical staff president). The CMO may terminate temporary privileges at any time, and there shall be no right to a hearing.

e. All applicants with temporary privileges shall abide by the bylaws of the Board of Directors, the Bylaws and Rules and Regulations of the Medical Staff, and the policies and procedures of UW Health and the medical staff, and shall be under the supervision of the chief of the appropriate clinical service. Specific requirements for supervision and reporting may be imposed on any grant of temporary privileges.

Section 3. Emergencies.

In an emergency, any medical staff member or other licensed professional staff, to the degree permitted by their license and regardless of service or staff status or lack of it, shall be permitted to do everything possible to save the life of a patient, prevent permanent harm to the patient, or both. Every facility of the hospital necessary may be used, including consultations. For the purpose of this section, an “emergency” is defined as a condition in which serious permanent harm would result to a patient, or in which the life of a patient is in immediate danger, and any delay in initiation of treatment would add to that danger.

Section 4. Disaster Privileges.

Clinical privileges may be granted in disasters by the CEO, CCO, or chief medical officer, or their designees, in accordance with policies and procedures approved by the Medical Board and CEO, when the hospital emergency management plan has been activated, and the hospital is unable to handle immediate patient needs.

Section 5. Leave of Absence.

a. Individuals with clinical privileges shall provide Medical Staff Administration advance notice of a leave of absence whenever such individual intends to be absent or knows that he or she may be absent from usual practice, for a period of one-hundred (100) or more days, or for fewer than one-hundred (100) days when such individual has reason to think that such leave may affect his or her ability to safely exercise clinical privileges upon return to practice. This section is not intended to apply to practitioners
or professionals who have a low volume at the hospital but are otherwise maintaining an active practice outside the hospital.

b. A notice of leave must include the reason for the leave and state the expected beginning date and expected ending date for the period of leave requested.

c. During the period of leave, the medical staff member or advanced practice provider shall not exercise any clinical privileges, and any responsibilities or prerogatives of medical staff membership shall be inactive. A medical staff member or advanced practice provider on leave is required to maintain their appointment to the faculty of SMPH, as required by Article III, or employment required by Article V, as applicable. A person on a leave of absence is still required to timely submit an application for reappointment, renewal of clinical privileges, or both to avoid expiration of membership and privileges.

d. At least thirty (30) calendar days prior to the expected termination of a leave of absence and return to clinical practice, a person on leave shall request reinstatement of membership and privileges by submitting a written request to the CMO. The request for reinstatement shall include a summary of relevant activities during leave; a written plan from the clinical service chief or designee for reintroduction to clinical practice; and, if requested by the Credentials Committee or Medical Board, information regarding the person’s current competence and health. The Credentials Committee shall review the reintroduction plan prior to the medical staff member or advance practice provider’s return to clinical practice and determine whether to grant the request for reinstatement, subject to the approval of the Medical Board, and shall promptly notify the person in writing whether the request has been granted. A person granted reinstatement shall provide a written report to the Credentials Committee promptly upon completion of the reintroduction plan. Any right to hearing or appeal for denial of reinstatement shall be governed by Article X.

Article IX: Collegial Intervention and Corrective Action

Section 1. Collegial Intervention.

a. It is the policy of UWHC and its medical staff to encourage the use of progressive steps by medical staff leadership and the hospital to begin with collegial and educational efforts, to address concerns regarding a medical staff member’s clinical practice or professional conduct. The goal of collegial intervention is to arrive at voluntary, responsive actions by the medical staff member to resolve questions that have been raised.

b. Collegial efforts may include but are not limited to, counseling, sharing of comparative data, monitoring, or additional training or education.

c. Collegial intervention efforts are encouraged but are not mandatory.

Section 2. Corrective Action Procedure.

a. The Medical Board or Board of Directors may take corrective action against any member of the medical staff or other person with clinical privileges (i) for violation of the bylaws of the Board of Directors, Bylaws and Rules and Regulations of the Medical Staff, or policies and procedures of UW Health and the medical staff, (ii) for activities or professional conduct considered to be lower than the standards or aims of the medical staff, or (iii) for disruption of the operations of the hospital. Corrective action may also be initiated based on disciplinary action by the applicable state licensing or certification agency.

b. Requests for corrective action may be initiated by the chiefs of clinical services, an officer of the medical staff, the CEO, the CCO, the CMO, or the Board of Directors. Requests must be submitted in writing to the president of the medical staff and be supported by reference to the specific activities or conduct that constitutes the grounds for the request. The person for whom corrective action is requested shall be called the “practitioner” in this Article IX.
c. The president of the medical staff shall review the request and may determine whether further consideration is warranted. If there is a determination that further consideration is not warranted, the president of the medical staff shall notify the Medical Board at its next scheduled meeting, and the Medical Board may override the decision of the president of the medical staff.

d. If the president of the medical staff decides that further consideration of the request is warranted, or the Medical Board votes to override a decision not to consider the request, the Medical Board shall decide, in its sole discretion (i) that the request contains sufficient information to allow the Medical Board to make a recommendation for corrective action without the need for further investigation; or (ii) that additional investigation is necessary to determine whether corrective action is warranted. If the Medical Board determines that additional investigation is necessary, the president of the medical staff shall notify the practitioner in writing that an investigation is being conducted, and shall direct the Investigation Committee to investigate the matter, unless the president of the medical staff, in consultation with the CCO or designee, decides that external review is necessary due to the nature of the matter and the available resources to conduct internal review and investigation.

e. The UW Health Provider Services department is expressly authorized by the medical staff to conduct inquiries regarding professional conduct of medical staff members. Such inquiries may precede a formal request for corrective action, or may support an investigation conducted by the Investigation Committee in accordance with Section (f) below. No corrective action investigation is considered to have started concerning a medical staff member until the president of the medical staff receives a request for corrective action, or a summary suspension is imposed in accordance with Section 2 of this Article IX.

f. Investigation Committee

1. If the Investigation Committee is directed to investigate the matter, the president of the medical staff, after consultation with the chief medical officer, shall select at least three members of the Investigation Committee to conduct the investigation. The Investigation Committee may be assisted by other individuals designated by the committee.

2. The chair of the Investigation Committee shall notify the practitioner in writing of the names of the participating members. Prior to making findings or recommendations, the Investigation Committee shall notify the practitioner in writing of the nature of the charges against them and invite the practitioner to discuss, explain, or refute the charges in an interview with the committee. This interview shall not constitute a hearing, and none of the rights or procedural rules for hearings in these Bylaws shall apply. The practitioner does not have the right to have an attorney present, nor shall recording devices be permitted in the interview. Failure to attend the interview shall be a waiver of the opportunity for the interview unless excused by the committee. The practitioner is expected to cooperate in providing all information requested by the Investigation Committee.

g. The Investigation Committee shall report the results of its investigation and its recommendations, if any, to the president of the medical staff within ninety (90) calendar days of referral from the president of the medical staff. When the committee cannot complete its investigation, make recommendations within the allotted time, or both, it can request additional time or recommend external review. The president of the medical staff may authorize up to sixty (60) additional calendar days; a longer extension may be authorized by agreement of the practitioner and the president of the medical staff.

h. The president of the medical staff shall send a copy of the results of the investigation and recommendations of the Investigation Committee or the external review to the practitioner by certified mail, return receipt requested, or by hand delivery. The practitioner shall have ten (10) calendar days in which to submit a written statement to the Medical Board. At its next meeting following receipt of the written statement of the practitioner or the expiration of the period to submit a written statement, the
Medical Board shall consider the results of the investigation and recommendations of the Investigation Committee or the external review and any submitted statement and decide what corrective action, if any, is warranted.

i. Upon receipt of the report and recommendation of the Investigation Committee or following a determination that further investigation was not necessary, the Medical Board shall take action upon the request for corrective action. Such action may include, without limitation: (i) a warning; (ii) a letter of reprimand; (iii) a term of probation; (iv) a requirement for consultation; (v) a reduction, suspension, or revocation of clinical privileges; or (vi) a suspension or revocation of staff membership.

j. If the action taken by the Medical Board does not constitute a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the action shall take effect immediately without action of the Board of Directors, and the Board of Directors shall be notified of the action at its next scheduled meeting. If the Board of Directors modifies the action taken by the Medical Board, and such modified action would constitute a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the procedures stated in the Plan shall be followed.

k. If the action taken by the Medical Board constitutes a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the procedures in the Fair Hearing and Appellate Review Plan shall apply.

l. The president of the medical staff shall notify the practitioner of the Medical Board recommendation in writing, by certified mail, return receipt requested, or hand delivery. If the Medical Board makes a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the written notice shall comply with the terms of the Plan.

Section 3. Summary Suspension.

a. The CEO, CCO, or CMO shall have the authority to summarily suspend or restrict all or any portion of the clinical privileges of any person with clinical privileges whenever, in that person’s sole discretion, failure to take such action may result in imminent danger to the health and/or safety of any individual or may interfere with the orderly operation of the hospital. When possible, the individual initiating summary suspension shall seek prior consultation with the appropriate chief of service (or their delegate), the president of the medical staff, and the chief medical officer. Such summary suspension shall become effective immediately upon imposition. During the period that any or all of the clinical privileges of a medical staff member are suspended, that member is not in good standing.

b. At any time prior to the medical board meeting to review and consider the summary suspension, the individual who imposed the summary suspension may, after consultation with the appropriate chief of service or their delegate and with approval of the president of the medical staff or the chief medical officer, terminate or modify the scope of any summary suspension of clinical privileges. Such termination or modification shall take effect immediately upon imposition. If the suspension is modified but not lifted entirely, any time deadlines in this section shall be based on the date the suspension was originally imposed.

c. The individual initiating summary suspension shall provide the practitioner with written notice of the suspension by certified mail, return receipt requested, e-mail, or personal delivery. Such written notice shall state the reasons for the imposition of the summary suspension and shall inform the practitioner of their right to submit a written statement in response to the suspension, which much be delivered to the president of the medical staff within five (5) calendar days of the imposition of the suspension.

d. Within fourteen (14) calendar days of the imposition of a summary suspension, the medical board shall meet to review and consider the summary suspension. The medical board shall vote to (i) lift the summary suspension and close the matter without further corrective action; (ii) lift the summary suspension, but consider the suspension a request for corrective action and follow the procedures under
Section 1 of this Article IX; or (iii) keep the summary suspension in effect and follow the corrective action procedures under Section 1 of this Article IX.

Section 4. Automatic Suspension.

In the instances outlined below, the individual’s medical staff membership and privileges will be considered automatically suspended, relinquished, terminated, or limited as described, and the action shall be final without the right to a hearing.

Prior to reinstating privileges that have been automatically suspended for a period of one hundred (100) days or longer, the person shall submit a written request to Medical Staff Administration for reinstatement. Such request shall include a summary of relevant activities during suspension; a written plan from the clinical service chief or designee for reintroduction to clinical practice; and, if requested, information regarding the person’s current competence and health.

The Credentials Committee shall determine whether to grant the request for reinstatement, subject to the approval of the Medical Board, and shall promptly notify the person in writing whether the request has been granted. A person granted reinstatement shall provide a written report to the Credentials Committee promptly upon completion of the reintroduction plan. Any right to hearing or appeal for denial of reinstatement shall be governed by Article X of these Bylaws.

During the period that any or all of an individual’s clinical privileges are automatically suspended or limited pursuant to this Section 4, that individual is not considered to be in good standing.

a. Medical Record Completion. A temporary suspension in the form of withdrawal of admitting privileges, effective until medical records are completed, shall be imposed automatically after warning the person of their delinquency regarding failure to complete medical records within a reasonable period after a patient’s outpatient visit or inpatient discharge as defined by the hospital and medical staff policies and procedures. There is no right to hearing or appeal for such suspensions. If the suspension exceeds fourteen (14) calendar days despite diligent efforts to complete records, the person under temporary suspension may submit to Medical Staff Administration a written request to the president of the medical staff for informal review. The president of the medical staff, in their discretion, may (a) leave the suspension in place, (b) reinstate admitting privileges subject to conditions that will result in completion of medical records, or (c) initiate corrective action, with or without reinstatement of admitting privileges pending the outcome of the corrective action process.

b. Licensure.

1. Expiration. If a person’s license or certification to practice in the State of Wisconsin expires, all of their clinical privileges related to such license or certification shall immediately and automatically be suspended and shall be reinstated upon verification of renewal.

2. Revocation or Suspension of License or Certification. If any license or certification required to enable a person to practice one’s profession in the State of Wisconsin is suspended or revoked, the person’s privileges and medical staff membership shall be automatically terminated. Any subsequent request for privileges and medical staff membership shall be handled in accordance with the requirements for applications for initial appointment and privileges.

3. Restriction or Limitation. If any license or certification required to enable a person to practice one’s profession in the State of Wisconsin is restricted or limited, the person’s privileges and medical staff membership shall be automatically suspended until the restriction or limitation is terminated. Upon termination of the restriction or limitation, the person’s privileges and medical staff membership shall be reinstated. At any point during the suspension, the person under suspension may submit to Medical Staff Administration a written request to the president of the medical staff for informal review. The president of the medical staff, in their discretion, may (a) leave the suspension in place, (b) reinstate privileges subject to the limitations or restrictions
imposed on the person’s license or certification, or (c) initiate corrective action, with or without reinstatement of privileges pending the outcome of the corrective action process.

4. Medicare/Medicaid Participation. A person’s medical staff membership and privileges will be automatically relinquished upon termination, exclusion, or preclusion by government action from participation in Medicare, Medicaid, or other federal or state health programs. Any subsequent request for privileges and medical staff membership shall be handled in accordance with the requirements for applications for initial appointment and privileges.

5. Health Requirements. A temporary suspension of all clinical privileges shall be imposed automatically for failure to comply with obligations regarding health status, health assessments or screenings, and immunizations, including, but not limited to, the requirements outlined in Article III, Sections 1(b) and (f). Reinstatement of privileges will occur automatically when the person provides acceptable evidence of meeting applicable obligations.

6. Educational Requirements. A temporary suspension of all clinical privileges shall be imposed automatically for failure to comply with the educational requirements outlined in Article VII, Section 4. Reinstatement of privileges will occur automatically when completion of the educational requirements is verified.

7. Professional Liability Coverage. A temporary suspension of all clinical privileges shall be imposed automatically for failure to maintain professional liability coverage as required by Article VII, Section 1(d). Reinstatement of privileges will occur automatically when the person again demonstrates the required professional liability coverage.

8. Onboarding Activities. A temporary suspension of all clinical privileges shall be imposed automatically for failure to complete all necessary onboarding activities, including but not limited to electronic medical record training.

9. Faculty Status.
   a. The loss of faculty status with SMPH automatically results in termination of medical staff membership and clinical privileges.
   b. If a person is placed on administrative leave with SMPH, the individual’s medical staff membership and clinical privileges shall be automatically suspended for the duration of the leave. Medical staff membership and privileges shall be reinstated upon reinstatement from the administrative leave.

10. Drug Enforcement Administration (DEA) Registration. If a practitioner’s DEA registration is suspended or revoked, the person’s privileges and medical staff membership shall be automatically terminated. Any subsequent request for privileges and medical staff membership shall be handled in accordance with the requirements for applications for initial appointment and privileges.

11. Board Certification or Board Eligibility. Failure to meet the requirements outlined in Article III, Section 1(h) relating to board certification, board eligibility, or equivalent training and experience, including failure due to lapse in board certification, shall result in an automatic temporary suspension of all clinical privileges.

12. APP Employment. If an APP employed by the hospital, the University of Wisconsin Medical Foundation, or the University of Wisconsin-Madison, in accordance with the requirement set forth in Article V, Section 3(b), is placed on administrative leave by the APP’s employer, the APP’s clinical privileges shall be automatically suspended for the duration of the leave. Privileges shall be reinstated upon reinstatement from the administrative leave.
Article X: Hearing Procedure

Section 1. Medical Staff Members. Medical staff members and applicants to the medical staff shall be entitled to fair hearing and appellate review when authorized by and in accordance with the Fair Hearing and Appellate Review Plan incorporated into these Bylaws as Exhibit 1.

Section 2. Advanced Practice Providers. Persons who apply for or are granted clinical privileges as advanced practice providers shall be entitled to fair hearing and appellate review when authorized by and in accordance with the Fair Hearing and Appellate Review Plan incorporated into these Bylaws as Exhibit 2.

Article XI: Medical Board

Section 1. Composition. The Medical Board shall be composed of the chiefs of clinical services, the officers of the medical staff, 14 at-large members elected by the staff, two advanced practice providers serving in a non-voting capacity elected as described in Article XIII, two GME physicians from the hospital-sponsored training programs, the CCO, and the chief medical officer (individually or as designee of the CEO). There shall be no more than three elected members, including officers, from any one clinical department. In addition, the CEO and the chief nurse executive shall serve on the Medical Board as ex-officio members without vote. Subject to the approval of the president of the medical staff or designee, any member of the Medical Board may designate an alternate who may attend and vote in place of the Medical Board member. Such designation must be made annually within two months of the start of each medical staff year unless otherwise approved by the president of the medical staff or designee. The president of the medical staff shall serve as chair of the Medical Board.

Section 2. Function and Delegated Authority

a. The Medical Board shall establish a framework for self-government and a means of accountability to the Board of Directors. The Medical Board shall be the executive committee for the medical staff as set forth in Article II. The Medical Board shall act on behalf of the medical staff between meetings of the medical staff. It shall concern itself primarily with the quality of care within the hospital. It shall receive and act upon committee reports and make recommendations regarding medical staff status, privileges, and quality assurance to the Board of Directors. The Medical Board may adopt and amend from time-to-time medical staff policies and procedures, which shall take effect upon approval by the CEO, who has been delegated this authority by the Board of Directors. Medical staff policies and procedures must be consistent with hospital policies and procedures. In most cases, there will not be separate medical staff policies and procedures. As appropriate, UW Health policies and procedures of a clinical nature will be developed in consultation with appropriate medical staff and reviewed as needed by the Medical Board.

b. In cases of documented need for an urgent amendment to the Rules and Regulations in Article XVI of these Bylaws and Rules and Regulations necessary to comply with law or regulation, the medical staff delegates the authority to the Medical Board to provisionally adopt an urgent amendment without prior notification or approval by the voting medical staff, and this amendment shall take effect upon approval by the Board of Directors. The Medical Board shall immediately notify the voting members of the medical staff by posting the urgent amendment on the hospital intranet and sending emails to those voting members who have a UW Health email address or have provided a current email address to Medical Staff Administration. Voting medical staff members may submit comments to the Medical Board up to thirty (30) calendar days after the Board of Directors approves the provisional amendment. If no timely comments are received, the provisional amendment stands. Any timely comments that are received shall be considered at the next meeting of the Medical Board after the close of comments. The Medical Board may (a) reaffirm the provisional amendment or (b) submit a revised amendment to the Board of Directors which take effect upon approval by the Board of Directors. medical staff members who disagree with the Medical Board’s decision may pursue the amendment process provided in Article XVII, Section 2.

Section 3. Conflicts with Medical Staff. If twenty (20) percent of the medical staff sign a petition stating a
matter of conflict, the matter shall be placed on the agenda of the Medical Board. At least one of the petitioners shall be permitted to make an oral presentation at the meeting when it is considered.

Article XII: Clinical Services

Section 1. Services. The clinical services of the medical staff include the following:

a. Anesthesiology
b. Dermatology
c. Emergency Medicine
d. Family Medicine and Community Health
e. Human Oncology
f. Medicine
g. Neurological Surgery
h. Neurology
i. Obstetrics and Gynecology
j. Ophthalmology and Visual Sciences
k. Orthopedics and Rehabilitation Medicine
l. Pathology and Laboratory Medicine
m. Pediatrics
n. Psychiatry
o. Radiology
p. Surgery
q. Urology

Section 2. Organization of Services. The Board of Directors, upon the joint recommendation of the CEO or CCO and the dean of SMPH, shall appoint the chief of each clinical service. If the chief of clinical service is to be other than the corresponding SMPH departmental chair, the additional recommendation of the department chair is required. Each chief of a clinical service shall be a member of the active medical staff in good standing. All such appointments shall be for one year and be reviewed periodically by the Board of Directors. Chief of clinical service appointments may be made on an interim basis by the CEO or CCO and dean. The chief of each clinical service must be certified by the appropriate specialty board or have comparable competence affirmatively established through the credentialing process.

Section 3. Functions of Chief of Clinical Service.

a. Each chief shall:
   1. Be responsible for all professional, clinical, and administrative activities within the service;
   2. Be responsible for continuing surveillance of the professional performance of all individuals who have clinical privileges in the department;
   3. Be responsible for enforcement of the Bylaws and Rules and Regulations of the Medical Staff affecting their service;
   4. Implement actions taken by the Medical Board affecting their service;
5. Transmit to the Medical Board the service’s recommendations concerning (i) the staff classification, reappointment, and delineation of clinical privileges for all members of the staff, and (ii) the granting and renewal of clinical privileges for other Advance Practice Professionals;

6. Participate in every phase of administration of the service through cooperation with the nursing service and UW Health administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders, policies, procedures, and space;

7. Be responsible for recommending to the medical staff the criteria for clinical privileges in the department;

8. Be responsible for continuous assessment and improvement of quality of care and the implementation of quality control programs as appropriate;

9. Be responsible for the orientation and continuing education of all persons in the service; and

10. Coordinate and integrate interdepartmental and intradepartmental services.

A chief may delegate tasks required to carry out the responsibilities above, including the signing of the service’s recommendations as outlined in Section 3(a)(5), so long as (i) the chief remains ultimately responsible for the clinical service chief functions; and (ii) the chief notifies Medical Staff Administration in writing of the names of any individual in the chief’s clinical service who has been delegated authority by the chief to sign documents related to credentialing, privileging, and/or staff appointment on behalf of the department.

Article XIII: Officers and At-Large Members

Section 1. Officers of the Medical Staff. The officers of the medical staff shall be president, vice president who shall also be president-elect, and secretary-treasurer. The vice president shall succeed to the presidency for the two years following a term as vice president. The secretary-treasurer shall succeed to the vice presidency for the two years following a term as secretary-treasurer.

Section 2. Qualifications. Officers of the medical staff must be members of the active medical staff, and at-large members of the Medical Board must be members of the privileged medical staff. Officers of the medical staff and at-large members of the Medical Board must remain members in good standing through their term of office.

Section 3. Term of Office. Officers and other elected members of the Medical Board shall serve a two-year term or until a successor is appointed or elected. The term shall begin on the first day of September. When vacancies occur during a term, the successor shall serve the balance of the term.

Section 4. Election.

a. The secretary-treasurer of the medical staff and at-large members of the Medical Board shall be elected by a majority of those voting in a secret mail ballot. The offices of president and vice president of the medical staff shall be filled by succession as outlined in Article XIII, Section 1, unless a vacancy shall occur, in which case the process outlined in Section 5 shall be followed. Only members of the active medical staff are eligible to vote.

b. A nominating committee of members of the active medical staff and selected by the president of the medical staff shall offer one or more nominees for each position. At least ten (10) calendar days prior to elections by the membership of the medical staff, nominations may be submitted to Medical Staff Administration provided three members of the medical staff support the nomination and the nominated person agrees to serve. Such nominations may be submitted by hard copy or by email.

c. The Advanced Practice Providers Council (APP Council) shall solicit candidates from among the advanced practice providers to serve on the Medical Board. At least ten (10) calendar days prior to election by advanced practice providers with privileges, the APP Council shall nominate candidates to
serve on the Medical Board. The APP Council shall nominate at least one more candidate for the election than advanced practice provider positions available on the Medical Board. The candidate(s) receiving the most votes from advanced practice providers with privileges shall be elected to the Medical Board.

Section 5. Vacancies.

a. Officers of the Medical Staff. If the presidency becomes vacant, the vice president shall become president. If the vice presidency becomes vacant, the secretary-treasurer shall become vice president. If the office of secretary-treasurer shall become vacant, an interim secretary-treasurer shall be appointed to complete the remaining term of office. The president shall appoint the interim secretary-treasurer with the approval of the Medical Board. The president shall appoint other interim officers as required with the approval of the Medical Board until the next regular meeting of the medical staff. If all three offices become vacant, the Medical Board shall elect replacements to serve until the next regular meeting of the medical staff.

b. Elected Members of the Medical Board. Vacancies occurring during the term of an at-large member or advanced practice provider member of the Medical Board shall be filled by the president of the medical staff appointing an interim member. In the event the president of the medical staff fills such a vacancy, the Medical Board shall be notified and shall have an opportunity to reject the appointment.

Section 6. Duties.

a. The president shall call and conduct the medical staff meetings and participate in the long-range planning activities of the hospital. The president shall appoint, annually, one or more members of the medical staff to serve on the Dane County Medical Society Board of Trustees. The physician(s) shall serve no more than three two-year terms as representative(s) of the UWHC medical staff.

b. The vice president of the medical staff shall be vice-chair of the Medical Board and serve as the president of the medical staff in the president’s temporary absence. The vice president shall serve as the chair of the Credentials Committee and shall serve as the designee for the president of the medical staff in recommending the granting of temporary privileges.

c. The secretary-treasurer shall serve as the chair of the Medical Record Committee.

Section 7. Removal or Suspension of Officers and Elected Members of the Medical Board. The Medical Board, by a majority vote, may remove or suspend an officer of the medical staff or an elected member of the Medical Board for failure of the officer or member to perform their duties or other good cause. Prior to the Medical Board vote on removal or suspension, the officer or member shall be informed of the intended action and the basis for the action and shall be given an opportunity to be heard by the Medical Board as to why they should not be suspended or removed.

Section 8. Medical Staff Members in Administrative Positions.

Medical staff members employed by the hospital, or otherwise assigned to a hospital administrative position, either full-time or part-time, whose duties are administrative and include medical staff clinical responsibilities or functions involving their professional capability, must be members of the medical staff, achieving the status by the same procedure applicable to other medical staff members. A medical staff member in a hospital administrative position serves at the pleasure of the authorized official who appointed the medical staff member to the position. A medical staff member may be removed from their administrative responsibilities without affecting their medical staff privileges. Termination of medical staff privileges must follow the same provisions applicable to any other member of the medical staff.

Article XIV: Committees

Section 1. Standing Committees.
Section 2. Committee Members.

a. The president of the medical staff, in consultation with the chief medical officer, shall appoint chairs and members of all medical staff committees. When committees have GME members, appointments of GME members shall be for one year from July 1 through June 30. Other appointments shall be from September 1 through August 31 and shall be for one year except for chairs. Members may be reappointed. Chairs may be appointed for a term of up to four years and may be reappointed. Chairs and members shall continue to serve until their replacements have been appointed. All chairs and members shall serve at the pleasure of the president of the medical staff, and the president of the medical staff shall, in consultation with the chief medical officer, appoint replacements for the balance of the term of the person who has resigned or been removed. When a committee chair or member is unable to perform the committee functions due to unavailability, conflicts, or other factors, the president of the medical staff may, in consultation with the chief medical officer, exercise the above appointment power to appoint additional alternates as necessary for the committee to perform its functions.

b. GME physicians may be appointed to serve as voting members of standing and ad hoc medical staff committees listed in Section 1, except the Bylaws, Investigation, Credentials, Hearing Committee, Medical Staff Behavior and Provider Health Committees.

c. Advanced practice providers and others may be appointed to serve as voting members of standing and ad hoc medical staff committees.

d. One advanced practice nurse representative, one physician assistant representative, one anesthesiologist assistant representative, and one clinical psychologist representative shall be appointed to be liaison members of the Credentials Committee. The advanced practice nurse representative may attend the
meetings while the committee is considering the privileges of advanced practice nurses, the physician assistant representative may attend the meetings while the committee is considering the privileges of physician assistants, the anesthesiologist assistant representative may attend the meetings while the committee is considering the privileges of anesthesiologist assistants, and the clinical psychologist representative may attend the meetings while the committee is considering the privileges of clinical psychologists. The representatives may participate in such deliberations and vote on such privileges. The chief nurse executive, or designee, shall be consulted in the selection of the advanced practice nurse representative, and the responsible physician assistant committee shall be consulted in the selection of the physician assistant representative.

Section 3. Other Committees. The Medical Board may establish additional standing or ad hoc committees as necessary.

Section 4. Duties of Respective Committees. In addition to the duties described below, all standing and ad hoc committees of the medical staff may engage in peer review activities as requested by the committee chair, the CCO, the chief medical officer, or the Peer Review Executive Committee.

a. The Bylaws Committee shall consider all proposals for changes in the Bylaws and Rules and Regulations of the Medical Staff. It shall make recommendations to the medical staff relating to revisions of the Bylaws and Rules and Regulations. The Bylaws Committee shall include the chief medical officer; the president, vice-president, secretary-treasurer, and immediate past-president of the medical staff; the CEO, CCO, or their representative, and others selected through the committee appointment process. The Bylaws and Rules and Regulations shall be reviewed annually.

b. The Credentials Committee shall review and investigate the credentials of applicants for the medical staff and shall make recommendations on the appointment, staff status, and privileges for each applicant to the Medical Board. It shall also periodically review all information available on the competence of staff members and make recommendations to the Medical Board regarding reappointment, staff status, and privileges. It shall also perform the functions specified in Article V and, upon request of the hospital, review and take action with respect to applications of individuals to be affiliates of the hospital.

c. The Critical Care Committee shall be responsible for reviewing and recommending policies and procedures necessary for the effective operation of all critical care units in the hospital. The committee will actively participate in the institutional review of existing critical care programs and resources and advise the institution regarding future program development.

d. The Ethics Committee shall serve in an advisory capacity in the following matters: consultation on difficult clinical cases involving medical-ethical issues; consideration, when so requested, of clinical-ethical policy issues related to this hospital; examination of matters referred by the Medical Board; and provision of an educational role in the area of medical ethics. For case review, the committee’s general policy will be one of discussion with consensus development and formal recommendation being offered if requested.

e. The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of graduate medical education. It carries broad responsibility for overseeing and ensuring the quality of the institution’s graduate medical education programs.

f. The Hearing Committee shall be a permanently constituted peer review committee from which panels may be selected to perform peer review hearings under Article X of the Bylaws or otherwise as directed by the chief medical officer or the president of the medical staff.

g. The Infection Control Committee shall maintain surveillance and records of infections, investigate sources of infection, promulgate rules for the prevention of infection, and make recommendations for the control of infections.

h. The Investigation Committee shall be a permanently constituted peer review committee from which
panels may be selected to perform the peer review responsibilities specified in Article IX of the Bylaws.

i. The Medical Record Committee shall develop guidelines for the general form, accuracy, and completeness of patient records. It shall define the essential elements of all medical records and ensure that these are maintained uniformly in all clinical services and patient care departments. It shall advise and cooperate in the functions of all activities that relate to documentation within the patient medical record.

j. The Medical Staff Behavior Committee shall address issues of inappropriate professional behavior by any member of the medical staff through a professional peer review process. The committee shall address issues only on referral from the CCO or chief medical officer. When corrective action is required, the matter shall be handled under Article IX.

k. The Nutrition Committee shall work with culinary and clinical nutrition services to ensure the necessary and proper nutrition programming exists within the hospital and shall advise on matters related to the culinary and clinical nutrition services, including the review of hospital diets.

l. The Operating Room Committee shall develop and regularly review Rules and Regulations for the safe and effective functioning of the operating room. Its membership shall be comprised of representatives from the clinical services utilizing the operating rooms.

m. The Pharmacy and Therapeutics Committee shall develop guidelines concerning the activities of the hospital pharmacy and shall review the hospital formulary. It shall develop and recommend programs in drug education and policies to ensure the safe administration and use of drugs, including research and experimental procedures. It shall investigate drug reactions and medication errors as well as appropriate use of drugs.

n. The Peer Review Executive Committee shall be responsible for a coordinated approach to the measurement and continuous improvement of quality, safety, and patient experience through its oversight of the effectiveness of the medical staff performance and peer review process. The Peer Review Executive Committee may delegate peer review functions to additional review committees in accordance with medical staff policies.

o. The Provider Health Committee shall be responsible for:
   1. Assisting departmental chairs, the CCO or chief medical officer, or both with any members of the medical staff who may be impaired secondary to substance use disorders, mental health problems, cognitive or physical deficits, or a combination thereof where such impairment is interfering or may interfere with patient care or other responsibilities;
   2. Monitoring such impaired medical staff members who are in treatment or those who require periodic follow-up assessments;
   3. Other activities related to such impaired medical staff members; and
   4. In carrying out these responsibilities, the Provider Health Committee shall conduct assessments, review treatment plans, establish monitoring procedures, devise plans of reintegration, and may make recommendations to the Credentials Committee.

p. The Respiratory Care Committee shall develop policies and procedures governing respiratory care. Its membership shall be comprised of representatives from those disciplines included in the delivery of respiratory care.

q. The Resuscitation Review Committee shall be responsible for establishing policies for the initiation, conduct, termination and teaching of cardiopulmonary resuscitation and the outlining of the procedures and responsibilities of personnel involved in a resuscitative effort.

r. The Utilization Management Committee has the authority and responsibility to carry out the utilization
review and management function. The committee provides oversight of all guidelines, policies, procedures, and protocols involving the utilization management process (including but not limited to medical necessity of hospitalizations, hospital stays, procedures, cost, and length-of-stay outliers).

s. The UW Health Clinical Policy Committee shall develop, review, and recommend patient care policies and procedures.

Article XV: Meetings

Section 1. Medical Staff Meetings. The medical staff shall hold at least one meeting per year at which the officers and committee chairs shall make such reports as may be desirable and at which officers shall be nominated. The president of the medical staff shall preside and, in their absence, the vice-president. Special meetings may be called by the Medical Board or by written petition of at least 10 percent of the active medical staff members to the president of the medical staff.

Section 2. Medical Board Meetings. The Medical Board shall meet once a month during at least ten (10) months each medical staff year. Special meetings of the Medical Board may be called by the medical staff president, by majority vote, or by written petition of a majority of the Medical Board.

Section 3. Standing and Special Committee Meetings. With the exception of the Investigation, Hearing, Medical Staff Behavior, and Provider Health Committees, each standing committee shall meet regularly and keep a permanent record of its proceedings. Standing and special committees shall arrange their own meeting schedules.

Section 4. Agenda.

a. The agenda of all regularly scheduled meetings of the Medical Board shall be set by the president and vice-president of the medical staff.

b. The agenda of all regularly scheduled meetings of the medical staff shall be set by the president of the medical staff.

Section 5. Quorum. A quorum, unless otherwise specified, shall consist of one-third of the membership of the Medical Board or a committee. For medical staff meetings, fifteen (15) members of the active staff shall constitute a quorum.

Section 6. Attendance. Each member of the medical staff shall be expected to attend at least 50 percent of the meetings of their clinical service and committees of the medical staff.

Section 7. Minutes.

a. Medical Staff and Medical Board Meeting Minutes. Minutes of each regular and special meeting shall be prepared and shall include a record of attendance. The minutes shall be signed and submitted to the attendees for approval. Copies of the approved minutes shall be retained by Medical Staff Administration.

b. Standing and Special Committee Meeting Minutes. Copies of all minutes shall be submitted to the president of the medical staff for review and approval of recommended action items at Medical Board meetings.

Section 8. Parliamentary Procedure. All meetings shall be in accordance with Robert’s Rules of Order, Newly Revised. The presiding officer may appoint a parliamentarian.

Section 9. Electronic Meetings and Approvals.

a. Any regular or special meeting of a board or committee or other group authorized by these Bylaws may be held electronically or by teleconference at the discretion of the chairperson. Persons participating electronically or by teleconference shall be considered present at the meeting.
b. Any action that a board or committee or other group authorized by these Bylaws may be approved by an email, U Connect workspace, or other electronic vote at the discretion of the chairperson of the board or committee or group. Notice may be given of electronic vote by email. Members shall be given at least two business days to respond. If a quorum of the board or committee or group respond by the time set for the vote, the action shall be approved if approved by a majority of the timely respondents, unless one timely respondent requests that the matter be considered at a convened meeting of the board or committee or group.

Article XVI: Rules and Regulations

The Medical Board has adopted the following Rules and Regulations for the proper conduct of its work.

Section 1. General Rules.

a. The attending physician shall have ultimate responsibility and authority for the care of each patient.

b. All patients are considered to be included in teaching programs in University of Wisconsin Hospitals and Clinics unless the patient objects.

c. It is the responsibility of each clinical service to arrange that sufficient numbers of qualified members of its active or courtesy staff are available at all times to ensure prompt and continuing function of essential patient care activities.

d. Members of the medical staff and advanced practice providers granted clinical privileges shall comply with the policies and procedures UW Health and the medical staff, and the applicable clinical department.

Section 2. Patient Care.

a. All patient care should be conducted in accordance with the prevailing professional standards. The attending staff is responsible for supervision of all medical care provided by GME physicians. This supervision will include the presence of the medical staff when appropriate. Specific mechanisms for supervision of GME physicians will be determined by the appropriate departments, consistent with the requirements of accrediting bodies, hospital policies GME policies, and will be reviewed by the UWHC Graduate Medical Education Committee. GME physicians may write patient orders.

b. All tissue specimens must be examined, except when exempted by hospital policy. Tissue specimens and body fluids obtained from inpatients and outpatients of UWHC shall be processed under the authority of or pursuant to arrangements by the Department of Pathology and Laboratory Medicine. Special requests and arrangements for specimen testing outside the Department of Pathology and Laboratory Medicine must be reviewed by the department and reviewed annually by the department and hospital administration.

c. Informed consent shall be obtained in accordance with UW Health policies and procedures concerning informed consent and the policies and procedures of the applicable clinical department. UW Health policies and procedures shall specify which procedures and treatments require written informed consent.

d. Members of the medical staff can be called for consultation within their area of expertise. The service to which consultations are addressed should answer all requests as soon as practical. A consultant member of the active or courtesy medical staff shall see the patient on every such request and shall record and sign their findings and recommendations.

e. The medical staff may delegate to nursing personnel and allied health personnel the performance of medical acts to the extent authorized by policies and protocols approved by UW Health and the Medical Board.

f. Research involving human subjects shall be reviewed and conducted in accordance with hospital policies and procedures, including review and approval by a University of Wisconsin - Madison institutional review boards.
g. Medical staff orders may be accepted and implemented only by categories of personnel authorized in hospital policies and procedures.

h. The medical staff authorizes healthcare professionals who are not members of the medical staff to order outpatient services to the extent authorized by hospital policy that is approved by the Medical Board.

i. A medical history and physical examination must be completed and documented for each patient no more than thirty (30) calendar days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy. An updated examination of the patient, including any changes in the patient’s condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within thirty (30) calendar days before admission or registration. The updated examination of the patient, including any changes in the patient’s condition, must be completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

j. All individuals presenting to a UW Health Emergency Department requesting medical examination or treatment, or who evidence signs of needing emergency medical treatment will receive a medical screening examination. The medical screening examination in the ED will be completed by a physician unless the senior attending physician in the ED or the ED faculty administrator on call determines that under the circumstances, other Qualified Medical Personnel may conduct the medical screening exam. The term “Qualified Medical Personnel” means a Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse who has received training in emergency triage.

Section 3. Dental Service.

a. The Department of Surgery shall be responsible for service performed by dentists with the understanding that dental or oral surgical procedures undertaken in the operating room shall be under the supervision of the Chief of Surgery.

b. Every dental patient must have a staff physician available and will be responsible for other than dental care of the patient’s care throughout the hospital stay.

Section 4. Pharmacy and Therapeutics.

a. Drugs dispensed at University of Wisconsin Hospitals and Clinics shall be those approved by the Pharmacy and Therapeutics Committee.

b. When trade or proprietary nomenclature is employed for a drug approved by the Pharmacy and Therapeutics Committee, the pharmacist may dispense officially accepted University of Wisconsin Hospitals and Clinics formulary drugs of the same generic name and specific therapeutic action.

c. All orders for medication or treatment shall be documented and otherwise comply with the pharmacy and therapeutics policies and procedures of UW Health and the medical staff.

d. Automatic stop orders on certain drugs shall take effect as required by the policies and procedures of UW Health and the medical staff.

e. Investigational drugs and devices may be used only within the scope of approval granted by the University of Wisconsin-Madison Human Subjects Committee.

Section 5. Admission, Transfer, and Discharge.

a. Patient admissions, transfers, passes, and discharges shall comply with hospital and medical staff
policies and procedures. Admissions to the hospital and clinics shall be only:

1. By members of the medical staff in categories that permit admission; or
2. By GME physicians acting under the supervision of such medical staff member.

b. Certification and reporting of deaths shall be in accordance with hospital and medical staff policies and procedures and applicable law.

Section 6. Performance Improvement Activities. Medical staff members shall cooperate with the implementation of the plan for improving organizational performance approved by the hospital and the Medical Board.

Section 7. Medical Records. Medical records for inpatients and outpatients shall be completed in the manner and time frame required by the hospital and medical staff policies and procedures. Release of medical information shall be only in accordance with hospital and medical staff policies and procedures, including compliance with Wisconsin and federal law.

Article XVII: Amendments

Section 1. Annual Review. These Bylaws will be reviewed annually by the Bylaws Committee. Additional amendments to these Bylaws may be proposed at any meeting of the medical staff or the Medical Board. The proposal must be in writing and signed by at least ten (10) members of the active medical staff. The proposal shall be referred to the Bylaws Committee, which shall report at the next meeting of the medical staff. The Bylaws Committee may also recommend amendments to these Bylaws to the Medical Board. If adopted by a majority vote of the Medical Board, any proposed amendment shall be presented at the next meeting of the medical staff or sent to all voting members for a mail or electronic ballot. A written copy of the proposed amendment shall accompany the notice of the meeting of the medical staff or the notice of the mail or electronic ballot. A two-thirds majority vote of those present at the meeting or of those submitting mail or electronic ballots shall be required for adoption. The amendment shall become effective when approved by the Board of Directors.

Section 2. Medical Staff Proposals. Written proposals of Bylaws, Rules and Regulations, polices, and amendments thereto signed by twenty (20) percent of the voting members may be submitted to Medical Staff Administration. The Medical Board shall review the proposal at its next meeting, which is at least ten (10) days after the receipt of the proposal. If the Medical Board approves the proposal, it shall be submitted to the Board of Directors. If the Medical Board does not approve the proposal, it shall be voted on by voting members of the medical staff by a mail or electronic ballot distributed by Medical Staff Administration within ten (10) days of the Medical Board meeting where the proposal is not approved. A written copy of the proposal and any comments by the Medical Board shall accompany the notice of the ballot. A two-thirds majority vote of the voting members submitting mail or electronic ballots shall be required for submission to the Board of Directors. The President of the Medical Board may submit comments to the Board of Directors regarding proposals submitted to the Board of Directors pursuant to medical staff vote. The proposal shall become effective when approved by the Board of Directors.

Article XVIII: Adoption

These Bylaws shall be adopted at any regular meeting of the active medical staff, shall replace any previous Bylaws, and shall become effective when approved by the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority.

Approved by Bylaws Committee............................................................... June 1, 2022
Approved by Medical Board................................................................. June 9, 2022
Approved by Medical Staff................................................................. June 20, 2022
Approved by Board of Directors......................................................... July 28, 2022
Exhibit 1: Fair Hearing and Appellate Review Plan

Article I

1.1. Purposes. This Fair Hearing and Appellate Review Plan sets forth procedures to be followed in connection with all hearings to be provided to members of the University of Wisconsin Hospitals and Clinics medical staff, in accordance with the Bylaws and Rules and Regulations of the Medical Staff. For purposes of this Fair Hearing and Appellate Review Plan, members of the medical staff are all referred to as “practitioners.”

1.2. Right to Hearing.

1.2.1 No practitioner shall be entitled to any hearing except as expressly provided in the Medical Staff Bylaws and this Fair Hearing and Appellate Review Plan. A practitioner is entitled to a hearing on timely and proper request when any of the following recommendations are made or actions taken by the Medical Board or the Board of Directors in a manner that is deemed adverse pursuant to section 1.2.2, and where such recommendations or actions are based on the professional competence or professional conduct of the practitioner:

a. Termination of medical staff membership or clinical privileges,

b. Suspension of clinical privileges, except for a summary suspension of privileges that lasts for fewer than fifteen (15) days,

c. Denial of appointment or any requested clinical privileges,

d. Denial of reappointment, and

e. Imposition of conditions or restrictions on privileges that limit the practitioner’s ability to exercise clinical privileges.

1.2.2 A recommendation or action listed in section 1.2.1 shall be deemed adverse only when it has been:

a. recommended by the Medical Board;

b. taken by the Board of Directors contrary to a favorable recommendation by the Medical Board under circumstances where no prior right to a hearing existed; or

c. taken by the Board of Directors on its own initiative without benefit of a prior recommendation by the Medical Board.

1.2.3. Notwithstanding any other provision of the Bylaws, the following recommendations or actions, without limitation, do not entitle a practitioner to any of the hearing or appeal rights set forth in this Fair Hearing and Appellate Review Plan:

a. Letters of warning, reprimand, censure or admonition;

b. Imposition of monitoring, proctoring, consultation or review requirements that do not restrict the practitioner’s ability to exercise clinical privileges and is not reportable to the National Practitioner Data Bank;

c. Requiring provision of information or documents, such as office records, or notice of events or actions;

d. Imposition of educational or training requirements;

e. Placement on probationary or other conditional status;

f. Failure to place a practitioner on any on-call or interpretation roster, or removal of any
practitioner from any such roster;
g. Appointment or reappointment for less than two years;
h. Continuation of provisional appointment;
i. The refusal to waive or extend the time for compliance with any requirement of these Bylaws;
j. Termination or refusal to reappoint for failure to comply with any objective requirement such as
board certification or recertification, malpractice insurance coverage, licensure, faculty
appointment, or failure to meet any objective requirement imposed on all staff members that
specific numbers of procedures be performed to maintain or demonstrate clinical competence;
k. Any action that is not related to the practitioner’s professional conduct or competence and the
action is not reportable to the state or the National Practitioner Data Bank, such as termination for
failure to pay dues or assessments, automatic suspension identified in Article IX, Section 4,
denial of request for privileges because the hospital does not permit certain services or procedures
to be performed in the hospital, or the hospital elects to enter into an exclusive contract for the
provision of certain services.

1.2.4 If any action is taken that does not entitle a practitioner to a hearing, the practitioner shall be
offered the opportunity to submit a written statement or any information which the practitioner wishes to
be considered. Such statement or information shall be included in the practitioner’s peer review records
along with the documentation regarding the action taken.

1.2.5 No individual shall be entitled to a hearing or any other procedural rights as a result of a refusal by
the Hospital to provide an application form to such practitioner.

1.3 Notice of Adverse Recommendation or Action

1.3.1 When a recommendation is made or an action has been taken which, according to section 1.2.1 of
this Fair Hearing and Appellate Review Plan entitles a practitioner to a hearing, the practitioner shall
promptly be given written notice of the recommendation or action by the President of the Medical Staff
by certified mail or e-mail delivery. This notice shall contain:

a. A statement of the recommendation made or action taken;
b. A statement of the reasons for the recommendation or action;
c. A statement that the practitioner her a right to request a hearing on the recommendation or
action by delivering such a request in writing to the President of the Medical Staff within thirty
(30) calendar days of the date the practitioner receive the notice;
d. A statement that failure to request a hearing within the specified time period, or failure to
personally appear without good cause at the hearing or appellate review shall constitute a waiver
of the practitioner’s right to a hearing or appeal, and the recommendation or action shall
thereupon become effective immediately upon final Board of Directors approval;
e. A statement that the hearing shall be held before a Hearing Panel constituted of
individuals who practice in the same profession as the Practitioner involved, who are
appointed by the Hospital in accordance with the procedures for appointing a Hearing
Committee, and who are not in direct economic competition with the Practitioner
involved;
f. A statement that upon receipt of the practitioner's hearing request, the President of
the Medical Staff, or designee, will notify the practitioner of the date, time and place of
the hearing;
g. A statement that the practitioner’s rights in any hearing or appeal are outlined in section 3.1 of the Fair Hearing and Appellate Review Plan;

h. A copy of the Bylaws and Fair Hearing and Appellate Review Plan.

1.3.2 The Notice of Adverse Recommendation or Action can be amended or added to at any time by written notice to the practitioner by certified mail or e-mail. In no event shall the statement of the reasons for the recommendation or action included in the initial Notice of Adverse Recommendation or Action be interpreted as limiting the ability of the Medical Staff or Board of Directors to justify its recommendation or action at a hearing or appeal with additional supporting reasons not directly articulated in this notice.

1.4 Request for Hearing.

1.4.1 Except as may otherwise be specified in the Medical Staff Bylaws, any request for a hearing must be made in writing and delivered to the President of the Medical Staff within thirty (30) calendar days after the practitioner receives written notice of the adverse action or recommendation which gives rise to a hearing.

1.4.2 A practitioner who fails to request a hearing within the time and in the manner specified in section 1.4.1 waives their right to any hearing and appellate review to which the practitioner might have otherwise been entitled.

Article II Pre-Hearing Process

2.1. Appointment of Hearing Panel.

2.1.1 Upon receipt of a request for a hearing, the President of the Medical Staff, or designee, shall identify a Hearing Panel and chair of the Hearing Panel. The Hearing Panel shall be a subcommittee of the Hearing Committee that is assigned the responsibility to conduct the hearing, unless the President of the Medical Staff, or designee, determines that conflicts or other reasons require that individuals other than members of the Hearing Committee be appointed to the Hearing Panel. The Hearing Panel shall be composed of members of the medical staff and shall have not less than three members. There also may be appointed one or more alternate members of the Hearing Panel.

2.1.2 Any member of the Hearing Panel, including any alternate, who participates in the entire hearing, or reviews the transcript or audio recording of any portions of the hearing for which the Hearing Panel member was not in personal attendance, shall be permitted to participate in the deliberations and to vote on the recommendations of the Hearing Panel. The Hearing Panel may make a recommendation as long as a majority of the panel members, including any alternates, have attended all the hearings or read the transcript of any hearings for which a panel member was not in personal attendance. A majority of the members of the Hearing Panel, including any alternates, shall constitute a quorum for purposes of conducting a hearing.

2.1.3 No person shall be a member of any Hearing Panel, or alternate, if that person has (a) previously actively participated in consideration of the matter involved; (b) served on an investigating committee in connection with the corrective action that triggered the practitioner's hearing rights; (c) voted on the adverse recommendation or action that initiated the hearing; (d) appeared as a witness before an investigating committee in connection with the corrective action that triggered the practitioner’s hearing rights; (e) is in direct economic competition with the practitioner who requested the hearing. A person shall not be disqualified from
serving on a Hearing Panel, or as an alternate, merely because such person has heard of the case or has knowledge of the facts involved.

2.2. Notification of Prospective Hearing Panel Members. The practitioner shall be notified of the prospective members of the Hearing Panel and if the practitioner has any objection to any proposed Hearing Panel member, the practitioner shall, within ten (10) calendar days after notification, state in writing any objection and the reasons for the objection in writing. The President of the Medical Staff, or designee, shall, after considering such objections, decide in their sole discretion whether to replace any person objected to and the practitioner shall be notified of the action taken on the objection. The practitioner shall have the same opportunity to object to any replacement panel member.

2.3 Appointment of Hearing Officer

2.3.1. The President of the Medical Staff, or designee, shall select a hearing officer to preside at the hearing. The hearing officer shall be an attorney or other practitioner familiar with procedures relating to medical staff fair hearings.

2.3.2. The practitioner shall be notified of the name of the prospective hearing officer and if the practitioner has any objection to any hearing officer, the practitioner shall, within ten (10) calendar days after notification, state the objection in writing and the reasons for the objection. The President of the Medical Staff, or designee, shall, after considering such objections, decide in their sole discretion whether to uphold the objection and replace any hearing officer.

2.3.3. The hearing officer shall rule on all procedural matters at the hearing, advise the members of the Hearing Committee concerning procedural and legal issues, rule on any objections to testimony or evidence that is offered at the hearing, decide whether evidence has sufficient relevance and reliability to be submitted to the hearing panel for consideration, rule on requests for postponements or extensions of time, and shall generally be responsible for regulating the proceedings.

2.3.4. The hearing officer shall ensure that all participants in the hearing have an opportunity to be heard and to present oral and documentary evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination. The hearing officer shall determine the order of procedure throughout the hearing and shall have the authority and discretion to make rulings on all questions which pertain to procedure and to the admissibility of evidence. The hearing officer shall act to maintain decorum and shall prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, or abusive, or that causes undue delay.

2.3.5. The hearing officer shall be available to the members of the hearing panel during and after the conclusion of the hearing to advise them on any procedural matters and to assist the committee with the preparation of their report and recommendations.

2.4. Notice of Hearing.

2.4.1 When a proper request for a hearing is received, the President of the Medical Staff, or designee, shall promptly arrange and schedule a hearing, and shall send the practitioner written notice by certified mail or e-mail. Such notice shall contain:

a. The date, time and place of the hearing. The hearing date shall be not less than thirty (30) days after the practitioner's receipt of the notice of time and place for the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties;

b. A summary of the practitioner's rights in connection with the hearing; and

c. The names of the hearing panel members and hearing officer.
2.4.2 The scheduling of a hearing in accordance with this Fair Hearing and Appellate Review plan is solely within the discretion of the President of the Medical Staff, or designee. A practitioner does not have the right to demand that a hearing date be rescheduled or otherwise modified. The practitioner may request that a hearing be rescheduled, and such request may be approved by the Hearing Officer upon good cause. The denial of such a request shall not constitute a violation of the practitioner’s due process rights under this Fair Hearing and Appellate Review Plan. The President of the Medical Staff, or designee, shall also have the sole discretion to determine whether the hearing shall be held in-person or, if warranted under the circumstances, via secure video conference.


2.5.1. At least fifteen (15) calendar days prior to the hearing, the practitioner involved shall be sent by certified mail or e-mail delivery a statement:

   a. setting forth the reasons for the proposed action;

   b. identifying any witnesses expected to testify before the Hearing Panel in support of the recommendation under consideration; and,

   c. identifying all medical records or documents expected to be submitted to the Hearing Panel for consideration. The practitioner shall be provided copies of such documents not previously provided.

2.5.2. If any expert witnesses are to be called to testify at the hearing in support of the recommendations of the medical staff, the practitioner shall be notified at least fifteen (15) calendar days before the hearing the identity of each expert to be called, and provided (i) a copy of each expert’s curriculum vitae, (ii) a written report from the experts setting forth the substance of the experts’ testimony, the opinions of the experts and the grounds for the opinions, and (iii) copies of all documents or materials provided to the expert for review.

2.5.3. At least ten (10) calendar days prior to the hearing, the practitioner shall provide to the President of the Medical Staff the following:

   a. a statement setting forth the reasons why the practitioner contends that the adverse recommendation or action is unreasonable, inappropriate or lacks any factual basis,

   b. A list of any witnesses the practitioner will call to testify and a summary of the subject matter of each witness’s testimony,

   c. A copy of all documents the practitioner intends to introduce at the hearing, and d. If the practitioner intends to call any expert witness to testify at the hearing, the practitioner shall identify each expert to be called and provide (i) a copy of each expert’s curriculum vitae, (ii) a written report from the experts setting forth the substance of each expert’s testimony, including the opinions of the experts and the grounds for the opinions, and (iii) copies of all documents or materials provided for review by each expert.

2.5.4. No witness may be called, and no testimony or opinions may be elicited from any expert nor any documents submitted for consideration by the Hearing Panel, which have not been disclosed in accordance with this section, unless the Hearing Officer determines that any failure to disclose was unavoidable. The failure of the practitioner requesting a hearing to comply with the requirements related to the disclosure or exchange of information set forth in this Fair Hearing and Appellate Review Article, or ordered by the Hearing Officer, shall be deemed to be a withdrawal of the request for a hearing, the waiver of the right to a hearing, and agreement to and acceptance of the recommendation or action which is the subject of the hearing.

Article III Hearing Process
3.1. Rights of Practitioner

a. Representation by an attorney or other person of choice. If such attorney or other person of choice is not available at the scheduled time for the hearing, the denial of a request to reschedule the hearing shall not be considered a violation of this right to representation.

b. To have a record made of the hearing, but not of deliberations, and to obtain copies of same.

c. To call, examine, and cross-examine witnesses. Should the practitioner wish to interview UW Health employees, members of the medical staff, or persons with clinical privileges prior to the hearing, the practitioner shall arrange for such interview by contacting UW Health corporate counsel, or the president of the medical staff. The practitioner shall not contact such individuals directly.

d. To present relevant evidence.

e. To submit a written statement at the close of the hearing.

f. To receive a written recommendation of the Hearing Panel, including the basis of the recommendation.

g. To receive a written final decision of the hospital, including the basis of the decision.

3.2. Attorney Representation. The practitioner may be represented by an attorney at any hearing, or before the Medical Board or the Board of Directors; however, the members of the hearing panel, Medical Board and the Board of Directors shall be permitted to direct questions to the practitioner, who shall be required to respond personally. If the practitioner will be represented by counsel or another representative at any hearing or appearance, the practitioner shall notify the medical staff of the name of the attorney or other representative at least fifteen (15) calendar days prior to the hearing or appearance.

3.3. Medical Staff Representative and Attorney Representation. The committee or body whose recommendations are challenged may designate a member of the medical staff to represent the position of the committee before the Hearing Committee. The CEO or CCO may designate a Hospital representative to represent the position of the Hospital or medical staff committee, department, or section. In addition, the Hospital and medical staff may be represented by an attorney before any Hearing Committee, the Medical Board, or the Board of Directors. The CEO, CCO, or designee may appear and testify concerning any matters and present evidence to the Hearing Committee, Medical Board, or the Board of Directors.

3.4. Presence of Practitioner. The practitioner shall be personally present at all hearings, except for good cause shown, and the failure of the practitioner to appear personally shall be a waiver of the right to a hearing.

3.5. Examination and Cross-Examination of Witnesses. The practitioner, any attorney or other person representing the practitioner, any designated representative of the committee or body whose recommendations are challenged, the CEO, CCO, or designee, and the Hospital or medical staff attorney shall have the right to call, examine, cross-examine, and impeach witnesses, to introduce any exhibits, and to rebut any evidence.

3.6. Testimony of Practitioner. If the practitioner involved does not testify in his or her own behalf, the practitioner may be called and examined as if under cross-examination. The refusal of the practitioner to testify shall constitute a withdrawal of the request for a hearing, a waiver of any further rights to review, a failure to exhaust the remedies, and acceptance by the practitioner and agreement to the recommendations of the adverse recommendation or action.

3.7. Evidence and Testimony Requested by Hearing Panel. The Hearing Committee may call and examine witnesses and receive and examine such exhibits as it deems appropriate on its own initiative, provided all parties involved shall be given reasonable notice of all witnesses or exhibits to be examined by the committee and adequate opportunity to challenge or rebut such evidence.

3.8. Discovery. Except as specifically provided in this Fair Hearing and Appellate Review Plan, there shall be no
right to conduct discovery in connection with any hearing and no practitioner shall be permitted access to any peer review records, medical records, minutes or other documents relating to any other practitioner, or any action taken or not taken with regard to any other practitioner. The practitioner requesting a hearing shall, however, be entitled to any documents relied on by the Medical Board or Board of Directors in making any recommendation or decision, any documents to be introduced at the hearing, and any medical records relied on or to be introduced at the hearing, so long as the practitioner and their counsel agree in writing to keep all such documents confidential and not use them for any purpose other than in the hearing and appellate review proceedings. The production of such documents shall not constitute a waiver of any peer review protection for those documents or any other documents. Nothing in this Fair Hearing and Appellate Review Plan shall be interpreted as giving the practitioner the authority to subpoena or otherwise compel the production of any documents, records or witnesses.

3.9. Rules of Evidence. Hearings need not be conducted according to technical rules of evidence relating to the admissibility or presentation of evidence and all evidence determined to be relevant and reliable by the hearing officer shall be considered. All testimony shall be presented under oath or affirmation.

3.10. Recording the hearing. Unless all parties agree otherwise, the hearing shall be recorded by a sound recording. Either party may have a court reporter record the proceedings. The record of the hearing need not be transcribed unless specifically requested and the person or body requesting the transcript shall be responsible for the cost of transcription.

3.11. Burden of Proof. In all cases the practitioner shall have the burden of proving by a preponderance of the evidence that the adverse recommendation or decision lacks any factual basis, or that the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. It shall not be a defense to any action proposed by the Medical Board or the Board of Directors that different action has been taken in the past with regard to any other staff member, and no evidence shall be introduced regarding actions taken or not taken with regard to other staff members.

3.12. Written Statement by Practitioner. The practitioner shall have the right to submit a written statement at the close of the hearing. Such statement shall be submitted within a reasonable time as established by the hearing officer.

3.13. Modification of Time Requirements. All time periods may be modified for good cause shown by the hearing officer.

3.14. Adjournment and Conclusion. The Hearing Officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, and upon receipt of the recording and/or transcript of the proceedings, the hearing shall be closed. The Hearing Panel shall thereupon conduct its deliberations, with assistance from the Hearing Officer, and issue a report and recommendation.

3.15. Report and Recommendations of Hearing Panel. After final adjournment of the hearing, including receipt of all written submissions, the Hearing Panel shall deliver a written report to the Medical Board stating in full its findings, the reasons and evidence upon which it based its findings, and its recommendations. If the practitioner submitted a written statement to the Hearing Panel in accordance with section 3.12, such statement shall be appended to the report and recommendation delivered to the Medical Board. The recommendations of the Hearing Panel need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of the Hearing Panel’s report and recommendation, along with any minority views reduced to writing shall be delivered to the practitioner.

3.16. Medical Board and Board of Directors Action.

3.16.1 The Medical Board shall consider the report and recommendations of the Hearing Panel. If additional information or clarification is needed by the Medical Board, the Board may remand the case to the Hearing Panel for any further proceedings the Medical Board deems appropriate. After receipt of the report of the Hearing Panel and any additional information requested, the Medical Board shall
consider the entire case and vote on its recommendations to the Board of Directors. The recommendations of the Medical Board need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of the Medical Board’s report and recommendation, along with any minority views reduced to writing shall be sent to the practitioner.

3.16.2 If the recommendation of the Medical Board is adverse to the practitioner, the President of the Medical Staff shall notify the practitioner in writing, by certified mail or e-mail delivery, of their right to request appellate review by the Board of Directors in accordance with Article IV of this Fair Hearing and Appellate Review Plan. Such notice shall include the deadline to submit a written request for appellate review, and a statement that failure to make such a timely request shall be deemed a waiver of the right to appellate review and acceptance of the recommendation involved.

3.16.3 If the recommendation of the Medical Board is favorable to the practitioner, the Board of Directors may adopt or reject the recommendation, in whole or in part. If the Board of Directors adopts a favorable recommendation of the Medical Board, it becomes the final decision of the Board of Directors. If the Board of Directors rejects a favorable recommendation from the Medical Board and takes action that is adverse to the practitioner, the CCO, or designee, shall notify the practitioner in writing, by certified mail or e-mail delivery, of their right to request appellate review by the Board of Directors in accordance with Article IV of this Fair Hearing and Appellate Review Plan. Such notice shall include the deadline to submit a written request for appellate review, and a statement that failure to make such a timely request shall be deemed a waiver of the right to appellate review and acceptance of the recommendation involved.

Article IV Appellate Review

4.1. Request for Appellate Review. The practitioner may, within ten (10) calendar days after receipt of the recommendations of the Medical Board, request appellate review by the Board of Directors. Such a request must be submitted in writing to the CEO or CCO. If a timely request for appellate review is not received, the practitioner shall be deemed to have waived the right to appellate review and accepted the recommendation involved, which shall thereupon become effective upon final approval by the Board of Directors.

4.2. Standard of Appellate Review. Appellate review by the Board of Directors, or any committee of the Board designated by the Board, shall be limited to determining whether the practitioner has established by clear and convincing evidence that:
   a. There has been a substantial failure to comply with the Bylaws during the course of the corrective action which has materially prejudiced the practitioner;
   b. The recommendation is arbitrary or unreasonable; or,
   c. The recommendation is not supported by any reliable evidence.

4.3. Nature of appellate review.

   4.3.1 The Chair of the Board of Directors shall determine, in their sole discretion, whether the appellate review shall be conducted by the full Board of Directors, or by a committee of the Board composed of not less than three (3) persons. For the purposes of this Article IV, any reference to the “Board” shall include any committee designated to conduct a review.

   4.3.2 The practitioner and the Medical Board shall each have the right to submit written statements in support of their respective positions on appeal. In addition, the Board may decide, in its sole discretion,
to allow each party or the party’s representative to appear before the Board for oral argument and/or questioning by the Board. The failure of the Board to allow such personal appearance shall not be considered a violation of the practitioner’s right to appellate review.

4.4 Notice.

4.4.1 When a timely request for appellate review is received, the Chair of the Board of Directors, or designee, shall notify the practitioner in writing, by certified mail or e-mail delivery, of the deadline to submit a written statement to the Board. Such deadline shall not be less than fifteen (15) calendar days from the date the practitioner receives the notice.

4.4.2 If the Board allows personal appearance of the parties or their representatives, the notice shall include the date, time and place of such appearance, which shall not be less than seven (7) calendar days from the date the practitioner receives the notice.

4.4.3 The notice shall include a statement that the failure of the practitioner to submit a timely written report, or appear at a scheduled personal appearance shall be deemed a waiver of the right to appellate review.

4.5 Written Statements.

4.5.1 A written statement from the practitioner to the Board shall set forth with specificity any findings of fact, conclusions, recommendations and procedural matters with which the practitioner disagrees and the reasons therefore. Such statement shall be limited to facts and evidence introduced at the hearing or otherwise considered by the Medical Board, or facts or evidence that the practitioner feels were wrongly excluded from consideration.

4.5.2 The Board shall provide a copy of the practitioner’s written statement to the President of the Medical Board. The Medical Board may submit a response to the Board within fifteen (15) calendar days of receiving the practitioner’s statement. The Medical Board may elect instead to rely on the report and recommendation it previously submitted to the Board of Directors, and the failure of the Medical Board to submit a written response shall not be considered acceptance of any objections raised by the practitioner.

4.6. Personal Appearance before the Board. If personal appearance of the parties before the Board is allowed, such appearance shall be limited to oral argument and/or questioning from the Board. The practitioner shall not be permitted to introduce any new facts or evidence which was not introduced at any hearing, except for facts or evidence which the practitioner contends was wrongly excluded from consideration at the hearing. The practitioner may be accompanied by an attorney who may advise and speak on behalf of the practitioner; however, the members of the Board shall be permitted to direct questions to the practitioner who shall be required to respond personally. The amount of time available for the practitioner’s presentation may be limited by the Board or subject to such conditions as the Board determines to be appropriate.

4.7. Action by Board of Directors.

4.7.1 Within sixty (60) calendar days of submission of all written statements, or of the practitioner’s appearance before the Board, whichever is later, the Board of Directors shall act to accept, reject, or accept with modification, the recommendations of the Medical Board, or refer the matter back to the Medical Board for further consideration or investigation. If the Board of Directors refers the matter back to the Medical Board for further consideration, the Board of Directors shall state the reasons for such referral and the Medical Board shall conduct any further investigation as it deems appropriate and submit
a written report to the Board of Directors.

4.7.2 Reconsideration by Medical Board. In the event the decision of the Board of Directors differs substantially from the recommendations of the Medical Board, further action on that decision shall be held in abeyance for a period not to exceed sixty (60) calendar days. The Medical Board shall be advised of the intended action by the Board of Directors and the reasons for such action. The Medical Board shall review the proposed action of the Board of Directors, conduct any further investigation and make such additional comments or recommendations as the Medical Board deems appropriate. The medical staff president shall prepare a further report to the Board of Directors setting forth any additional findings or recommendations of the Medical Board and the reasons for the recommendations. If the Medical Board continues to disagree with the action proposed by the Board of Directors, the matter shall be referred to a Joint Conference Committee which shall consider the issues and make a final recommendation to the Board of Directors. The practitioner shall be notified of any further findings or recommendations of the Medical Board or Joint Conference Committee and provided a copy of any report. The practitioner may, within seven (7) calendar days of receiving any such report, submit to the Board of Directors any written comments the practitioner wishes to make concerning the further report of the Medical Board or Joint Conference Committee.

4.7.3 Final Action of Board. After receiving any further comments or recommendations from the Medical Board, the Board of Directors shall take final action. In the event no comments or recommendations are received from the Medical Board within sixty (60) calendar days of the original decision of the Board of Directors, the decision of the Board of Directors shall become final, unless the Board of Directors extends the time for the Medical Board to submit a report or comments. The final action of the Board of Directors shall be effective at such time as the Board designates and such action shall not be stayed without the consent of the Board or a court order.

4.7.4 Written Statement from Board. If the final decision of the Board of Directors is materially adverse to the practitioner, the practitioner shall be provided a statement from the Board of Directors setting forth the reasons for the action taken.

4.7.5 Right to Hearing after Board Action. If the decision of the Board of Directors is more severe than the recommendations of the Medical Board, and the practitioner has not previously had a hearing concerning the matters that gave rise to the adverse recommendation or action, the practitioner may, within thirty (30) calendar days after receipt of notice of the final action of the Board of Directors, request a hearing and further review by delivering a written request to the CEO or CCO. Any such hearing and review shall be conducted in accordance with this Fair Hearing and Appellate Review. Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as a right to more than one hearing and one appellate review under this Article IV on any matter which shall have been the subject of action by the Medical Board or by the Board of Directors or both.

4.7.6 Notification of Board Action. The CEO or CCO shall notify the applicant, the Medical Board and chair of the appropriate department of the final action taken by the Board of Directors.

Article V General Provisions

5.1 Timely Objections to Actions. In the event any applicant or member of the medical staff has any objection to any action taken or procedures followed by the Hospital, the medical staff, or any individual or committee with regard to the consideration of any application for appointment or reappointment, any investigation, any corrective action, any hearing, or other action, the applicant or practitioner shall immediately state such objection and the reasons for the objection to the individual or body concerned in writing, or verbally if the objection arises during any recorded proceedings, in order to permit the Hospital to address the objection and take any corrective action the Hospital deems necessary. The failure to give such notice of any objection shall be deemed to be a waiver of
any such objection and consent to the procedures being followed or action being taken.

5.2. Modification of Time Requirements. All time periods may be modified for good cause shown by the hearing officer or chair of the committee or body before which the case is currently pending.

5.3. Confidentiality and Privilege. All information received, notes, records, minutes, documents, or materials of any kind which are obtained, reviewed, or considered in connection with any matters considered or action or investigation taken pursuant to the Medical Staff Bylaws relating to medical staff membership and/or clinical privileges shall be confidential and privileged, shall be confidential quality review documents and, to the extent permitted by law, shall not be admissible or discoverable in any legal proceedings, and shall be subject to all other protection afforded to such documents or proceedings by law.

5.4. Immunity. All practitioners and all those participating in or providing information to any department, section, committee, hearing committee, officer of the medical staff, or others participating in the hearing and appellate review process shall, to the fullest extent permitted by law, not be liable for any actions taken or information provided in connection with the review, granting, or denial of medical staff membership or clinical privileges, or any other action taken pursuant to the Bylaws of the medical staff.

5.5. Closed Hearings. Hearings shall be closed unless the practitioner requests an open hearing (see Sec. 19.85, Wis. Stats.). If an open hearing is conducted, no patient names or identities shall be disclosed in the hearing. The Hearing Committee shall assign numbers for reference which all parties, representatives, witnesses, and the committee shall use.
Exhibit 2: Fair Hearing and Appellate Review Plan for Persons Granted or Applying for Privileges Under Article V

Article I

1.1. Purposes. This Fair Hearing and Appellate Review Plan sets forth procedures to be followed in connection with all hearings to be provided to persons who apply for or are granted professional privileges under Article V of the Bylaws and Rules and Regulations of the Medical Staff, and are not members or applicants for membership on the medical staff, in accordance with the Bylaws of the medical staff. For purposes of this Fair Hearing and Appellate Review Plan for persons who apply for or are granted professional privileges under Article V of the Bylaws are all referred to as “practitioners.”

1.2. Right to Hearing

1.2.1. No practitioner shall be entitled to any hearing except as expressly provided in the Medical Staff Bylaws and this Fair Hearing and Appellate Review Plan. A practitioner is entitled to a hearing on timely and proper request when any of the following recommendations are made or actions taken by the Medical Board or the Board of Directors in a manner that is deemed adverse pursuant to section 1.2.2 and where such recommendations or actions are based on the professional competence or professional conduct of the practitioner:

   a. Termination of professional privileges,
   b. Suspension of professional privileges, except for a summary suspension of privileges that lasts for fewer than fifteen (15) days,
   c. Denial of appointment or any requested professional privileges,
   d. Denial of reappointment, and
   e. Imposition of conditions or restrictions on professional privileges that limit the practitioner’s ability to exercise professional privileges.

1.2.2 A recommendation or action listed in section 1.2.1 shall be deemed adverse only when it has been:

   a. recommended by the Medical Board;
   b. taken by the Board of Directors contrary to a favorable recommendation by the Medical Board under circumstances where no prior right to a hearing existed; or
   c. taken by the Board of Directors on its own initiative without benefit of a prior recommendation by the Medical Board.

1.2.3. Notwithstanding any other provision of the Bylaws, the following recommendations or actions, without limitation, do not entitle a practitioner to any of the hearing or appeal rights set forth in this Fair Hearing and Appellate Review Plan:

   a. Letters of warning, reprimand, censure or admonition;
   b. Imposition of monitoring, proctoring, consultation or review requirements that do not restrict the practitioner’s ability to exercise professional privileges and is not reportable to the National Practitioner Data Bank;
   c. Requiring provision of information or documents, such as office records, or notice of events or actions;
   d. Imposition of educational or training requirements;
   e. Placement on probationary or other conditional status;
f. Failure to place a practitioner on any on-call or interpretation roster, or removal of any practitioner from any such roster;

g. Appointment or reappointment for less than two years;

h. Continuation of provisional appointment;

i. The refusal to waive or extend the time for compliance with any requirement of these Bylaws;

j. Termination or refusal to reappoint for failure to comply with any objective requirement such as board certification or recertification, malpractice insurance coverage, licensure, faculty appointment, employment, or failure to meet any objective requirement imposed on all staff members that specific numbers of procedures be performed to maintain or demonstrate clinical competence;

k. Any action that is not related to the practitioner’s professional conduct or competence and the action is not reportable to the state or the National Practitioner Data Bank, such as termination for failure to pay dues or assessments, automatic suspension identified in Article IX, Section 4, denial of request for professional privileges because the hospital does not permit certain services or procedures to be performed in the hospital, or the hospital elects to enter into an exclusive contract for the provision of certain services. If any action is taken that does not entitle a practitioner to a hearing, the practitioner shall be offered the opportunity to submit a written statement or any information which the practitioner wishes to be considered. Such statement or information shall be included in the practitioner’s peer review records along with the documentation regarding the action taken.

l. Any action that is taken as an employment action by the practitioner’s employer and not as an action under these Bylaws.

1.2.4. No individual shall be entitled to a hearing or any other procedural rights as a result of a refusal by the Hospital to provide an application form to such practitioner.

1.2.5. No practitioner shall be entitled to a hearing under this plan as a result of actions that are taken as employment actions by the practitioner’s employer.

1.3. Notice of Adverse Recommendation or Action

1.3.1 When a recommendation is made or an action has been taken which, according to section 1.2.1 of this Fair Hearing and Appellate Review Plan entitles a practitioner to a hearing, the practitioner shall promptly be given written notice of the recommendation or action by the President of the Medical Staff by certified mail or e-mail delivery. This notice shall contain:

a. A statement of the recommendation made or action taken;

b. A statement of the reasons for the recommendation or action;

c. A statement that the practitioner has a right to request a hearing on the recommendation or action by delivering such a request in writing to the President of the Medical Staff within thirty (30) calendar days of the date the practitioner receive the notice;

d. A statement that failure to request a hearing within the specified time period, or failure to personally appear without good cause at the hearing or appellate review shall constitute a waiver of the practitioner’s right to a hearing or appeal, and the recommendation or action shall thereupon become effective immediately upon final Board of Directors approval;

e. A statement that upon receipt of the practitioner's hearing request, the President of the Medical Staff, or designee, will notify the practitioner of the date, time and place of the hearing;
f. A statement that the practitioner’s rights in any hearing or appeal are outlined in section 3.1 of the Fair Hearing and Appellate Review Plan;

1.3.2 The Notice of Adverse Recommendation or Action can be amended or added to at any time by written notice to the practitioner by certified mail or e-mail. In no event shall the statement of the reasons for the recommendation or action included in the initial Notice of Adverse Recommendation or Action be interpreted as limiting the ability of the Medical Staff or Board of Directors to justify its recommendation or action at a hearing or appeal with additional supporting reasons not directly articulated in this notice.

1.4 Request for Hearing.

1.4.1 Except as may otherwise be specified in the Medical Staff Bylaws, any request for a hearing must be made in writing and delivered to the President of the Medical Staff within thirty (30) calendar days after the practitioner receives written notice of the adverse action or recommendation which gives rise to a hearing.

1.4.2 A practitioner who fails to request a hearing within the time and in the manner specified in section 1.4.1 waives their right to any hearing and appellate review to which the practitioner might have otherwise been entitled.

Article II Pre-Hearing Process

2.1 Appointment of Hearing Panel.

2.1.1 Upon receipt of a request for a hearing, the President of the Medical Staff, or designee shall identify a Hearing Panel and chair of the Hearing Panel. The Hearing Panel shall be a subcommittee of the Hearing Committee that is assigned the responsibility to conduct the hearing, unless the President of the Medical Staff, or designee, determines that conflicts or other reasons require that medical staff members who are not members of the Hearing Committee be appointed to the Hearing Panel. In addition to medical staff members of the Hearing Panel, the Hearing Panel shall be further augmented with at least two persons in the same discipline as the practitioner who requested the hearing. The Hearing Panel shall have not less than three members. There also may be appointed one or more alternate members of the Hearing Panel.

2.1.2 Any member of the Hearing Panel, including any alternate, who participates in the entire hearing, or reviews the transcript (or listens to the tapes) of any portions of the hearing for which the Hearing Panel member was not in personal attendance, shall be permitted to participate in the deliberations and to vote on the recommendations of the Hearing Panel. The Hearing Panel may make a recommendation as long as a majority of the panel members, including any alternates, have attended all the hearings or read the transcript of any hearings for which a panel member was not in personal attendance. A majority of the members of the Hearing Panel, including any alternates, shall constitute a quorum for purposes of conducting a hearing.

2.1.3 No person shall be a member of any Hearing Panel, or alternate, if that person has (a) previously actively participated in consideration of the matter involved; (b) served on an investigating committee in connection with the corrective action that triggered the practitioner's hearing.
rights; (c) voted on the adverse recommendation or action that initiated the hearing; (d) appeared as a witness before an investigating committee; (e) is in direct economic competition with the practitioner who requested the hearing. A person shall not be disqualified from serving on a Hearing Panel, or as an alternate, merely because such person has heard of the case or has knowledge of the facts involved.

2.1.4. The chair of the Hearing Panel shall rule on all procedural matters at the hearing. The chair shall have the authority to resolve all issues regarding scheduling of hearings, and shall have the authority to recess and reconvene the hearing, to impose time limits for presentations.

2.2 Notice of Hearing.

2.2.1 When a proper request for a hearing is received, the President of the Medical Staff, or designee, shall promptly arrange and schedule a hearing, and shall send the practitioner written notice by certified mail or e-mail. Such notice shall contain:

   a. The date, time and place of the hearing. The hearing date shall be not less than fifteen (15) days after the practitioner's receipt of the notice of time and place for the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties;

   b. A summary of the practitioner’s rights in connection with the hearing; and

   c. The available documentary evidence against the practitioner.

2.2.2 The scheduling of a hearing in accordance with this Fair Hearing and Appellate Review plan is solely within the discretion of the President of the Medical Staff, or designee. A practitioner does not have the right to demand that a hearing date be rescheduled or otherwise modified. The practitioner may request that a hearing be rescheduled, and such request may be approved by the President of the Medical Staff upon good cause. The denial of such a request shall not constitute a violation of the practitioner’s due process rights under this Fair Hearing and Appellate Review Plan. The President of the Medical Staff, or designee, shall also have the sole discretion to determine whether the hearing shall be held in-person or, if warranted under the circumstances, via secure video conference.

2.3. At least five (5) calendar days prior to the hearing, the practitioner shall provide to the Medical Staff Office the following:

   a. A statement setting forth the reasons why the practitioner contends that the adverse recommendation is unreasonable, inappropriate or lacks any factual basis, and

   b. A copy of all documents the practitioner intends to introduce at the hearing.

2.4. No documents shall be submitted for consideration by the Hearing Panel, which have not been disclosed in accordance with sections 2.2 and 2.3, unless the chair of the Hearing Panel determines that any failure to disclose was unavoidable.

Article III Hearing Process

3.1. Rights of Practitioner

   a. Representation by an attorney or other person of choice;

   b. To present relevant documentary evidence and arguments concerning allegations and the action or proposed action.

   c. To submit a written statement at the close of the hearing;
d. To receive a written recommendation, including the basis of the recommendation;
e. To receive a written final decision of the hospital, including the basis of the decision.

3.2. Attorney Representation. The practitioner may be represented by an attorney at any hearing; however, the members of the Hearing Panel and the Board of Directors shall be permitted to direct questions to the practitioner, who shall be required to respond personally. If the practitioner will be represented by counsel or another representative at any hearing or appearance, the practitioner shall notify the President of the Medical Staff of the name of the attorney or other representative at least fifteen (15) calendar days prior to the hearing or appearance.

3.3. Medical Staff Representative and Attorney Representation. The committee or body whose recommendations are challenged may designate a member of the medical staff to represent the position of the committee before the Hearing Committee. The President of the Medical Staff may designate a hospital representative to represent the position of the medical staff or medical staff committee, department, or section. In addition, the hospital and medical staff may be represented by an attorney before any hearing committee, the Medical Board, or the Board of Directors. The CEO, CCO, or designee may appear and testify concerning any matters and present evidence to the hearing committee, Medical Board, or the Board of Directors.

3.4. Presence of Practitioner. The practitioner shall be personally present at all hearings, except for good cause shown, and the failure of the practitioner to appear personally shall be a waiver of the right to a hearing.

3.5. Witnesses. No witnesses shall be presented at the hearing other than the practitioner.

3.6. Discovery. Except as specifically provided in this Fair Hearing and Appellate Review Plan, there shall be no right to conduct discovery in connection with any hearing and no practitioner shall be permitted access to any peer review records, medical records, minutes or other documents relating to any other practitioner, or any action taken or not taken with regard to any other practitioner. The production of documents in accordance with this Fair Hearing and Appellate Review Plan shall not constitute a waiver of any peer review protection for those documents or any other documents. Nothing in this Fair Hearing and Appellate Review Plan shall be interpreted as giving the practitioner the authority to subpoena or otherwise compel the production of any documents, records or witnesses.

3.7. Burden of Proof. In all cases the practitioner shall have the burden of proving by a preponderance of the evidence that the adverse recommendation or decision lacks any factual basis, or that the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. It shall not be a defense to any action or proposed action that different action has been taken in the past with regard to any other practitioner, and no evidence shall be introduced regarding actions taken or not taken with regard to other practitioners.

3.8. Modification of Time Requirements. All time periods may be modified for good cause shown by the President of the Medical Staff, or designee.

3.9. Report and Recommendations of Hearing Panel. Within fifteen (15) calendar days after final adjournment of the hearing, including receipt of all written submissions, the Hearing Panel shall deliver a written report to the the President of the Medical Staff or designee stating in full its findings, the reasons and evidence upon which it based its findings, and its recommendations. The recommendations of the Hearing Panel need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of all reports and recommendations shall be delivered to the practitioner.

3.10. The CEO, CCO, or designee shall review the matter and, after consultation with the president of the medical staff or designee, shall make the final decision, subject only to appeal to the Board of Directors. The decision of the CEO, CCO, or designee shall be submitted in writing to the practitioner and the president of the medical staff. If the action that would have entitled the practitioner to hearing is modified so that no action entitling the practitioner to a hearing remains then the practitioner shall not be entitled to request appellate review. If the action
remains one that would have entitled the practitioner to a hearing, the practitioner may request an appellate review by the Board of Directors by submitting a written request the Chair of the Board within ten (10) days of receipt of the decision of the CEO, CCO, or designee. The request shall specify the findings of fact, conclusions, or procedural matters with which the practitioner disagrees and the reasons for such disagreement. Failure to identify any findings of fact, conclusions, or procedural matters with which the practitioner disagrees shall constitute a waiver of those issues. The practitioner may not submit new information, nor evidence not previously considered by the Hearing Committee, except as may be requested or approved by the Chair of the Board of Directors.

3.11 The decision of the CEO or CCO shall be final if no timely request or appellate review is received.

Article IV Appellate Review

4.1. Request for Appellate Review. The Chair of the Board of Directors or designee shall review any timely request for appellate review, the decision of the CEO, CCO, or designee and the report of the Hearing Panel, and shall determine whether to grant a discretionary appellate review. If the Chair of the Board of Directors grants discretionary appellate review, the matter shall be reviewed by the Board of Directors, or any committee of the Board designated by the Chair of the Board (collectively referred to as the “Board”). The Board may request additional information from the hospital or the practitioner. If the practitioner fails to provide requested additional information, it shall be considered a waiver of appellate review. The Board shall review the request for appellate review, the decision of the CEO, CCO or designee, the report of the hearing subcommittee, and any additional information requested by the Board, and shall make a final decision within sixty (60) calendar days after the Chair grants discretionary appellate review. The written decision of the Board, including the reasons, therefore, shall be provided to the CEO or CCO.

4.2. Standard of Appellate Review. Appellate review by the Board of Directors, or any committee of the Board designated by the Board, shall be limited to determining whether the practitioner has established by clear and convincing evidence that:

   a. There has been a substantial failure to comply with the Bylaws during the course of the corrective action which has materially prejudiced the practitioner;
   
   b. The recommendation is arbitrary or unreasonable; or,
   
   c. The recommendation is not supported by any reliable evidence.

4.3. Notification of Board Action. The CEO or CCO shall notify the applicant, the Medical Board and chair of the appropriate department of the final action taken by the Board of Directors.

Article V General Provisions

5.1. Timely Objections to Actions. In the event any practitioner has any objection to any action taken or procedures followed by the Hospital, the medical staff, or any individual or committee with regard to the consideration of any application for appointment or reappointment, any investigation, any corrective action, any hearing, or other action, the applicant or practitioner shall immediately state such objection and the reasons for the objection to the individual or body concerned in writing, or verbally if the objection arises during any recorded proceedings, in order to permit the Hospital to address the objection and take any corrective action the Hospital deems necessary. The failure to give such notice of any objection shall be deemed to be a waiver of any such objection and consent to the procedures being followed or action being taken.

5.2. Modification of Time Requirements. All time periods may be modified for good cause shown by the chair of the committee or body before which the case is currently pending.

5.3. Confidentiality and Privilege. All information received, notes, records, minutes, documents, or materials of any kind which are obtained, reviewed, or considered in connection with any matters considered or action or investigation taken pursuant to the Medical Staff Bylaws relating to medical staff membership and/or professional or clinical privileges shall be confidential and privileged, shall be confidential peer review documents and, to the
extent permitted by law, shall not be admissible or discoverable in any legal proceedings, and shall be subject to all other protection afforded to such documents or proceedings by law.

5.4. Immunity. All practitioners and all those participating in or providing information to any department, section, committee, Hearing Committee, officer of the medical staff, or others participating in the hearing and appellate review process shall, to the fullest extent permitted by law, not be liable for any actions taken or information provided in connection with the review, granting, or denial of professional privileges, or any other action taken pursuant to the Bylaws of the medical staff.

5.5. Closed Hearings. Hearings shall be closed unless the practitioner requests an open hearing (see Sec. 19.85, Wis. Stats.). If an open hearing is conducted, no patient names or identities shall be disclosed in the hearing. The Hearing Committee shall assign numbers for reference which all parties, representatives, witnesses, and the committee shall use.
Exhibit 3: Advanced Practice Providers

The following categories of health care professionals are eligible to apply for clinical privileges as advanced practice professionals.

- Advanced practice nurse prescriber;
- Nurse practitioner;
- Physician assistant;
- Certified nurse midwife;
- Certified registered nurse anesthetist;
- Anesthesiologist assistant;
- Clinical psychologist;
- PhD Researcher in Research Units.
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Preamble
The medical staff is accountable for the quality of care in the University of Wisconsin Hospitals and Clinics (“UWHC”), and it accepts and assumes this responsibility subject to the authority of the University of Wisconsin Hospitals and Clinics Authority Board of Directors (“Board of Directors”). The medical staff practicing in the University of Wisconsin Hospitals and Clinics hereby organizes themselves in conformity with the Bylaws and Rules and Regulations hereinafter stated. University of Wisconsin Hospitals and Clinics comprises all locations of the hospital, including, but not limited to, University Hospital, American Family Children’s Hospital, and UW Health at The American CenterEast Madison Hospital. For the purpose of these Bylaws, the term “medical staff” shall be as defined in Article IV.

Article I: Name
The name of this organization shall be the medical staff of the University of Wisconsin Hospitals and Clinics.

Article II: Purpose
The purposes of this organization shall be:

1. To monitor and be responsible for the quality of medical care in the hospital.
2. To recommend to the Board of Directors the appointment or reappointment of applicants to the medical staff of the hospital, the granting or limiting of clinical privileges, and other actions affecting members of the medical staff.
3. To promote clinical education and research.

Article III: Membership

Section 1. Qualifications.

a. Membership on the medical staff is limited to physicians, dentists, podiatrists, and certain other professional staff, as authorized in Article IV, licensed to practice in the State of Wisconsin who can document their background, experience, training, health status, and competence; their adherence to the ethics of their profession; and their ability to work with others sufficiently to assure the appropriate department, medical staff, and the Board of Directors that patients in the hospital will be given high-quality medical care. In these Bylaws, “licensed” to practice in the State of Wisconsin shall mean having a professional license, certificate, or other permit from the state permitting practice in the state.

b. Each member shall be free of any significant physical, mental, or behavioral impairment that interferes with or presents a substantial probability of interfering with patient care, the exercise of clinical privileges, or the assumption and discharge of required responsibilities. Each member shall cooperate in any health assessment required by the UW Health chief executive officer (“CEO”), Chief Clinical Officer (“CCO”), or chief medical officer (“CMO”).

c. Each applicant must agree to participate in the educational programs associated with the University of Wisconsin Hospitals and Clinics. The department must adjudge appointments to be consistent with its overall goals.

d. Medical staff membership is contingent upon initial and continued appointment to the faculty of the appropriate clinical department of the University of Wisconsin School of Medicine and Public Health (“SMPH”). “Faculty,” for the purpose of these Bylaws, includes tenure track, clinical health sciences track, visiting clinical adjunct professor, clinician teacher track, and emeritus. “Faculty,” for purposes of these Bylaws, also includes faculty recruited and hired into tenure track, clinical health sciences track, or clinician teacher track with an interim title of visiting professor. This “faculty” designation shall not affect an individual’s appointment as faculty under UW-Madison faculty policies and procedures.
e. Membership shall not be denied on the basis of age, race, color, sex, gender, religion, creed, sexual orientation, national origin, ethnic/national identity, or type of procedure or patient (e.g., Medicaid) in which the applicant specializes.

f. A member is expected to comply with the hospital’s state licensure requirements and policies by having a pre-appointment assessment and periodic health assessments. A member shall undergo a pre-appointment assessment, including but not limited to a health history, physical examination, and tuberculin (TB) skin test (unless an exception applies under applicable UWHCA policies), and provide information regarding immunization status. Periodically during the appointment, the TB status and immunization status will be checked by Medical Staff Administration, consistent with hospital policy. Prior to reappointment, a member must document compliance with the hospital’s TB skin test policy and immunization requirements and confirm that there have been no changes in their health status affecting their ability to practice medicine. Exceptions to these requirements may be made in limited situations by the CMO or designee. A file will be maintained in the Employee Health Department. That department will verify a member’s compliance with the TB skin test requirements to Medical Staff Administration during the reappointment process.

g. Applicants and members must have no record of conviction of Medicare, Medicaid, or insurance fraud and abuse; payment of civil money penalties for same; or exclusion or prohibition from participation in such programs.

h. Physician applicants and members of the medical staff must either:

1. be board certified or board eligible by a certifying board accredited by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). “Board eligible” is as defined by ABMS and AOA; or

2. demonstrate equivalent training and experience, plus (1) secure individual approval to be participants in all managed care plans for which UWHC performs delegated credentialing that do not accept delegated credentialing for persons without board eligibility or certification, or (2) present a plan approved by the physician, the applicable department(s), the chief medical officer and the hospital chief financial officer, that addresses how the practice of the physician will be structured to address the lack of participant status in managed care plans for which UWHC performs delegated credentialing.

This section does not apply to physicians granted membership on the medical staff before July 1, 2012 and have maintained their membership continuously since July 1, 2012.

Section 2. Ethics and Ethical Relationships. Members of the medical staff shall conduct themselves in the highest ethical tradition. Specifically, members shall abide by the Principles of Medical Ethics and Code of Medical Ethics adopted by the American Medical Association, the American Dental Association Principles of Ethics and Code of Conduct, American Podiatric Medical Association Code of Ethics, and any other applicable professional, ethical standards and interpretations. In addition, members of the medical staff will not engage in rebating a portion of a fee or utilizing other inducements in exchange for the referral of patients.

Section 3. Additional Conditions of Appointment.

a. Appointments to the medical staff shall confer on the appointees only such clinical privileges as are specified in the notice of appointment.

b. Active members must provide for continuous care and supervision of their patients, agree to accept staff committee assignments, and provide emergency care and consultation.

c. Every member must abide by the Bylaws and Rules and Regulations of the Medical Staff; policies and procedures of UW Health and the medical staff; the Bylaws of the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority; UW Health code of conduct; and applicable laws.
d. A member is expected to cooperate in any required review of his or her credentials, qualifications, or compliance with these Bylaws, and refrain from directly or indirectly interfering with any such review.

e. Each practitioner or other professional granted clinical privileges or with a pending application for clinical privileges shall notify the CCO or chief medical officer or designee within ten (10) calendar days after any of the following. Failure to notify shall constitute grounds for corrective action. Upon request from Medical Staff Administration, the practitioner or other professional shall promptly provide copies of documents regarding such reported matter.

1. Any voluntary or involuntary loss or lapse of any license, registration, or certification regarding professional practice; or any restriction or other disciplinary or monitoring measure and any change in such restriction, discipline, or monitoring measure by any licensing or registration body or certification board that licenses, registers, or certifies clinical or professional practice.

2. Any settlements, judgments, or verdicts entered in an action in which the practitioner or other professional was alleged to have breached the standard of care other than those arising out of their employment by the University of Wisconsin or their practice at the University of Wisconsin Hospitals and Clinics.

3. Pending investigation, disciplinary action, or other adverse action by a governmental agency and the progress of any investigation or action.

4. The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or termination of privileges or ability or permission to practice at another hospital or health care facility.

5. Initiation of any corrective action or other disciplinary action at another hospital or health care facility. The affected practitioner or other professional shall provide complete information as to the reasons for the initiation of corrective or disciplinary action and the progress of the proceedings.

6. Any changes to the information included in the application for medical staff membership or clinical privileges, including any change of the person’s health status or other change that affects his or her ability to safely and competently exercise privileges.

7. Exclusion or preclusion from participation in Medicare, Medicaid, or other federal or state health care programs.

8. Any notice of complaint or investigation by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice.

9. Any indictment, conviction, or plea of guilty, no contest, or nolo contendere pertaining to any felony; or to any misdemeanor involving (i) controlled substances, (ii) illegal drugs, (iii) Medicare, Medicaid, or insurance or health care fraud or abuse, or (iv) violence against another.

f. The CCO or chief medical officer will forward to the chair (or designee) of the applicable clinical service a copy of any notice received under subsection (e).

g. Each practitioner or other professional granted clinical privileges or with a pending application for such clinical privileges authorizes the University of Wisconsin and any other individual or entity where he or she has worked or is working or is or was permitted to practice to release to the hospital any information pertaining to the medical practice or professional behavior of such practitioner or other professional. The release of information under this subsection (g) does not satisfy the notice requirement in subsection (e).

h. Each practitioner or other professional granted clinical privileges is responsible for maintaining current contact information with Medical Staff Administration and promptly reporting any changes. Except
otherwise provided in these Bylaws, any notice to practitioners or other professionals granted clinical privileges may be provided by email. Persons granted clinical privileges are responsible for timely retrieval of communications from the hospital or medical staff representatives at the contact information provided to Medical Staff Administration.

**Article IV: Categories of the Medical Staff**

**Section 1. The Medical Staff.** The medical staff shall be divided into active medical, courtesy medical, and honorary medical. The “privileged medical staff” shall include the active medical and courtesy medical.

**Section 2. The Active Medical Staff.** The active medical staff shall consist of physicians, dentists, and podiatrists who are granted membership on the active medical staff and who regularly utilize the hospital, and who assume all the functions and responsibilities that membership on the active medical staff entails. Members of the active medical staff shall be appointed to a clinical service; shall be eligible to vote in the medical staff organization, hold office, and serve on medical staff committees; and are required to attend medical staff meetings.

**Section 3. The Courtesy Medical Staff.** The courtesy medical staff shall consist of physicians, dentists, and podiatrists who are granted membership on the courtesy medical staff and who are privileged to act as consultants, to admit no more than 20 patients per year to the hospital, and to have no more than 20 scheduled outpatient appointments per year in UWHC clinics. Courtesy medical staff members shall be appointed to a clinical service, but shall not be eligible to vote or hold office in this medical staff organization, except they may be members of the Medical Board.

**Section 4. The Honorary Medical Staff.** The honorary medical staff shall consist of individuals who are granted membership on the honorary medical staff and who have retired from active hospital service or who are of outstanding competence. Honorary staff members are not eligible to vote or hold office, will not be permitted to admit patients, and shall have no clinical privileges, including consultation. Membership on the honorary medical staff may be granted or terminated by the Board of Directors on recommendation of the Medical Board. The other procedures regarding appointment and reappointment in these Bylaws shall not apply to the honorary medical staff.

**Article V: Advanced Practice Providers**

**Section 1. Definition.** Advanced practice providers shall mean professionals other than physicians, dentists, and podiatrists who are eligible to apply for clinical privileges. The categories of professionals eligible to apply for privileges as advanced practice providers are listed in Exhibit 3 of these Bylaws. The categories of professionals listed in Exhibit 3 may be expanded as provided in Section 7 of this Article V.

**Section 2. Qualifications and Practice.**

- a. Advanced practice providers granted clinical privileges may provide patient care services only within the scope of their licenses and hospital policies and in accordance with clinical privileges granted to the individual by the Board of Directors, which cannot include admitting privileges.

- b. Advanced practice providers shall have appropriate supervision, collaboration, or both, as law or hospital policy requires.

- c. Anyone applying for or receiving clinical privileges under this Article shall also have to comply with the requirements in Article III except as otherwise provided in this Article.

**Section 3. Application Process.** The procedure and requirements for accepting and processing applications for appointment and reappointment in Article VII shall be followed for applications for clinical privileges from advanced practice providers, except that:

- a. Advanced practice providers shall not be members of the medical staff;

- b. Such individuals must have a faculty appointment at SMPH or be employed by the hospital, the
University of Wisconsin Medical Foundation, or the University of Wisconsin-Madison. Persons who do not have such employment or SMPH faculty appointment shall automatically lose their clinical privileges without right to hearing or review under these Bylaws; and

- Applications for privileges submitted by advanced practice nurse prescribers, certified nurse midwives, nurse practitioners, and certified registered nurse anesthetists must be submitted for approval first to the designated APNP approval body in accordance with Hospital policy. The chief nurse executive or designee shall make the recommendation whether to approve or renew approval of the advanced practice nurse. Recommendations regarding approval or renewal of approval shall be made to the Credentials Committee.

Section 4. Corrective Action; Hearing and Appeals. Sections 1, 2, and 3 of Article IX shall not apply to advanced practice providers granted clinical privileges under this section. The Board of Directors, CEO, CCO, chief medical officer, or their designees may terminate or restrict any clinical privileges granted under this section. The chiefs of the clinical services, any officer of the medical staff, or the chief medical officer may submit a request to the CEO, CCO, or their designees to take action under this subsection; such request shall not be required to initiate action. The chief nurse executive or their designee may also terminate or restrict any clinical privileges granted to an advanced practice nurse. When clinical privileges are terminated or restricted under this section, the advanced practice providers may be entitled to an opportunity for hearing and appellate review as specified in Article X.

Section 5. Peer Review. Peer review of persons granted clinical privileges shall be conducted in accordance with the policies and procedures of UW Health and the medical staff.

Section 6. Trainees. To the extent permitted by law, persons who are trainees in UWHC-sponsored or UWHC-affiliated training programs may assist in providing services within the training program under supervision of persons who have the clinical privileges to provide the services. Such trainees will be reviewed, approved, evaluated, and supervised pursuant to hospital policies and procedures. They may act within the scope of such approval. This section does not apply to Graduate Medical Education (GME) physician trainees, who are governed by Article VI, Section 1.

Section 7. Determining Need for New Advanced Practice Providers.
Whenever a health care professional of a type not included in Exhibit 3 as permitted to apply for privileges as an advanced practice provider requests permission to practice at the hospital, the Board of Directors, with input from the Medical Board, shall evaluate the need for that type of health care professional as an advanced practice provider, taking into consideration the following factors:

- The nature of the services that could be offered;
- Any state license or regulation that outlines the scope of practice for the health care professional;
- The business and patient care objectives of the hospital;
- How well the community's needs are currently being met and whether they could be better met if the services offered by the health care professional were provided by the hospital;
- The type of training that is necessary to perform the services that could be offered and whether there are individuals with more training that are currently providing those services;
- The availability of supplies, equipment, and other necessary resources to support the health care professional;
- The availability of trained staff;
- Patient convenience; and
- The ability to appropriately supervise performance.
Whenever the Board of Directors approves a new type of health care professional as an advanced practice provider, Exhibit 3 of these Bylaws shall be supplemented to reflect such approval.

Article VI: **GME Trainees and Other Physician Learners**

Section 1. **GME trainee GME physicians.** GME trainee GME physicians (residents and fellows) shall be graduates of approved schools of medicine, osteopathy, podiatry, or dentistry in graduate training programs approved by or formally affiliated with the University of Wisconsin Hospitals and Clinics. GME trainee GME physicians must be licensed. GME trainee GME physicians are not members of the medical staff, are not eligible to vote or hold office in the medical staff, but GME trainee GME physicians in hospital-sponsored training programs shall have voting representation on the Medical Board and its committees as provided in these Bylaws. Members of the medical staff may permit GME trainee GME physicians to function under supervision within the scope of the clinical privileges granted to the supervising medical staff member. Whenever the term “supervision” is used in these Bylaws and Rules and Regulations with reference to GME trainee GME physicians or other students, it means direction, supervision, and oversight by a supervising member of the medical staff, but does not include a requirement that the medical staff member is present for the conduct of the supervised patient care unless such presence is appropriate under the circumstances or required by law or hospital policy.

Section 2. **Other physician learners.** Visiting physicians may attend training at the University of Wisconsin Hospitals and Clinics as observers, delegated learners, or both (hereinafter “learners”). Visiting physicians may have direct patient contact as learners only when approved pursuant to UW Health policies. Such learners will be reviewed, approved, evaluated, and supervised pursuant to UW Health policies and procedures. They may act only within the scope of such approval. These learners have no independent clinical privileges and shall not be members of the medical staff. They shall not bill for their services and shall not give orders or make entries in the medical record. To the extent permitted by law and such approval, delegated learners may assist in providing services under direct supervision of members of the medical staff who have the clinical privileges to provide the services. Delegated learners may be approved for gloves-on training for a period not to exceed ten days, and such training must be to learn specific defined patient techniques. The learners shall comply with the requirements in Article III, Section 3(c) through (h) to the same extent as members of the medical staff but shall not be entitled to the corrective action procedures. Unless otherwise provided by UW Health policy, the CEO, CCO, CMO, or their designees may terminate any learner’s approval, and there shall be no right to hearing or appeal. This section does not apply to GME trainee GME physicians, who are governed by Article VI, Section 1.

Article VII: **Procedure for Appointment and Reappointment**

Section 1. Application for Appointment.

a. Applications to the privileged medical staff shall be submitted on the prescribed forms and shall include detailed information on the applicant’s professional qualifications and indicate professional references and shall include a statement granting the hospital and others immunity in civil liability cases. The applicant shall indicate whether any of their previous memberships, clinical privileges, licenses, or registrations have been revoked, suspended, reduced, not renewed, or voluntarily terminated or limited. The applicant shall also indicate any settlement, judgment, or verdict entered in an action or currently pending action, where the applicant was alleged to have breached the professional standard of care, currently pending or previously successful challenges to any licensure or registration, the voluntary relinquishment of such licensure or registration, or any lapse in licensure or registration. In these cases, the applicant shall provide a written explanation. The applicant must submit a photograph and all other information requested to assist in confirming the identity of the applicant. All materials will be forwarded by Medical Staff Administration to the Credentials Committee.

b. By applying for membership on the privileged medical staff, the applicant signifies a willingness to appear before the Credentials Committee and authorizes members of those committees to consult with
any and all members of medical staffs of other hospitals with which the applicant has been associated, as well as with other persons or entities who may have information bearing on their competence, ethical qualifications, and current health status. If there is doubt as to the competence, ethical character, or health status of the applicant, the applicant shall not be granted privileges unless the doubts can be resolved to the satisfaction of the Board of Directors.

c. All applicants for appointment or reappointment must have professional liability coverage for their activities on the medical staff. Coverage for state employees by the state self-funded liability program or for hospital employees by the hospital liability program satisfies this requirement. All applicants not covered by one of these programs must demonstrate professional liability coverage in the amount required for physician participants in the Wisconsin Injured Patients and Families Compensation Fund (“Fund”), even if exempt from participation in the Fund. Any member who does not have coverage that satisfies this requirement must immediately report the absence of coverage to Medical Staff Administration and all privileges will be automatically suspended in accordance with Article IX, Section 4.

d. An application submitted to the Credentials Committee shall include a statement from the chief of clinical service indicating whether the chief recommends the privileges requested and the category of appointment. Applications for privileges that overlap departments must have a statement from each of the chairs of affected departments. An application may be accepted and processed prior to receipt of the required SMPH faculty appointment, but only if the applicable department chair has provided written notice that a faculty appointment has been recommended. Any approval of membership or clinical privileges shall not be effective until the faculty appointment is received.

Section 2. Appointment Process.

a. The Credentials Committee shall review the qualifications, character, professional competence, and ethical standing of the applicant to the privileged medical staff and verify that all necessary qualifications for staff membership and requested privileges are met. Through Medical Staff Administration, UWHC shall (i) verify in writing and from the primary source whenever feasible or a credentials verification organization the following: the applicant’s current license, specific relevant training, and current competence, (ii) verify the applicant’s ability to perform the privileges requested, and (iii) confirm that the individual requesting approval is the same individual identified in the credentialing documents. UWHC shall query the National Practitioner Data Bank (NPDB) at the time of initial medical staff appointments and initial granting of privileges and at the time of expanding privileges or requesting to add new privileges. Upon receipt of the completed application, confirmation of required verifications, and the results of the NPDB query, the Credentials Committee shall review the application and all supporting documentation and may conduct further investigation. The Credentials Committee shall submit a report of its findings in whole or in part recommending that the application be accepted or rejected.

1. If the recommendation is to accept, the report shall be submitted to the Medical Board, and any recommendation for appointment shall include the recommended staff status and a delineation of privileges.

2. When an applicant has submitted insufficient documentation to support one or more requested privileges, the Credentials Committee shall report on appointment and other privileges, but does not have to report on privileges with insufficient documentation; the committee shall respond to the applicant with a written request that the applicant provides additional documentation or rescind the request for such privileges.

3. If the recommendation of the Credentials Committee is to reject the application, the report shall be submitted to the CMO chief medical officer. The CMO chief medical officer or their designee shall review the recommendation and assess whether the recommendation was made in a discriminatory
manner on the basis of a characteristic listed in Article III, section 1(e). If this review confirms
that the recommendation was made in a nondiscriminatory manner, the recommendation shall be
forwarded to the Medical Board. If this review cannot confirm that the recommendation was made
in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee for
further review or to the Medical Board with a report from the chief medical officer or their
designee recommending other steps that may be taken to address the possible discrimination.

4. The Credentials Committee may defer consideration of the application as needed.

b. When the Credentials Committee has conducted its evaluation and recommended privileges, an
applicant for new privileges may be granted temporary privileges in accordance with Article VIII,
Section 2.

c. When the Medical Board recommends denial of appointment or denial of requested privileges, the
applicant may be entitled to an opportunity for hearing and appellate review as specified in Article X.
The CEO or CCO shall give notice of the adverse recommendation. The CEO may delegate this and any
other duty under these Bylaws.

d. Favorable recommendations of the Medical Board regarding the appointment and granting of clinical
privileges shall be forwarded to the Board of Directors to be acted upon in accordance with Board of
Director procedures. If the Board of Directors’ decision is not to approve the appointment or the
requested clinical privileges and the affected member has not had a prior opportunity for the procedural
rights provided in Article X, the affected member may be entitled to such procedural rights as specified
in Article X. After any such procedural rights are waived or exhausted, the Board of Directors shall
make the final decision. However, if the Board of Directors’ decision is contrary to the recommendation
of the Medical Board, the matter shall be returned to the Medical Board for an opportunity to comment
before a final decision is made by the Board of Directors.

e. When the final decision of the Board of Directors is made, it shall send notice of such decision through
the CEO to the applicant. The notice shall specify the period of appointment and privileges, which shall
not exceed two years. If the medical staff category or privileges granted differ from those requested or
recommended, notice shall also be provided to the chief of the clinical service concerned and the
Credentials Committee.

f. Except in extraordinary circumstances, all action on an application shall be accomplished within one
hundred twenty (120) calendar days of receipt of a completed application.

g. An application once deemed complete may thereafter be deemed incomplete if at any time during the
consideration of the application new, additional, or clarifying information is requested. An incomplete
application will not be processed until all requested information is received.

Section 3. Reappointment Process.

a. At least ninety (90) calendar days prior to the end of the appointment term, the chief of each clinical
service shall submit to the Credentials Committee a list of all recommended changes in appointment
status, assigned privileges, both for each member of the service.

b. The Credentials Committee shall review these recommendations and all other pertinent information
available on each member to determine its recommendations for reappointment to the medical staff, and
for the delineation and granting of clinical privileges for the ensuing period. The information shall
include a query of the National Practitioner Data Bank (NPDB).

c. Each recommendation concerning the reappointment of a medical staff member and the clinical
privileges to be granted shall be based upon such member’s professional competence and clinical
judgment in the treatment of patients; clinical and/or technical skills as indicated in part by the results of
quality assurance activities, conduct, health status, attendance at medical staff and departmental
meetings, and participation in staff affairs; compliance with the bylaws of the Board of Directors, the Bylaws and Rules and Regulations of the Medical Staff, and policies and procedures of UW Health and the medical staff; cooperation with hospital personnel; use of the hospital’s facilities for patients; and relationships with other members of the staff. Each medical staff member must comply with continuing medical education requirements for licensure.

d. The Credentials Committee shall submit a written report of its recommendations.

1. If the recommendation is not to approve the reappointment, the report shall be submitted to the CMO chief medical officer. The CMO chief medical officer or their designee shall review the recommendation and assess whether the recommendation was made in a discriminatory manner on the basis of a characteristic listed in Article III, section 1(e). If this review confirms that the recommendation was made in a nondiscriminatory manner, the recommendation shall be forwarded to the Medical Board. If this review cannot confirm that the recommendation was made in a nondiscriminatory manner, the matter may be referred back to the Credentials Committee for further review or to the Medical Board with a report from the chief medical officer or their designee recommending other steps that may be taken to address the possible discrimination.

2. If the recommendation is to approve the reappointment, the report shall be submitted to the Medical Board, which shall, after review, act on the recommendations of the Credentials Committee. Recommendations by the Medical Board for reappointment shall be forwarded to the Board of Directors to be acted upon at the next regular meeting. Where the Medical Board recommends non-reappointment, denial, or reduction in clinical privileges, the CEO or CCO shall promptly notify the affected person of such recommendation by certified mail, return receipt requested. No such adverse recommendation shall be forwarded to the Board of Directors until after the affected person has exercised or waived any applicable right to a hearing as provided in Article X. The Board of Directors’ decision with respect to reappointment shall be final.

e. Thereafter, the procedure provided in Section 2(e) of this Article VII shall be followed, and Sections 2(f) and 2(g) shall apply to the processing of a reappointment application.

Section 4. Education. Each individual with clinical privileges must complete training in risk management, safety and infection control, and such other topics as are designated by the Medical Board in programs approved by the Medical Board. Reappointment will not be approved until this requirement is met.

Section 5. License check at time of expiration of license or certification. When the Wisconsin license or certification of a medical staff member or other person with clinical privileges is scheduled to expire, renewal of Wisconsin license or certification shall be verified.

Article VIII: Clinical Privileges

Section 1. Clinical Privileges.

a. Medical staff members and advanced practice providers shall be entitled to exercise only those clinical privileges granted to them based on training, experience, current competence, and health status.

b. Initial application for staff appointment must contain a request for the specific clinical privileges desired by the applicant.

c. The Credentials Committee shall list each member’s specific clinical privileges. However, it is recognized that the listing of clinical privileges may not provide sufficient detail to cover all procedures done and that acceptable new practices may be developed.

d. Periodic determination of clinical privileges and increase or limitation of same shall be based on the recommendations of the chief of the clinical service following consultation with the head of the appropriate subspecialty section.
c. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the chief of the clinical service in which they have clinical privileges. Patients admitted by a dentist or podiatrist shall be examined upon admission by a physician member of the medical staff who shall be responsible for the care of medical problems that may be present at the time of admission or that may arise during hospitalization.

Section 2. Temporary Privileges.

a. Temporary privileges may be granted to individuals as outlined in this section.

b. An applicant for new privileges with a complete, pending application may be granted temporary privileges, provided (i) the Credentials Committee has recommended granting of such privileges, (ii) the applicant does not have a current or previously successful challenge to licensure or registration, (iii) the applicant has not been subjected to involuntary termination of medical staff membership in another organization, and (iv) the applicant has not been subject to any involuntary limitation, reduction, denial or loss of privileges. Temporary privileges under this subsection may be granted for the lesser of the time until the Board approves or denies the privileges, the Medical Board recommends not granting a particular privilege, or one hundred and twenty (120) calendar days. “Applicant for new privileges” includes an individual applying for clinical privileges at the hospital for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is seeking renewal of privileges and is requesting one or more additional privileges.

c. Temporary privileges may be granted to meet an important patient care need, provided the individual granting privileges has appropriate documentation and information available to them that may be reasonably relied upon to establish the competence and ethical standing of the applicant. The information shall include verification of current licensure and current competence. Temporary privileges granted under this subsection shall ordinarily be granted for brief periods, not to exceed ninety (90) calendar days, but may be renewed if necessary, to address an important patient care need.

d. All temporary privileges are granted by the CMO (chief medical officer) (as designee of the CEO (Chief Executive Officer)) on the recommendation of the chief of the appropriate clinical service (as designee of the medical staff president). The CMO may terminate temporary privileges at any time, and there shall be no right to a hearing.

e. All applicants with temporary privileges shall abide by the bylaws of the Board of Directors, the Bylaws and Rules and Regulations of the Medical Staff, and the policies and procedures of UW Health and the medical staff, and shall be under the supervision of the chief of the appropriate clinical service. Specific requirements for supervision and reporting may be imposed on any grant of temporary privileges.

Section 3. Emergencies. In an emergency, any medical staff member or other licensed professional staff, to the degree permitted by their license and regardless of service or staff status or lack of it, shall be permitted to do everything possible to save the life of a patient, prevent permanent harm to the patient, or both. Every facility of the hospital necessary may be used, including consultations. For the purpose of this section, an “emergency” is defined as a condition in which serious permanent harm would result to a patient, or in which the life of a patient is in immediate danger, and any delay in initiation of treatment would add to that danger.

Section 4. Disaster Privileges. Clinical privileges may be granted in disasters by the CEO, CCO, or chief medical officer, or their designees, in accordance with policies and procedures approved by the Medical Board and CEO, when the hospital emergency management plan has been activated, and the hospital is unable to handle immediate patient needs.

Section 5. Leave of Absence.

a. Individuals with clinical privileges shall provide Medical Staff Administration advance notice of a leave of absence whenever such individual intends to be absent or knows that he or she may be absent from usual practice, for a period of one-hundred (100) or more days, or for fewer than one-hundred (100)
days when such individual has reason to think that such leave may affect his or her ability to safely exercise clinical privileges upon return to practice. This section is not intended to apply to practitioners or professionals who have a low volume at the hospital but are otherwise maintaining an active practice outside the hospital.

b. A notice of leave must include the reason for the leave and state the expected beginning date and expected ending date for the period of leave requested.

c. During the period of leave, the medical staff member or advanced practice provider shall not exercise any clinical privileges, and any responsibilities or prerogatives of medical staff membership shall be inactive. A medical staff member or advanced practice provider on leave is required to maintain their appointment to the faculty of SMPH, as required by Article III, or employment required by Article V, as applicable. A person on a leave of absence is still required to timely submit an application for reappointment, renewal of clinical privileges, or both to avoid expiration of membership and privileges.

d. At least thirty (30) calendar days prior to the expected termination of a leave of absence and return to clinical practice, a person on leave shall request reinstatement of membership and privileges by submitting a written request to the CMO chief medical officer. The request for reinstatement shall include a summary of relevant activities during leave; a written plan from the clinical service chief or designee for reintroduction to clinical practice; and, if requested by the Credentials Committee or Medical Board, information regarding the person’s current competence and health. The Credentials Committee shall review the reintroduction plan prior to the medical staff member or advance practice provider’s return to clinical practice and determine whether to grant the request for reinstatement, subject to the approval of the Medical Board, and shall promptly notify the person in writing whether the request has been granted. A person granted reinstatement shall provide a written report to the Credentials Committee promptly upon completion of the reintroduction plan. Any right to hearing or appeal for denial of reinstatement shall be governed by Article X.

Article IX: Collegial Intervention and Corrective Action

Section 1. Collegial Intervention.

a. It is the policy of UWHC and its medical staff to encourage the use of progressive steps by medical staff leadership and the hospital to begin with collegial and educational efforts, to address concerns regarding a medical staff member’s clinical practice or professional conduct. The goal of collegial intervention is to arrive at voluntary, responsive actions by the medical staff member to resolve questions that have been raised.

b. Collegial efforts may include but are not limited to, counseling, sharing of comparative data, monitoring, or additional training or education.

c. Collegial intervention efforts are encouraged but are not mandatory.

Section 2. Corrective Action Procedure.

a. The Medical Board or Board of Directors may take corrective action against any member of the medical staff or other person with clinical privileges (i) for violation of the bylaws of the Board of Directors, Bylaws and Rules and Regulations of the Medical Staff, or policies and procedures of UW Health and the medical staff, (ii) for activities or professional conduct considered to be lower than the standards or aims of the medical staff, or (iii) for disruption of the operations of the hospital. Corrective action may also be initiated based on disciplinary action by the applicable state licensing or certification agency.

b. Requests for corrective action may be initiated by the chiefs of clinical services, an officer of the medical staff, the CEO, the CCO, the CMO chief medical officer, or the Board of Directors. Requests must be submitted in writing to the president of the medical staff and be supported by reference to the specific activities or conduct that constitutes the grounds for the request. The person for whom
corrective action is requested shall be called the “practitioner” in this Article IX.

c. The president of the medical staff shall review the request and may determine whether further consideration is warranted. If there is a determination that further consideration is not warranted, the president of the medical staff shall notify the Medical Board at its next scheduled meeting, and the Medical Board may override the decision of the president of the medical staff.

d. If the president of the medical staff decides that further consideration of the request is warranted, or the Medical Board votes to override a decision not to consider the request, the Medical Board shall decide, in its sole discretion (i) that the request contains sufficient information to allow the Medical Board to make a recommendation for corrective action without the need for further investigation; or (ii) that additional investigation is necessary to determine whether corrective action is warranted. If the Medical Board determines that additional investigation is necessary, the president of the medical staff shall notify the practitioner in writing that an investigation is being conducted, and shall direct the Investigation Committee to investigate the matter, unless the president of the medical staff, in consultation with the CCO or designee, decides that external review is necessary due to the nature of the matter and the available resources to conduct internal review and investigation.

e. The UW Health Provider Services department is expressly authorized by the medical staff to conduct inquiries regarding professional conduct of medical staff members. Such inquiries may precede a formal request for corrective action, or may support an investigation conducted by the Investigation Committee in accordance with Section (f) below. No corrective action investigation is considered to have started concerning a medical staff member until the president of the medical staff receives a request for corrective action, or a summary suspension is imposed in accordance with Section 2 of this Article IX.

f. Investigation Committee

1. If the Investigation Committee is directed to investigate the matter, the president of the medical staff, after consultation with the chief medical officer, shall select at least three members of the Investigation Committee to conduct the investigation. The Investigation Committee may be assisted by other individuals designated by the committee.

2. The chair of the Investigation Committee shall notify the practitioner in writing of the names of the participating members. Prior to making findings or recommendations, the Investigation Committee shall notify the practitioner in writing of the nature of the charges against them and invite the practitioner to discuss, explain, or refute the charges in an interview with the committee. This interview shall not constitute a hearing, and none of the rights or procedural rules for hearings in these Bylaws shall apply. The practitioner does not have the right to have an attorney present, nor shall recording devices be permitted in the interview. Failure to attend the interview shall be a waiver of the opportunity for the interview unless excused by the committee. The practitioner is expected to cooperate in providing all information requested by the Investigation Committee.

g. The Investigation Committee shall report the results of its investigation and its recommendations, if any, to the president of the medical staff within ninety (90) calendar days of referral from the president of the medical staff. When the committee cannot complete its investigation, make recommendations within the allotted time, or both, it can request additional time or recommend external review. The president of the medical staff may authorize up to sixty (60) additional calendar days; a longer extension may be authorized by agreement of the practitioner and the president of the medical staff.

h. The president of the medical staff shall send a copy of the results of the investigation and recommendations of the Investigation Committee or the external review to the practitioner by certified mail, return receipt requested, or by hand delivery. The practitioner shall have ten (10) calendar days in which to submit a written statement to the Medical Board. At its next meeting following receipt of the
written statement of the practitioner or the expiration of the period to submit a written statement, the Medical Board shall consider the results of the investigation and recommendations of the Investigation Committee or the external review and any submitted statement and decide what corrective action, if any, is warranted.

i. Upon receipt of the report and recommendation of the Investigation Committee or following a determination that further investigation was not necessary, the Medical Board shall take action upon the request for corrective action. Such action may include, without limitation: (i) a warning; (ii) a letter of reprimand; (iii) a term of probation; (iv) a requirement for consultation; (v) a reduction, suspension, or revocation of clinical privileges; or (vi) a suspension or revocation of staff membership.

j. If the action taken by the Medical Board does not constitute a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the action shall take effect immediately without action of the Board of Directors, and the Board of Directors shall be notified of the action at its next scheduled meeting. If the Board of Directors modifies the action taken by the Medical Board, and such modified action would constitute a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the procedures stated in the Plan shall be followed.

k. If the action taken by the Medical Board constitutes a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the procedures in the Fair Hearing and Appellate Review Plan shall apply.

l. The president of the medical staff shall notify the practitioner of the Medical Board recommendation in writing, by certified mail, return receipt requested, or hand delivery. If the Medical Board makes a materially adverse recommendation as defined in the Fair Hearing and Appellate Review Plan, the written notice shall comply with the terms of the Plan.

Section 3. Summary Suspension.

a. The CEO, CCO, or CMO chief medical officer shall have the authority to summarily suspend or restrict all or any portion of the clinical privileges of any person with clinical privileges whenever, in that person’s sole discretion, failure to take such action may result in imminent danger to the health and/or safety of any individual or may interfere with the orderly operation of the hospital. When possible, the individual initiating summary suspension shall seek prior consultation with the appropriate chief of service (or their delegate), the president of the medical staff, and the chief medical officer. Such summary suspension shall become effective immediately upon imposition. During the period that any or all of the clinical privileges of a medical staff member are suspended, that member is not in good standing.

b. At any time prior to the medical board meeting to review and consider the summary suspension, the individual who imposed the summary suspension may, after consultation with the appropriate chief of service or their delegate and with approval of the president of the medical staff or the chief medical officer, terminate or modify the scope of any summary suspension of clinical privileges. Such termination or modification shall take effect immediately upon imposition. If the suspension is modified but not lifted entirely, any time deadlines in this section shall be based on the date the suspension was originally imposed.

c. The individual initiating summary suspension shall provide the practitioner with written notice of the suspension by certified mail, return receipt requested, e-mail, or personal delivery. Such written notice shall state the reasons for the imposition of the summary suspension and shall inform the practitioner of their right to submit a written statement in response to the suspension, which must be delivered to the president of the medical staff within five (5) calendar days of the imposition of the suspension.

d. Within fourteen (14) calendar days of the imposition of a summary suspension, the medical board shall meet to review and consider the summary suspension. The medical board shall vote to (i) lift the
summary suspension and close the matter without further corrective action; (ii) lift the summary suspension, but consider the suspension a request for corrective action and follow the procedures under Section 1 of this Article IX; or (iii) keep the summary suspension in effect and follow the corrective action procedures under Section 1 of this Article IX.

Section 4. Automatic Suspension.

In the instances outlined below, the individual’s medical staff membership and privileges will be considered automatically suspended, relinquished, terminated, or limited as described, and the action shall be final without the right to a hearing.

Prior to reinstating privileges that have been automatically suspended for a period of one hundred (100) days or longer, the person shall submit a written request to Medical Staff Administration for reinstatement. Such request shall include a summary of relevant activities during suspension; a written plan from the clinical service chief or designee for reintroduction to clinical practice; and, if requested, information regarding the person’s current competence and health.

The Credentials Committee shall determine whether to grant the request for reinstatement, subject to the approval of the Medical Board, and shall promptly notify the person in writing whether the request has been granted. A person granted reinstatement shall provide a written report to the Credentials Committee promptly upon completion of the reintroduction plan. Any right to hearing or appeal for denial of reinstatement shall be governed by Article X of these Bylaws.

During the period that any or all of an individual’s clinical privileges are automatically suspended or limited pursuant to this Section 4, that individual is not considered to be in good standing.

a. Medical Record Completion. A temporary suspension in the form of withdrawal of admitting privileges, effective until medical records are completed, shall be imposed automatically after warning the person of their delinquency regarding failure to complete medical records within a reasonable period after a patient’s outpatient visit or inpatient discharge as defined by the hospital and medical staff policies and procedures. There is no right to hearing or appeal for such suspensions. If the suspension exceeds fourteen (14) calendar days despite diligent efforts to complete records, the person under temporary suspension may submit to Medical Staff Administration a written request to the president of the medical staff for informal review. The president of the medical staff, in their discretion, may (a) leave the suspension in place, (b) reinstate admitting privileges subject to conditions that will result in completion of medical records, or (c) initiate corrective action, with or without reinstatement of admitting privileges pending the outcome of the corrective action process.

b. Licensure.

1. Expiration. If a person’s license or certification to practice in the State of Wisconsin expires, all of their clinical privileges related to such license or certification shall immediately and automatically be suspended and shall be reinstated upon verification of renewal.

2. Revocation or Suspension of License or Certification. If any license or certification required to enable a person to practice one’s profession in the State of Wisconsin is suspended or revoked, the person’s privileges and medical staff membership shall be automatically terminated. Any subsequent request for privileges and medical staff membership shall be handled in accordance with the requirements for applications for initial appointment and privileges.

3. Restriction or Limitation. If any license or certification required to enable a person to practice one’s profession in the State of Wisconsin is restricted or limited, the person’s privileges and medical staff membership shall be automatically suspended until the restriction or limitation is terminated. Upon termination of the restriction or limitation, the person’s privileges and medical staff membership shall be reinstated. At any point during the suspension, the person under suspension may submit to Medical Staff Administration a written request to the president of the
medical staff for informal review. The president of the medical staff, in their discretion, may (a) leave the suspension in place, (b) reinstate privileges subject to the limitations or restrictions imposed on the person’s license or certification, or (c) initiate corrective action, with or without reinstatement of privileges pending the outcome of the corrective action process.

4. Medicare/Medicaid Participation. A person’s medical staff membership and privileges will be automatically relinquished upon termination, exclusion, or preclusion by government action from participation in Medicare, Medicaid, or other federal or state health programs. Any subsequent request for privileges and medical staff membership shall be handled in accordance with the requirements for applications for initial appointment and privileges.

5. Health Requirements. A temporary suspension of all clinical privileges shall be imposed automatically for failure to comply with obligations regarding health status, health assessments or screenings, and immunizations, including, but not limited to, the requirements outlined in Article III, Sections 1(b) and (f). Reinstatement of privileges will occur automatically when the person provides acceptable evidence of meeting applicable obligations.

6. Educational Requirements. A temporary suspension of all clinical privileges shall be imposed automatically for failure to comply with the educational requirements outlined in Article VII, Section 4. Reinstatement of privileges will occur automatically when completion of the educational requirements is verified.

7. Professional Liability Coverage. A temporary suspension of all clinical privileges shall be imposed automatically for failure to maintain professional liability coverage as required by Article VII, Section 1(d). Reinstatement of privileges will occur automatically when the person again demonstrates the required professional liability coverage.

8. Onboarding Activities. A temporary suspension of all clinical privileges shall be imposed automatically for failure to complete all necessary onboarding activities, including but not limited to electronic medical record training.

9. Faculty Status.
   a. The loss of faculty status with SMPH automatically results in termination of medical staff membership and clinical privileges.
   b. If a person is placed on administrative leave with SMPH, the individual’s medical staff membership and clinical privileges shall be automatically suspended for the duration of the leave. Medical staff membership and privileges shall be reinstated upon reinstatement from the administrative leave.

10. Drug Enforcement Administration (DEA) Registration. If a practitioner’s DEA registration is suspended or revoked, the person’s privileges and medical staff membership shall be automatically terminated. Any subsequent request for privileges and medical staff membership shall be handled in accordance with the requirements for applications for initial appointment and privileges.

11. Board Certification or Board Eligibility. Failure to meet the requirements outlined in Article III, Section 1(h) relating to board certification, board eligibility, or equivalent training and experience, including failure due to lapse in board certification, shall result in an automatic temporary suspension of all clinical privileges.

12. APP Employment. If an APP employed by the hospital, the University of Wisconsin Medical Foundation, or the University of Wisconsin-Madison, in accordance with the requirement set forth in Article V, Section 3(b), is placed on administrative leave by the APP’s employer, the APP’s clinical privileges shall be automatically suspended for the duration of the leave. Privileges shall
be reinstated upon reinstatement from the administrative leave.

**Article X: Hearing Procedure**

**Section 1. Medical Staff Members.** Medical staff members and applicants to the medical staff shall be entitled to fair hearing and appellate review when authorized by and in accordance with the Fair Hearing and Appellate Review Plan incorporated into these Bylaws as Exhibit 1.

**Section 2. Advanced Practice Providers.** Persons who apply for or are granted clinical privileges as advanced practice providers shall be entitled to fair hearing and appellate review when authorized by and in accordance with the Fair Hearing and Appellate Review Plan incorporated into these Bylaws as Exhibit 2.

**Article XI: Medical Board**

**Section 1. Composition.** The Medical Board shall be composed of the chiefs of clinical services, the officers of the medical staff, 14 at-large members elected by the staff, two advanced practice providers serving in a non-voting capacity elected as described in Article XIII, two GME trainee GME physicians -from the hospital-sponsored training programs, the CCO, and the chief medical officer (individually or as designee of the CEO). There shall be no more than three elected members, including officers, from any one clinical department. In addition, the CEO and the chief nurse executive shall serve on the Medical Board as ex-officio members without vote. Subject to the approval of the president of the medical staff or designee, any member of the Medical Board may designate an alternate who may attend and vote in place of the Medical Board member. Such designation must be made annually within two months of the start of each medical staff year unless otherwise approved by the president of the medical staff or designee. The president of the medical staff shall serve as chair of the Medical Board.

**Section 2. Function and Delegated Authority**

a. The Medical Board shall establish a framework for self-government and a means of accountability to the Board of Directors. The Medical Board shall be the executive committee for the medical staff as set forth in Article II. The Medical Board shall act on behalf of the medical staff between meetings of the medical staff. It shall concern itself primarily with the quality of care within the hospital. It shall receive and act upon committee reports and make recommendations regarding medical staff status, privileges, and quality assurance to the Board of Directors. The Medical Board may adopt and amend from time-to-time medical staff policies and procedures, which shall take effect upon approval by the CEO, who has been delegated this authority by the Board of Directors. Medical staff policies and procedures must be consistent with hospital policies and procedures. In most cases, there will not be separate medical staff policies and procedures. As appropriate, UW Health policies and procedures of a clinical nature will be developed in consultation with appropriate medical staff and reviewed as needed by the Medical Board.

b. In cases of documented need for an urgent amendment to the Rules and Regulations in Article XVI of these Bylaws and Rules and Regulations necessary to comply with law or regulation, the medical staff delegates the authority to the Medical Board to provisionally adopt an urgent amendment without prior notification or approval by the voting medical staff, and this amendment shall take effect upon approval by the Board of Directors. The Medical Board shall immediately notify the voting members of the medical staff by posting the urgent amendment on the hospital intranet and sending emails to those voting members who have a UW Health email address or have provided a current email address to Medical Staff Administration. Voting medical staff members may submit comments to the Medical Board up to thirty (30) calendar days after the Board of Directors approves the provisional amendment. If no timely comments are received, the provisional amendment stands. Any timely comments that are received shall be considered at the next meeting of the Medical Board after the close of comments. The Medical Board may (a) reaffirm the provisional amendment or (b) submit a revised amendment to the Board of Directors which take effect upon approval by the Board of Directors. Medical staff members who disagree with the Medical Board’s decision may pursue the amendment process provided in Article
XVII, Section 2.

Section 3. Conflicts with Medical Staff. If twenty (20) percent of the medical staff sign a petition stating a matter of conflict, the matter shall be placed on the agenda of the Medical Board. At least one of the petitioners shall be permitted to make an oral presentation at the meeting when it is considered.

Article XII: Clinical Services

Section 1. Services. The clinical services of the medical staff include the following:

a. Anesthesiology  
b. Dermatology  
c. Emergency Medicine  
d. Family Medicine and Community Health  
e. Human Oncology  
f. Medicine  
g. Neurological Surgery  
h. Neurology  
i. Obstetrics and Gynecology  
j. Ophthalmology and Visual Sciences  
k. Orthopedics and Rehabilitation Medicine  
l. Pathology and Laboratory Medicine  
m. Pediatrics  
n. Psychiatry  
o. Radiology  
p. Surgery  
q. Urology

Section 2. Organization of Services. The Board of Directors, upon the joint recommendation of the CEO or CCO and the dean of SMPH, shall appoint the chief of each clinical service. If the chief of clinical service is to be other than the corresponding SMPH departmental chair, the additional recommendation of the department chair is required. Each chief of a clinical service shall be a member of the active medical staff in good standing. All such appointments shall be for one year and be reviewed periodically by the Board of Directors. Chief of clinical service appointments may be made on an interim basis by the CEO or CCO and dean. The chief of each clinical service must be certified by the appropriate specialty board or have comparable competence affirmatively established through the credentialing process.

Section 3. Functions of Chief of Clinical Service.

a. Each chief shall:

1. Be responsible for all professional, clinical, and administrative activities within the service;
2. Be responsible for continuing surveillance of the professional performance of all individuals who have clinical privileges in the department;
3. Be responsible for enforcement of the Bylaws and Rules and Regulations of the Medical Staff affecting their service;
4. Implement actions taken by the Medical Board affecting their service;

5. Transmit to the Medical Board the service’s recommendations concerning (i) the staff
classification, reappointment, and delineation of clinical privileges for all members of the staff,
and (ii) the granting and renewal of clinical privileges for other Advance Practice Professionals;

6. Participate in every phase of administration of the service through cooperation with the nursing
service and UW Health administration in matters affecting patient care, including personnel,
supplies, special regulations, standing orders, policies, procedures, and space;

7. Be responsible for recommending to the medical staff the criteria for clinical privileges in the
department;

8. Be responsible for continuous assessment and improvement of quality of care and the
implementation of quality control programs as appropriate;

9. Be responsible for the orientation and continuing education of all persons in the service; and

10. Coordinate and integrate interdepartmental and intradepartmental services.

A chief may delegate tasks required to carry out the responsibilities above, including the signing of the
service’s recommendations as outlined in Section 3(a)(5), so long as (i) the chief remains ultimately
responsible for the clinical service chief functions; and (ii) the chief notifies Medical Staff Administration in
writing of the names of any individual in the chief’s clinical service who has been delegated authority by the
chief to sign documents related to credentialing, privileging, and/or staff appointment on behalf of the
department.

Article XIII: Officers and At-Large Members

Section 1. Officers of the Medical Staff. The officers of the medical staff shall be president, vice president who
shall also be president-elect, and secretary-treasurer. The vice president shall succeed to the presidency for the
two years following a term as vice president. The secretary-treasurer shall succeed to the vice presidency for the
two years following a term as secretary-treasurer.

Section 2. Qualifications. Officers of the medical staff must be members of the active medical staff, and at-
large members of the Medical Board must be members of the privileged medical staff. Officers of the medical
staff and at-large members of the Medical Board must remain members in good standing through their term of
office.

Section 3. Term of Office. Officers and other elected members of the Medical Board shall serve a two-year term
or until a successor is appointed or elected. The term shall begin on the first day of September. When vacancies
occur during a term, the successor shall serve the balance of the term.

Section 4. Election.

a. The secretary-treasurer of the medical staff and at-large members of the Medical Board shall be elected
by a majority of those voting in a secret mail ballot. The offices of president and vice president of the
medical staff shall be filled by succession as outlined in Article XIII, Section 1, unless a vacancy shall
occur, in which case the process outlined in Section 5 shall be followed. Only members of the active
medical staff are eligible to vote.

b. A nominating committee of members of the active medical staff and selected by the president of the
medical staff shall offer one or more nominees for each position. At least ten (10) calendar days prior to
elections by the membership of the medical staff, nominations may be submitted to Medical Staff
Administration provided three members of the medical staff support the nomination and the nominated
person agrees to serve. Such nominations may be submitted by hard copy or by email.

c. The Advanced Practice Providers Council (APP Council) shall solicit candidates from among the
advanced practice providers to serve on the Medical Board. At least ten (10) calendar days prior to election by advanced practice providers with privileges, the APP Council shall nominate candidates to serve on the Medical Board. The APP Council shall nominate at least one more candidate for the election than advanced practice provider positions available on the Medical Board. The candidate(s) receiving the most votes from advanced practice providers with privileges shall be elected to the Medical Board.

Section 5. Vacancies.

a. Officers of the Medical Staff. If the presidency becomes vacant, the vice president shall become president. If the vice presidency becomes vacant, the secretary-treasurer shall become vice president. If the office of secretary-treasurer shall become vacant, an interim secretary-treasurer shall be appointed to complete the remaining term of office. The president shall appoint the interim secretary-treasurer with the approval of the Medical Board. The president shall appoint other interim officers as required with the approval of the Medical Board until the next regular meeting of the medical staff. If all three offices become vacant, the Medical Board shall elect replacements to serve until the next regular meeting of the medical staff.

b. Elected Members of the Medical Board. Vacancies occurring during the term of an at-large member or advanced practice provider member of the Medical Board shall be filled by the president of the medical staff appointing an interim member. In the event the president of the medical staff fills such a vacancy, the Medical Board shall be notified and shall have an opportunity to reject the appointment.

Section 6. Duties.

a. The president shall call and conduct the medical staff meetings and participate in the long-range planning activities of the hospital. The president shall appoint, annually, one or more members of the medical staff to serve on the Dane County Medical Society Board of Trustees. The physician(s) shall serve no more than three two-year terms as representative(s) of the UWHC medical staff.

b. The vice president of the medical staff shall be vice-chair of the Medical Board and serve as the president of the medical staff in the president’s temporary absence. The vice president shall serve as the chair of the Credentials Committee and shall serve as the designee for the president of the medical staff in recommending the granting of temporary privileges.

c. The secretary-treasurer shall serve as the chair of the Medical Record Committee.

Section 7. Removal or Suspension of Officers and Elected Members of the Medical Board. The Medical Board, by a majority vote, may remove or suspend an officer of the medical staff or an elected member of the Medical Board for failure of the officer or member to perform their duties or other good cause. Prior to the Medical Board vote on removal or suspension, the officer or member shall be informed of the intended action and the basis for the action and shall be given an opportunity to be heard by the Medical Board as to why they should not be suspended or removed.

Section 8. Medical Staff Members in Administrative Positions.

Medical staff members employed by the hospital, or otherwise assigned to a hospital administrative position, either full-time or part-time, whose duties are administrative and include medical staff clinical responsibilities or functions involving their professional capability, must be members of the medical staff, achieving the status by the same procedure applicable to other medical staff members. A medical staff member in a hospital administrative position serves at the pleasure of the authorized official who appointed the medical staff member to the position. A medical staff member may be removed from their administrative responsibilities without affecting their medical staff privileges. Termination of medical staff privileges must follow the same provisions applicable to any other member of the medical staff.

Article XIV: Committees
Section 1. Standing Committees.

- Bylaws
- Credentials
- Critical Care
- Ethics
- Graduate Medical Education
- Hearing
- Infection Control
- Investigation
- Medical Record
- Medical Staff Behavior
- Nutrition
- Operating Room
- Pharmacy and Therapeutics
- Peer Review Executive
- Provider Health
- Respiratory Care
- Resuscitation Review
- Utilization Management
- UW Health Clinical Policy

Section 2. Committee Members.

- The president of the medical staff, in consultation with the chief medical officer, shall appoint chairs and members of all medical staff committees. When committees have GME members, appointments of GME members shall be for one year from July 1 through June 30. Other appointments shall be from September 1 through August 31 and shall be for one year except for chairs. Members may be reappointed. Chairs may be appointed for a term of up to four years and may be reappointed. Chairs and members shall continue to serve until their replacements have been appointed. All chairs and members shall serve at the pleasure of the president of the medical staff, and the president of the medical staff shall, in consultation with the chief medical officer, appoint replacements for the balance of the term of the person who has resigned or been removed. When a committee chair or member is unable to perform the committee functions due to unavailability, conflicts, or other factors, the president of the medical staff may, in consultation with the chief medical officer, exercise the above appointment power to appoint additional alternates as necessary for the committee to perform its functions.

- GME trainee GME physicians may be appointed to serve as voting members of standing and ad hoc medical staff committees listed in Section 1, except the Bylaws, Investigation, Credentials, Hearing Committee, Medical Staff Behavior and Provider Health Committees.

- Advanced practice providers and others may be appointed to serve as voting members of standing and ad hoc medical staff committees.

- One advanced practice nurse representative, one physician assistant representative, one anesthesiologist
assistant representative, and one clinical psychologist representative shall be appointed to be liaison members of the Credentials Committee. The advanced practice nurse representative may attend the meetings while the committee is considering the privileges of advanced practice nurses, the physician assistant representative may attend the meetings while the committee is considering the privileges of physician assistants, the anesthesiologist assistant representative may attend the meetings while the committee is considering the privileges of anesthesiologist assistants, and the clinical psychologist representative may attend the meetings while the committee is considering the privileges of clinical psychologists. The representatives may participate in such deliberations and vote on such privileges. The chief nurse executive, or designee, shall be consulted in the selection of the advanced practice nurse representative, and the responsible physician assistant committee shall be consulted in the selection of the physician assistant representative.

Section 3. Other Committees. The Medical Board may establish additional standing or ad hoc committees as necessary.

Section 4. Duties of Respective Committees. In addition to the duties described below, all standing and ad hoc committees of the medical staff may engage in peer review activities as requested by the committee chair, the CCO, the chief medical officer, or the Peer Review Executive Committee.

a. The Bylaws Committee shall consider all proposals for changes in the Bylaws and Rules and Regulations of the Medical Staff. It shall make recommendations to the medical staff relating to revisions of the Bylaws and Rules and Regulations. The Bylaws Committee shall include the chief medical officer; the president, vice-president, secretary-treasurer, and immediate past-president of the medical staff; the CEO, CCO, or their representative, and others selected through the committee appointment process. The Bylaws and Rules and Regulations shall be reviewed annually.

b. The Credentials Committee shall review and investigate the credentials of applicants for the medical staff and shall make recommendations on the appointment, staff status, and privileges for each applicant to the Medical Board. It shall also periodically review all information available on the competence of staff members and make recommendations to the Medical Board regarding reappointment, staff status, and privileges. It shall also perform the functions specified in Article V and, upon request of the hospital, review and take action with respect to applications of individuals to be affiliates of the hospital.

c. The Critical Care Committee shall be responsible for reviewing and recommending policies and procedures necessary for the effective operation of all critical care units in the hospital. The committee will actively participate in the institutional review of existing critical care programs and resources and advise the institution regarding future program development.

d. The Ethics Committee shall serve in an advisory capacity in the following matters: consultation on difficult clinical cases involving medical-ethical issues; consideration, when so requested, of clinical-ethical policy issues related to this hospital; examination of matters referred by the Medical Board; and provision of an educational role in the area of medical ethics. For case review, the committee’s general policy will be one of discussion with consensus development and formal recommendation being offered if requested.

e. The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of graduate medical education. It carries broad responsibility for overseeing and ensuring the quality of the institution’s graduate medical education programs.

f. The Hearing Committee shall be a permanently constituted peer review committee from which panels may be selected to perform peer review hearings under Article X of the Bylaws or otherwise as directed by the chief medical officer or the president of the medical staff.

g. The Infection Control Committee shall maintain surveillance and records of infections, investigate sources of infection, promulgate rules for the prevention of infection, and make recommendations for the
h. The Investigation Committee shall be a permanently constituted peer review committee from which panels may be selected to perform the peer review responsibilities specified in Article IX of the Bylaws.

i. The Medical Record Committee shall develop guidelines for the general form, accuracy, and completeness of patient records. It shall define the essential elements of all medical records and ensure that these are maintained uniformly in all clinical services and patient care departments. It shall advise and cooperate in the functions of all activities that relate to documentation within the patient medical record.

j. The Medical Staff Behavior Committee shall address issues of inappropriate professional behavior by any member of the medical staff through a professional peer review process. The committee shall address issues only on referral from the CCO or chief medical officer. When corrective action is required, the matter shall be handled under Article IX.

k. The Nutrition Committee shall work with culinary and clinical nutrition services to ensure the necessary and proper nutrition programming exists within the hospital and shall advise on matters related to the culinary and clinical nutrition services, including the review of hospital diets.

l. The Operating Room Committee shall develop and regularly review Rules and Regulations for the safe and effective functioning of the operating room. Its membership shall be comprised of representatives from the clinical services utilizing the operating rooms.

m. The Pharmacy and Therapeutics Committee shall develop guidelines concerning the activities of the hospital pharmacy and shall review the hospital formulary. It shall develop and recommend programs in drug education and policies to ensure the safe administration and use of drugs, including research and experimental procedures. It shall investigate drug reactions and medication errors as well as appropriate use of drugs.

n. The Peer Review Executive Committee shall be responsible for a coordinated approach to the measurement and continuous improvement of quality, safety, and patient experience through its oversight of the effectiveness of the medical staff performance and peer review process. The Peer Review Executive Committee may delegate peer review functions to additional review committees in accordance with medical staff policies.

o. The Provider Health Committee shall be responsible for:

1. Assisting departmental chairs, the CCO or chief medical officer, or both with any members of the medical staff who may be impaired secondary to substance use disorders, mental health problems, cognitive or physical deficits, or a combination thereof where such impairment is interfering or may interfere with patient care or other responsibilities;

2. Monitoring such impaired medical staff members who are in treatment or those who require periodic follow-up assessments;

3. Other activities related to such impaired medical staff members; and

4. In carrying out these responsibilities, the Provider Health Committee shall conduct assessments, review treatment plans, establish monitoring procedures, devise plans of reintegration, and may make recommendations to the Credentials Committee.

p. The Respiratory Care Committee shall develop policies and procedures governing respiratory care. Its membership shall be comprised of representatives from those disciplines included in the delivery of respiratory care.

q. The Resuscitation Review Committee shall be responsible for establishing policies for the initiation, conduct, termination and teaching of cardiopulmonary resuscitation and the outlining of the procedures
and responsibilities of personnel involved in a resuscitative effort.

r. The Utilization Management Committee has the authority and responsibility to carry out the utilization review and management function. The committee provides oversight of all guidelines, policies, procedures, and protocols involving the utilization management process (including but not limited to medical necessity of hospitalizations, hospital stays, procedures, cost, and length-of-stay outliers).

s. The UW Health Clinical Policy Committee shall develop, review, and recommend patient care policies and procedures.

Article XV: Meetings

Section 1. Medical Staff Meetings. The medical staff shall hold at least one meeting per year at which the officers and committee chairs shall make such reports as may be desirable and at which officers shall be nominated. The president of the medical staff shall preside and, in their absence, the vice-president. Special meetings may be called by the Medical Board or by written petition of at least 10 percent of the active medical staff members to the president of the medical staff.

Section 2. Medical Board Meetings. The Medical Board shall meet once a month during at least ten (10) months each medical staff year. Special meetings of the Medical Board may be called by the medical staff president, by majority vote, or by written petition of a majority of the Medical Board.

Section 3. Standing and Special Committee Meetings. With the exception of the Investigation, Hearing, Medical Staff Behavior, and Provider Health Committees, each standing committee shall meet regularly and keep a permanent record of its proceedings. Standing and special committees shall arrange their own meeting schedules.

Section 4. Agenda.

a. The agenda of all regularly scheduled meetings of the Medical Board shall be set by the president and vice-president of the medical staff.

b. The agenda of all regularly scheduled meetings of the medical staff shall be set by the president of the medical staff.

Section 5. Quorum. A quorum, unless otherwise specified, shall consist of one-third of the membership of the Medical Board or a committee. For medical staff meetings, fifteen (15) members of the active staff shall constitute a quorum.

Section 6. Attendance. Each member of the medical staff shall be expected to attend at least 50 percent of the meetings of their clinical service and committees of the medical staff.

Section 7. Minutes.

a. Medical Staff and Medical Board Meeting Minutes. Minutes of each regular and special meeting shall be prepared and shall include a record of attendance. The minutes shall be signed and submitted to the attendees for approval. Copies of the approved minutes shall be retained by Medical Staff Administration.

b. Standing and Special Committee Meeting Minutes. Copies of all minutes shall be submitted to the president of the medical staff for review and approval of recommended action items at Medical Board meetings.

Section 8. Parliamentary Procedure. All meetings shall be in accordance with Robert’s Rules of Order, Newly Revised. The presiding officer may appoint a parliamentarian.

Section 9. Electronic Meetings and Approvals.

a. Any regular or special meeting of a board or committee or other group authorized by these Bylaws may
be held electronically or by teleconference at the discretion of the chairperson. Persons participating electronically or by teleconference shall be considered present at the meeting.

b. Any action that a board or committee or other group authorized by these Bylaws may be approved by an email, U Connect workspace, or other electronic vote at the discretion of the chairperson of the board or committee or group. Notice may be given of electronic vote by email. Members shall be given at least two business days to respond. If a quorum of the board or committee or group respond by the time set for the vote, the action shall be approved if approved by a majority of the timely respondents, unless one timely respondent requests that the matter be considered at a convened meeting of the board or committee or group.

Article XVI: Rules and Regulations

The Medical Board has adopted the following Rules and Regulations for the proper conduct of its work.

Section 1. General Rules.

a. The attending physician shall have ultimate responsibility and authority for the care of each patient.

b. All patients are considered to be included in teaching programs in University of Wisconsin Hospitals and Clinics unless the patient objects.

c. It is the responsibility of each clinical service to arrange that sufficient numbers of qualified members of its active or courtesy staff are available at all times to ensure prompt and continuing function of essential patient care activities.

d. Members of the medical staff and advanced practice providers granted clinical privileges shall comply with the policies and procedures UW Health and the medical staff, and the applicable clinical department.

Section 2. Patient Care.

a. All patient care should be conducted in accordance with the prevailing professional standards. The attending staff is responsible for supervision of all medical care provided by GME trainee physicians. This supervision will include the presence of the medical staff when appropriate. Specific mechanisms for supervision of GME trainee physicians will be determined by the appropriate departments, consistent with the requirements of accrediting bodies, hospital policies GME policies, and will be reviewed by the UWHC Graduate Medical Education Committee. GME trainee physicians may write patient orders.

b. All tissue specimens must be examined, except when exempted by hospital policy. Tissue specimens and body fluids obtained from inpatients and outpatients of UWHC shall be processed under the authority of or pursuant to arrangements by the Department of Pathology and Laboratory Medicine. Special requests and arrangements for specimen testing outside the Department of Pathology and Laboratory Medicine must be reviewed by the department and reviewed annually by the department and hospital administration.

c. Informed consent shall be obtained in accordance with UW Health policies and procedures concerning informed consent and the policies and procedures of the applicable clinical department. UW Health policies and procedures shall specify which procedures and treatments require written informed consent.

d. Members of the medical staff can be called for consultation within their area of expertise. The service to which consultations are addressed should answer all requests as soon as practical. A consultant member of the active or courtesy medical staff shall see the patient on every such request and shall record and sign their findings and recommendations.

e. The medical staff may delegate to nursing personnel and allied health personnel the performance of medical acts to the extent authorized by policies and protocols approved by UW Health and the Medical Board.
f. Research involving human subjects shall be reviewed and conducted in accordance with hospital policies and procedures, including review and approval by a University of Wisconsin - Madison institutional review boards.

g. Medical staff orders may be accepted and implemented only by categories of personnel authorized in hospital policies and procedures.

h. The medical staff authorizes healthcare professionals who are not members of the medical staff to order outpatient services to the extent authorized by hospital policy that is approved by the Medical Board.

i. A medical history and physical examination must be completed and documented for each patient no more than thirty (30) calendar days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy. An updated examination of the patient, including any changes in the patient’s condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within thirty (30) calendar days before admission or registration. The updated examination of the patient, including any changes in the patient’s condition, must be completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

j. All individuals presenting to a UW Health Emergency Department requesting medical examination or treatment, or who evidence signs of needing emergency medical treatment will receive a medical screening examination. The medical screening examination in the ED will be completed by a physician unless the senior attending physician in the ED or the ED faculty administrator on call determines that under the circumstances, other Qualified Medical Personnel may conduct the medical screening exam. The term “Qualified Medical Personnel” means a Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse who has received training in emergency triage.

Section 3. Dental Service.

a. The Department of Surgery shall be responsible for service performed by dentists with the understanding that dental or oral surgical procedures undertaken in the operating room shall be under the supervision of the Chief of Surgery.

b. Every dental patient must have a staff physician available and will be responsible for other than dental care of the patient’s care throughout the hospital stay.

Section 4. Pharmacy and Therapeutics.

a. Drugs dispensed at University of Wisconsin Hospitals and Clinics shall be those approved by the Pharmacy and Therapeutics Committee.

b. When trade or proprietary nomenclature is employed for a drug approved by the Pharmacy and Therapeutics Committee, the pharmacist may dispense officially accepted University of Wisconsin Hospitals and Clinics formulary drugs of the same generic name and specific therapeutic action.

c. All orders for medication or treatment shall be documented and otherwise comply with the pharmacy and therapeutics policies and procedures of UW Health and the medical staff.

d. Automatic stop orders on certain drugs shall take effect as required by the policies and procedures of UW Health and the medical staff.

e. Investigational drugs and devices may be used only within the scope of approval granted by the
Section 5. Admission, Transfer, and Discharge.

a. Patient admissions, transfers, passes, and discharges shall comply with hospital and medical staff policies and procedures. Admissions to the hospital and clinics shall be only:
   1. By members of the medical staff in categories that permit admission; or
   2. By GME traineeGME physicians acting under the supervision of such medical staff member.

b. Certification and reporting of deaths shall be in accordance with hospital and medical staff policies and procedures and applicable law.

Section 6. Performance Improvement Activities. Medical staff members shall cooperate with the implementation of the plan for improving organizational performance approved by the hospital and the Medical Board.

Section 7. Medical Records. Medical records for inpatients and outpatients shall be completed in the manner and time frame required by the hospital and medical staff policies and procedures. Release of medical information shall be only in accordance with hospital and medical staff policies and procedures, including compliance with Wisconsin and federal law.

Article XVII: Amendments

Section 1. Annual Review. These Bylaws will be reviewed annually by the Bylaws Committee. Additional amendments to these Bylaws may be proposed at any meeting of the medical staff or the Medical Board. The proposal must be in writing and signed by at least ten (10) members of the active medical staff. The proposal shall be referred to the Bylaws Committee, which shall report at the next meeting of the medical staff. The Bylaws Committee may also recommend amendments to these Bylaws to the Medical Board. If adopted by a majority vote of the Medical Board, any proposed amendment shall be presented at the next meeting of the medical staff or sent to all voting members for a mail or electronic ballot. A written copy of the proposed amendment shall accompany the notice of the meeting of the medical staff or the notice of the mail or electronic ballot. A two-thirds majority vote of those present at the meeting or of those submitting mail or electronic ballots shall be required for adoption. The amendment shall become effective when approved by the Board of Directors.

Section 2. Medical Staff Proposals. Written proposals of Bylaws, Rules and Regulations, polices, and amendments thereto signed by twenty (20) percent of the voting members may be submitted to Medical Staff Administration. The Medical Board shall review the proposal at its next meeting, which is at least ten (10) days after the receipt of the proposal. If the Medical Board approves the proposal, it shall be submitted to the Board of Directors. If the Medical Board does not approve the proposal, it shall be voted on by voting members of the medical staff by a mail or electronic ballot distributed by Medical Staff Administration within ten (10) days of the Medical Board meeting where the proposal is not approved. A written copy of the proposal and any comments by the Medical Board shall accompany the notice of the ballot. A two-thirds majority vote of the voting members submitting mail or electronic ballots shall be required for submission to the Board of Directors. The President of the Medical Board may submit comments to the Board of Directors regarding proposals submitted to the Board of Directors pursuant to medical staff vote. The proposal shall become effective when approved by the Board of Directors.

Article XVIII: Adoption

These Bylaws shall be adopted at any regular meeting of the active medical staff, shall replace any previous Bylaws, and shall become effective when approved by the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority.

Approved by Bylaws Committee................................................................. June 9, 2021 June 1, 2022
Exhibit 1: Fair Hearing and Appellate Review Plan

Article I

1.1. Purposes. This Fair Hearing and Appellate Review Plan sets forth procedures to be followed in connection with all hearings to be provided to members of the University of Wisconsin Hospitals and Clinics medical staff, in accordance with the Bylaws and Rules and Regulations of the Medical Staff. For purposes of this Fair Hearing and Appellate Review Plan, members of the medical staff are all referred to as “practitioners.”

1.2. Right to Hearing.

1.2.1 No practitioner shall be entitled to any hearing except as expressly provided in the Medical Staff Bylaws and this Fair Hearing and Appellate Review Plan. A practitioner is entitled to a hearing on timely and proper request when any of the following recommendations are made or actions taken by the Medical Board or the Board of Directors in a manner that is deemed adverse pursuant to section 1.2.2, and where such recommendations or actions are based on the professional competence or professional conduct of the practitioner:

a. Termination of medical staff membership or clinical privileges,

b. Suspension of clinical privileges, except for a summary suspension of privileges that lasts for fewer than fifteen (15) days,

c. Denial of appointment or any requested clinical privileges,

d. Denial of reappointment, and

e. Imposition of conditions or restrictions on privileges that limit the practitioner’s ability to exercise clinical privileges.

1.2.2 A recommendation or action listed in section 1.2.1 shall be deemed adverse only when it has been:

a. recommended by the Medical Board;

b. taken by the Board of Directors contrary to a favorable recommendation by the Medical Board under circumstances where no prior right to a hearing existed; or

c. taken by the Board of Directors on its own initiative without benefit of a prior recommendation by the Medical Board.

1.2.3. Notwithstanding any other provision of the Bylaws, the following recommendations or actions, without limitation, do not entitle a practitioner to any of the hearing or appeal rights set forth in this Fair Hearing and Appellate Review Plan:

a. Letters of warning, reprimand, censure or admonition;

b. Imposition of monitoring, proctoring, consultation or review requirements that do not restrict the practitioner’s ability to exercise clinical privileges and is not reportable to the National Practitioner Data Bank;

c. Requiring provision of information or documents, such as office records, or notice of events or actions;

d. Imposition of educational or training requirements;

e. Placement on probationary or other conditional status;

f. Failure to place a practitioner on any on-call or interpretation roster, or removal of any
practitioner from any such roster;
g. Appointment or reappointment for less than two years;
h. Continuation of provisional appointment;
i. The refusal to waive or extend the time for compliance with any requirement of these Bylaws;
j. Termination or refusal to reappoint for failure to comply with any objective requirement such as board certification or recertification, malpractice insurance coverage, licensure, faculty appointment, or failure to meet any objective requirement imposed on all staff members that specific numbers of procedures be performed to maintain or demonstrate clinical competence;
k. Any action that is not related to the practitioner’s professional conduct or competence and the action is not reportable to the state or the National Practitioner Data Bank, such as termination for failure to pay dues or assessments, automatic suspension identified in Article IX, Section 4, denial of request for privileges because the hospital does not permit certain services or procedures to be performed in the hospital, or the hospital elects to enter into an exclusive contract for the provision of certain services.

1.2.4 If any action is taken that does not entitle a practitioner to a hearing, the practitioner shall be offered the opportunity to submit a written statement or any information which the practitioner wishes to be considered. Such statement or information shall be included in the practitioner’s peer review records along with the documentation regarding the action taken.

1.2.5 No individual shall be entitled to a hearing or any other procedural rights as a result of a refusal by the Hospital to provide an application form to such practitioner.

1.3 Notice of Adverse Recommendation or Action

1.3.1 When a recommendation is made or an action has been taken which, according to section 1.2.1 of this Fair Hearing and Appellate Review Plan entitles a practitioner to a hearing, the practitioner shall promptly be given written notice of the recommendation or action by the President of the Medical Staff by certified mail or e-mail delivery. This notice shall contain:

a. A statement of the recommendation made or action taken;
b. A statement of the reasons for the recommendation or action;
c. A statement that the practitioner has a right to request a hearing on the recommendation or action by delivering such a request in writing to the President of the Medical Staff within thirty (30) calendar days of the date the practitioner receive the notice;
d. A statement that failure to request a hearing within the specified time period, or failure to personally appear without good cause at the hearing or appellate review shall constitute a waiver of the practitioner’s right to a hearing or appeal, and the recommendation or action shall thereupon become effective immediately upon final Board of Directors approval;
e. A statement that the hearing shall be held before a Hearing Panel constituted of individuals who practice in the same profession as the Practitioner involved, who are appointed by the Hospital in accordance with the procedures for appointing a Hearing Committee, and who are not in direct economic competition with the Practitioner involved;
f. A statement that upon receipt of the practitioner's hearing request, the President of the Medical Staff, or designee, will notify the practitioner of the date, time and place of the hearing;
g. A statement that the practitioner’s rights in any hearing or appeal are outlined in section 3.1 of the Fair Hearing and Appellate Review Plan;

h. A copy of the Bylaws and Fair Hearing and Appellate Review Plan.

1.3.2 The Notice of Adverse Recommendation or Action can be amended or added to at any time by written notice to the practitioner by certified mail or e-mail. In no event shall the statement of the reasons for the recommendation or action included in the initial Notice of Adverse Recommendation or Action be interpreted as limiting the ability of the Medical Staff or Board of Directors to justify its recommendation or action at a hearing or appeal with additional supporting reasons not directly articulated in this notice.

1.4 Request for Hearing.

1.4.1 Except as may otherwise be specified in the Medical Staff Bylaws, any request for a hearing must be made in writing and delivered to the President of the Medical Staff within thirty (30) calendar days after the practitioner receives written notice of the adverse action or recommendation which gives rise to a hearing.

1.4.2 A practitioner who fails to request a hearing within the time and in the manner specified in section 1.4.1 waives their right to any hearing and appellate review to which the practitioner might have otherwise been entitled.

Article II Pre-Hearing Process

2.1 Appointment of Hearing Panel.

2.1.1 Upon receipt of a request for a hearing, the President of the Medical Staff, or designee, shall identify a Hearing Panel and chair of the Hearing Panel. The Hearing Panel shall be a subcommittee of the Hearing Committee that is assigned the responsibility to conduct the hearing, unless the President of the Medical Staff, or designee, determines that conflicts or other reasons require that individuals other than members of the Hearing Committee be appointed to the Hearing Panel. The Hearing Panel shall be composed of members of the medical staff and shall have not less than three members. There also may be appointed one or more alternate members of the Hearing Panel.

2.1.2 Any member of the Hearing Panel, including any alternate, who participates in the entire hearing, or reviews the transcript or audio recording of any portions of the hearing for which the Hearing Panel member was not in personal attendance, shall be permitted to participate in the deliberations and to vote on the recommendations of the Hearing Panel. The Hearing Panel may make a recommendation as long as a majority of the panel members, including any alternates, have attended all the hearings or read the transcript of any hearings for which a panel member was not in personal attendance. A majority of the members of the Hearing Panel, including any alternates, shall constitute a quorum for purposes of conducting a hearing.

2.1.3 No person shall be a member of any Hearing Panel, or alternate, if that person has (a) previously actively participated in consideration of the matter involved; (b) served on an investigating committee in connection with the corrective action that triggered the practitioner's hearing rights; (c) voted on the adverse recommendation or action that initiated the hearing; (d) appeared as a witness before an investigating committee in connection with the corrective action that triggered the practitioner’s hearing rights; (e) is in direct economic competition with the practitioner who requested the hearing. A person shall not be disqualified from
serving on a Hearing Panel, or as an alternate, merely because such person has heard of the case or has knowledge of the facts involved.

2.2. Notification of Prospective Hearing Panel Members. The practitioner shall be notified of the prospective members of the Hearing Panel and if the practitioner has any objection to any proposed Hearing Panel member, the practitioner shall, within ten (10) calendar days after notification, state in writing any objection and the reasons for the objection in writing. The President of the Medical Staff, or designee, shall, after considering such objections, decide in their sole discretion whether to replace any person objected to and the practitioner shall be notified of the action taken on the objection. The practitioner shall have the same opportunity to object to any replacement panel member.

2.3 Appointment of Hearing Officer

2.3.1. The President of the Medical Staff, or designee, shall select a hearing officer to preside at the hearing. The hearing officer shall be an attorney or other practitioner familiar with procedures relating to medical staff fair hearings.

2.3.2. The practitioner shall be notified of the name of the prospective hearing officer and if the practitioner has any objection to any hearing officer, the practitioner shall, within ten (10) calendar days after notification, state the objection in writing and the reasons for the objection. The President of the Medical Staff, or designee, shall, after considering such objections, decide in their sole discretion whether to uphold the objection and replace any hearing officer.

2.3.3. The hearing officer shall rule on all procedural matters at the hearing, advise the members of the Hearing Committee concerning procedural and legal issues, rule on any objections to testimony or evidence that is offered at the hearing, decide whether evidence has sufficient relevance and reliability to be submitted to the hearing panel for consideration, rule on requests for postponements or extensions of time, and shall generally be responsible for regulating the proceedings.

2.3.4. The hearing officer shall ensure that all participants in the hearing have an opportunity to be heard and to present oral and documentary evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination. The hearing officer shall determine the order of procedure throughout the hearing and shall have the authority and discretion to make rulings on all questions which pertain to procedure and to the admissibility of evidence. The hearing officer shall act to maintain decorum and shall prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, or abusive, or that causes undue delay.

2.3.5. The hearing officer shall be available to the members of the hearing panel during and after the conclusion of the hearing to advise them on any procedural matters and to assist the committee with the preparation of their report and recommendations.

2.4. Notice of Hearing.

2.4.1 When a proper request for a hearing is received, the President of the Medical Staff, or designee, shall promptly arrange and schedule a hearing, and shall send the practitioner written notice by certified mail or e-mail. Such notice shall contain:

a. The date, time and place of the hearing. The hearing date shall be not less than thirty (30) days after the practitioner's receipt of the notice of time and place for the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties;

b. A summary of the practitioner’s rights in connection with the hearing; and

c. The names of the hearing panel members and hearing officer.
2.4.2 The scheduling of a hearing in accordance with this Fair Hearing and Appellate Review plan is solely within the discretion of the President of the Medical Staff, or designee. A practitioner does not have the right to demand that a hearing date be rescheduled or otherwise modified. The practitioner may request that a hearing be rescheduled, and such request may be approved by the Hearing Officer upon good cause. The denial of such a request shall not constitute a violation of the practitioner’s due process rights under this Fair Hearing and Appellate Review Plan. The President of the Medical Staff, or designee, shall also have the sole discretion to determine whether the hearing shall be held in-person or, if warranted under the circumstances, via secure video conference.


2.5.1. At least fifteen (15) calendar days prior to the hearing, the practitioner involved shall be sent by certified mail or e-mail delivery a statement:

a. setting forth the reasons for the proposed action;

b. identifying any witnesses expected to testify before the Hearing Panel in support of the recommendation under consideration; and,

c. identifying all medical records or documents expected to be submitted to the Hearing Panel for consideration. The practitioner shall be provided copies of such documents not previously provided.

2.5.2. If any expert witnesses are to be called to testify at the hearing in support of the recommendations of the medical staff, the practitioner shall be notified at least fifteen (15) calendar days before the hearing the identity of each expert to be called, and provided (i) a copy of each expert’s curriculum vitae, (ii) a written report from the experts setting forth the substance of the experts’ testimony, the opinions of the experts and the grounds for the opinions, and (iii) copies of all documents or materials provided to the expert for review.

2.5.3. At least ten (10) calendar days prior to the hearing, the practitioner shall provide to the President of the Medical Staff the following:

a. a statement setting forth the reasons why the practitioner contends that the adverse recommendation or action is unreasonable, inappropriate or lacks any factual basis,

b. A list of any witnesses the practitioner will call to testify and a summary of the subject matter of each witness’s testimony,

c. A copy of all documents the practitioner intends to introduce at the hearing, and d. If the practitioner intends to call any expert witness to testify at the hearing, the practitioner shall identify each expert to be called and provide (i) a copy of each expert’s curriculum vitae, (ii) a written report from the experts setting forth the substance of each expert’s testimony, including the opinions of the experts and the grounds for the opinions, and (iii) copies of all documents or materials provided for review by each expert.

2.5.4. No witness may be called, and no testimony or opinions may be elicited from any expert nor any documents submitted for consideration by the Hearing Panel, which have not been disclosed in accordance with this section, unless the Hearing Officer determines that any failure to disclose was unavoidable. The failure of the practitioner requesting a hearing to comply with the requirements related to the disclosure or exchange of information set forth in this Fair Hearing and Appellate Review Article, or ordered by the Hearing Officer, shall be deemed to be a withdrawal of the request for a hearing, the waiver of the right to a hearing, and agreement to and acceptance of the recommendation or action which is the subject of the hearing.

Article III Hearing Process
3.1. Rights of Practitioner

a. Representation by an attorney or other person of choice. If such attorney or other person of choice is not available at the scheduled time for the hearing, the denial of a request to reschedule the hearing shall not be considered a violation of this right to representation.

b. To have a record made of the hearing, but not of deliberations, and to obtain copies of same.

c. To call, examine, and cross-examine witnesses. Should the practitioner wish to interview UW Health employees, members of the medical staff, or persons with clinical privileges prior to the hearing, the practitioner shall arrange for such interview by contacting UW Health corporate counsel, or the president of the medical staff. The practitioner shall not contact such individuals directly.

d. To present relevant evidence.

e. To submit a written statement at the close of the hearing.

f. To receive a written recommendation of the Hearing Panel, including the basis of the recommendation.

3.2. Attorney Representation. The practitioner may be represented by an attorney at any hearing, or before the Medical Board or the Board of Directors; however, the members of the hearing panel, Medical Board and the Board of Directors shall be permitted to direct questions to the practitioner, who shall be required to respond personally. If the practitioner will be represented by counsel or another representative at any hearing or appearance, the practitioner shall notify the medical staff of the name of the attorney or other representative at least fifteen (15) calendar days prior to the hearing or appearance.

3.3. Medical Staff Representative and Attorney Representation. The committee or body whose recommendations are challenged may designate a member of the medical staff to represent the position of the committee before the Hearing Committee. The CEO or CCO may designate a Hospital representative to represent the position of the Hospital or medical staff committee, department, or section. In addition, the Hospital and medical staff may be represented by an attorney before any Hearing Committee, the Medical Board, or the Board of Directors. The CEO, CCO, or designee may appear and testify concerning any matters and present evidence to the Hearing Committee, Medical Board, or the Board of Directors.

3.4. Presence of Practitioner. The practitioner shall be personally present at all hearings, except for good cause shown, and the failure of the practitioner to appear personally shall be a waiver of the right to a hearing.

3.5. Examination and Cross-Examination of Witnesses. The practitioner, any attorney or other person representing the practitioner, any designated representative of the committee or body whose recommendations are challenged, the CEO, CCO, or designee, and the Hospital or medical staff attorney shall have the right to call, examine, cross-examine, and impeach witnesses, to introduce any exhibits, and to rebut any evidence.

3.6. Testimony of Practitioner. If the practitioner involved does not testify in his or her own behalf, the practitioner may be called and examined as if under cross-examination. The refusal of the practitioner to testify shall constitute a withdrawal of the request for a hearing, a waiver of any further rights to review, a failure to exhaust the remedies, and acceptance by the practitioner and agreement to the recommendations of the adverse recommendation or action.

3.7. Evidence and Testimony Requested by Hearing Panel. The Hearing Committee may call and examine witnesses and receive and examine such exhibits as it deems appropriate on its own initiative, provided all parties involved shall be given reasonable notice of all witnesses or exhibits to be examined by the committee and adequate opportunity to challenge or rebut such evidence.

3.8. Discovery. Except as specifically provided in this Fair Hearing and Appellate Review Plan, there shall be no
right to conduct discovery in connection with any hearing and no practitioner shall be permitted access to any peer review records, medical records, minutes or other documents relating to any other practitioner, or any action taken or not taken with regard to any other practitioner. The practitioner requesting a hearing shall, however, be entitled to any documents relied on by the Medical Board or Board of Directors in making any recommendation or decision, any documents to be introduced at the hearing, and any medical records relied on or to be introduced at the hearing, so long as the practitioner and their counsel attorney agree in writing to keep all such documents confidential and not use them for any purpose other than in the hearing and appellate review proceedings. The production of such documents shall not constitute a waiver of any peer review protection for those documents or any other documents. Nothing in this Fair Hearing and Appellate Review Plan shall be interpreted as giving the practitioner the authority to subpoena or otherwise compel the production of any documents, records or witnesses.

3.9. Rules of Evidence. Hearings need not be conducted according to technical rules of evidence relating to the admissibility or presentation of evidence and all evidence determined to be relevant and reliable by the hearing officer shall be considered. All testimony shall be presented under oath or affirmation.

3.10. Recording the hearing. Unless all parties agree otherwise, the hearing shall be recorded by a sound recording. Either party may have a court reporter record the proceedings. The record of the hearing need not be transcribed unless specifically requested and the person or body requesting the transcript shall be responsible for the cost of transcription.

3.11. Burden of Proof. In all cases the practitioner shall have the burden of proving by a preponderance of the evidence that the adverse recommendation or decision lacks any factual basis, or that the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. It shall not be a defense to any action proposed by the Medical Board or the Board of Directors that different action has been taken in the past with regard to any other staff member, and no evidence shall be introduced regarding actions taken or not taken with regard to other staff members.

3.12. Written Statement by Practitioner. The practitioner shall have the right to submit a written statement at the close of the hearing. Such statement shall be submitted within a reasonable time as established by the hearing officer.

3.13. Modification of Time Requirements. All time periods may be modified for good cause shown by the hearing officer.

3.14. Adjournment and Conclusion. The Hearing Officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, and upon receipt of the recording and/or transcript of the proceedings, the hearing shall be closed. The Hearing Panel shall thereupon conduct its deliberations, with assistance from the Hearing Officer, and issue a report and recommendation.

3.15. Report and Recommendations of Hearing Panel. After final adjournment of the hearing, including receipt of all written submissions, the Hearing Panel shall deliver a written report to the Medical Board stating in full its findings, the reasons and evidence upon which it based its findings, and its recommendations. If the practitioner submitted a written statement to the Hearing Panel in accordance with section 3.12, such statement shall be appended to the report and recommendation delivered to the Medical Board. The recommendations of the Hearing Panel need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of the Hearing Panel’s report and recommendation, along with any minority views reduced to writing shall be delivered to the practitioner.

3.16. Medical Board and Board of Directors Action.

3.16.1 The Medical Board shall consider the report and recommendations of the Hearing Panel. If additional information or clarification is needed by the Medical Board, the Board may remand the case to the Hearing Panel for any further proceedings the Medical Board deems appropriate. After receipt of the report of the Hearing Panel and any additional information requested, the Medical Board shall
consider the entire case and vote on its recommendations to the Board of Directors. The recommendations of the Medical Board need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of the Medical Board’s report and recommendation, along with any minority views reduced to writing shall be sent to the practitioner.

3.16.2 If the recommendation of the Medical Board is adverse to the practitioner, the President of the Medical Staff shall notify the practitioner in writing, by certified mail or e-mail delivery, of their right to request appellate review by the Board of Directors in accordance with Article IV of this Fair Hearing and Appellate Review Plan. Such notice shall include the deadline to submit a written request for appellate review, and a statement that failure to make such a timely request shall be deemed a waiver of the right to appellate review and acceptance of the recommendation involved.

3.16.3 If the recommendation of the Medical Board is favorable to the practitioner, the Board of Directors may adopt or reject the recommendation, in whole or in part. If the Board of Directors adopts a favorable recommendation of the Medical Board, it becomes the final decision of the Board of Directors. If the Board of Directors rejects a favorable recommendation from the Medical Board and takes action that is adverse to the practitioner, the CCO, or designee, shall notify the practitioner in writing, by certified mail or e-mail delivery, of their right to request appellate review by the Board of Directors in accordance with Article IV of this Fair Hearing and Appellate Review Plan. Such notice shall include the deadline to submit a written request for appellate review, and a statement that failure to make such a timely request shall be deemed a waiver of the right to appellate review and acceptance of the recommendation involved.

Article IV Appellate Review

4.1. Request for Appellate Review. The practitioner may, within ten (10) calendar days after receipt of the recommendations of the Medical Board, request appellate review by the Board of Directors. Such a request must be submitted in writing to the CEO or CCO. If a timely request for appellate review is not received, the practitioner shall be deemed to have waived the right to appellate review and accepted the recommendation involved, which shall thereupon become effective upon final approval by the Board of Directors.

4.2. Standard of Appellate Review. Appellate review by the Board of Directors, or any committee of the Board designated by the Board, shall be limited to determining whether the practitioner has established by clear and convincing evidence that:

a. There has been a substantial failure to comply with the Bylaws during the course of the corrective action which has materially prejudiced the practitioner;

b. The recommendation is arbitrary or unreasonable; or,

c. The recommendation is not supported by any reliable evidence.

4.3. Nature of appellate review.

4.3.1 The Chair of the Board of Directors shall determine, in their sole discretion, whether the appellate review shall be conducted by the full Board of Directors, or by a committee of the Board composed of not less than three (3) persons. For the purposes of this Article IV, any reference to the “Board” shall include any committee designated to conduct a review.

4.3.2 The practitioner and the Medical Board shall each have the right to submit written statements in support of their respective positions on appeal. In addition, the Board may decide, in its sole discretion,
to allow each party or the party’s representative to appear before the Board for oral argument and/or questioning by the Board. The failure of the Board to allow such personal appearance shall not be considered a violation of the practitioner’s right to appellate review.

4.4 Notice.

4.4.1 When a timely request for appellate review is received, the Chair of the Board of Directors, or designee, shall notify the practitioner in writing, by certified mail or e-mail delivery, of the deadline to submit a written statement to the Board. Such deadline shall not be less than fifteen (15) calendar days from the date the practitioner receives the notice.

4.4.2 If the Board allows personal appearance of the parties or their representatives, the notice shall include the date, time and place of such appearance, which shall not be less than seven (7) calendar days from the date the practitioner receives the notice.

4.4.3 The notice shall include a statement that the failure of the practitioner to submit a timely written report, or appear at a scheduled personal appearance shall be deemed a waiver of the right to appellate review.

4.5 Written Statements.

4.5.1 A written statement from the practitioner to the Board shall set forth with specificity any findings of fact, conclusions, recommendations and procedural matters with which the practitioner disagrees and the reasons therefore. Such statement shall be limited to facts and evidence introduced at the hearing or otherwise considered by the Medical Board, or facts or evidence that the practitioner feels were wrongly excluded from consideration.

4.5.2 The Board shall provide a copy of the practitioner’s written statement to the President of the Medical Board. The Medical Board may submit a response to the Board within fifteen (15) calendar days of receiving the practitioner’s statement. The Medical Board may elect instead to rely on the report and recommendation it previously submitted to the Board of Directors, and the failure of the Medical Board to submit a written response shall not be considered acceptance of any objections raised by the practitioner.

4.6. Personal Appearance before the Board. If personal appearance of the parties before the Board is allowed, such appearance shall be limited to oral argument and/or questioning from the Board. The practitioner shall not be permitted to introduce any new facts or evidence which was not introduced at any hearing, except for facts or evidence which the practitioner contends was wrongly excluded from consideration at the hearing. The practitioner may be accompanied by an attorney who may advise and speak on behalf of the practitioner; however, the members of the Board shall be permitted to direct questions to the practitioner who shall be required to respond personally. The amount of time available for the practitioner’s presentation may be limited by the Board or subject to such conditions as the Board determines to be appropriate.

4.7. Action by Board of Directors.

4.7.1 Within sixty (60) calendar days of submission of all written statements, or of the practitioner’s appearance before the Board, whichever is later, the Board of Directors shall act to accept, reject, or accept with modification, the recommendations of the Medical Board, or refer the matter back to the Medical Board for further consideration or investigation. If the Board of Directors refers the matter back to the Medical Board for further consideration, the Board of Directors shall state the reasons for such referral and the Medical Board shall conduct any further investigation as it deems appropriate and submit
a written report to the Board of Directors.

4.7.2 Reconsideration by Medical Board. In the event the decision of the Board of Directors differs substantially from the recommendations of the Medical Board, further action on that decision shall be held in abeyance for a period not to exceed sixty (60) calendar days. The Medical Board shall be advised of the intended action by the Board of Directors and the reasons for such action. The Medical Board shall review the proposed action of the Board of Directors, conduct any further investigation and make such additional comments or recommendations as the Medical Board deems appropriate. The medical staff president shall prepare a further report to the Board of Directors setting forth any additional findings or recommendations of the Medical Board and the reasons for the recommendations. If the Medical Board continues to disagree with the action proposed by the Board of Directors, the matter shall be referred to a Joint Conference Committee which shall consider the issues and make a final recommendation to the Board of Directors. The practitioner shall be notified of any further findings or recommendations of the Medical Board or Joint Conference Committee and provided a copy of any report. The practitioner may, within seven (7) calendar days of receiving any such report, submit to the Board of Directors any written comments the practitioner wishes to make concerning the further report of the Medical Board or Joint Conference Committee.

4.7.3 Final Action of Board. After receiving any further comments or recommendations from the Medical Board, the Board of Directors shall take final action. In the event no comments or recommendations are received from the Medical Board within sixty (60) calendar days of the original decision of the Board of Directors, the decision of the Board of Directors shall become final, unless the Board of Directors extends the time for the Medical Board to submit a report or comments. The final action of the Board of Directors shall be effective at such time as the Board designates and such action shall not be stayed without the consent of the Board or a court order.

4.7.4 Written Statement from Board. If the final decision of the Board of Directors is materially adverse to the practitioner, the practitioner shall be provided a statement from the Board of Directors setting forth the reasons for the action taken.

4.7.5 Right to Hearing after Board Action. If the decision of the Board of Directors is more severe than the recommendations of the Medical Board, and the practitioner has not previously had a hearing concerning the matters that gave rise to the adverse recommendation or action, the practitioner may, within thirty (30) calendar days after receipt of notice of the final action of the Board of Directors, request a hearing and further review by delivering a written request to the CEO or CCO. Any such hearing and review shall be conducted in accordance with this Fair Hearing and Appellate Review. Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as a right to more than one hearing and one appellate review under this Article IV on any matter which shall have been the subject of action by the Medical Board or by the Board of Directors or both.

4.7.6 Notification of Board Action. The CEO or CCO shall notify the applicant, the Medical Board and chair of the appropriate department of the final action taken by the Board of Directors.

Article V General Provisions

5.1 Timely Objections to Actions. In the event any applicant or member of the medical staff has any objection to any action taken or procedures followed by the Hospital, the medical staff, or any individual or committee with regard to the consideration of any application for appointment or reappointment, any investigation, any corrective action, any hearing, or other action, the applicant or practitioner shall immediately state such objection and the reasons for the objection to the individual or body concerned in writing, or verbally if the objection arises during any recorded proceedings, in order to permit the Hospital to address the objection and take any corrective action the Hospital deems necessary. The failure to give such notice of any objection shall be deemed to be a waiver of
any such objection and consent to the procedures being followed or action being taken.

5.2. Modification of Time Requirements. All time periods may be modified for good cause shown by the hearing officer or chair of the committee or body before which the case is currently pending.

5.3. Confidentiality and Privilege. All information received, notes, records, minutes, documents, or materials of any kind which are obtained, reviewed, or considered in connection with any matters considered or action or investigation taken pursuant to the Medical Staff Bylaws relating to medical staff membership and/or clinical privileges shall be confidential and privileged, shall be confidential quality review documents and, to the extent permitted by law, shall not be admissible or discoverable in any legal proceedings, and shall be subject to all other protection afforded to such documents or proceedings by law.

5.4. Immunity. All practitioners and all those participating in or providing information to any department, section, committee, hearing committee, officer of the medical staff, or others participating in the hearing and appellate review process shall, to the fullest extent permitted by law, not be liable for any actions taken or information provided in connection with the review, granting, or denial of medical staff membership or clinical privileges, or any other action taken pursuant to the Bylaws of the medical staff.

5.5. Closed Hearings. Hearings shall be closed unless the practitioner requests an open hearing (see Sec. 19.85, Wis. Stats.). If an open hearing is conducted, no patient names or identities shall be disclosed in the hearing. The Hearing Committee shall assign numbers for reference which all parties, representatives, witnesses, and the committee shall use.
Exhibit 2: Fair Hearing and Appellate Review Plan for Persons Granted or Applying for Privileges Under Article V

Article I

1.1. Purposes. This Fair Hearing and Appellate Review Plan sets forth procedures to be followed in connection with all hearings to be provided to persons who apply for or are granted professional privileges under Article V of the Bylaws and Rules and Regulations of the Medical Staff, and are not members or applicants for membership on the medical staff, in accordance with the Bylaws of the medical staff. For purposes of this Fair Hearing and Appellate Review Plan for persons who apply for or are granted professional privileges under Article V of the Bylaws are all referred to as “practitioners.”

1.2. Right to Hearing

1.2.1. No practitioner shall be entitled to any hearing except as expressly provided in the Medical Staff Bylaws and this Fair Hearing and Appellate Review Plan. A practitioner is entitled to a hearing on timely and proper request when any of the following recommendations are made or actions taken by the Medical Board or the Board of Directors in a manner that is deemed adverse pursuant to section 1.2.2 and where such recommendations or actions are based on the professional competence or professional conduct of the practitioner:

a. Termination of professional privileges,
b. Suspension of professional privileges, except for a summary suspension of privileges that lasts for fewer than fifteen (15) days,
c. Denial of appointment or any requested professional privileges,
d. Denial of reappointment, and
e. Imposition of conditions or restrictions on professional privileges that limit the practitioner’s ability to exercise professional privileges.

1.2.2. A recommendation or action listed in section 1.2.1 shall be deemed adverse only when it has been:

a. recommended by the Medical Board;
b. taken by the Board of Directors contrary to a favorable recommendation by the Medical Board under circumstances where no prior right to a hearing existed; or
c. taken by the Board of Directors on its own initiative without benefit of a prior recommendation by the Medical Board.

1.2.3. Notwithstanding any other provision of the Bylaws, the following recommendations or actions, without limitation, do not entitle a practitioner to any of the hearing or appeal rights set forth in this Fair Hearing and Appellate Review Plan:

a. Letters of warning, reprimand, censure or admonition;
b. Imposition of monitoring, proctoring, consultation or review requirements that do not restrict the practitioner’s ability to exercise professional privileges and is not reportable to the National Practitioner Data Bank;
c. Requiring provision of information or documents, such as office records, or notice of events or actions;
d. Imposition of educational or training requirements;
e. Placement on probationary or other conditional status;
f. Failure to place a practitioner on any on-call or interpretation roster, or removal of any practitioner from any such roster;

g. Appointment or reappointment for less than two years;

h. Continuation of provisional appointment;

i. The refusal to waive or extend the time for compliance with any requirement of these Bylaws;

j. Termination or refusal to reappoint for failure to comply with any objective requirement such as board certification or recertification, malpractice insurance coverage, licensure, faculty appointment, employment, or failure to meet any objective requirement imposed on all staff members that specific numbers of procedures be performed to maintain or demonstrate clinical competence;

k. Any action that is not related to the practitioner’s professional conduct or competence and the action is not reportable to the state or the National Practitioner Data Bank, such as termination for failure to pay dues or assessments, automatic suspension identified in Article IX, Section 4, denial of request for professional privileges because the hospital does not permit certain services or procedures to be performed in the hospital, or the hospital elects to enter into an exclusive contract for the provision of certain services. If any action is taken that does not entitle a practitioner to a hearing, the practitioner shall be offered the opportunity to submit a written statement or any information which the practitioner wishes to be considered. Such statement or information shall be included in the practitioner’s peer review records along with the documentation regarding the action taken.

l. Any action that is taken as an employment action by the practitioner’s employer and not as an action under these Bylaws.

1.2.4. No individual shall be entitled to a hearing or any other procedural rights as a result of a refusal by the Hospital to provide an application form to such practitioner.

1.2.5. No practitioner shall be entitled to a hearing under this plan as a result of actions that are taken as employment actions by the practitioner’s employer.

1.3. Notice of Adverse Recommendation or Action

1.3.1 When a recommendation is made or an action has been taken which, according to section 1.2.1 of this Fair Hearing and Appellate Review Plan entitles a practitioner to a hearing, the practitioner shall promptly be given written notice of the recommendation or action by the President of the Medical Staff by certified mail or e-mail delivery. This notice shall contain:

   a. A statement of the recommendation made or action taken;

   b. A statement of the reasons for the recommendation or action;

   c. A statement that the practitioner has a right to request a hearing on the recommendation or action by delivering such a request in writing to the President of the Medical Staff within thirty (30) calendar days of the date the practitioner receive the notice;

   d. A statement that failure to request a hearing within the specified time period, or failure to personally appear without good cause at the hearing or appellate review shall constitute a waiver of the practitioner’s right to a hearing or appeal, and the recommendation or action shall thereupon become effective immediately upon final Board of Directors approval;

   e. A statement that upon receipt of the practitioner's hearing request, the President of the Medical Staff, or designee, will notify the practitioner of the date, time and place of the hearing;
f. A statement that the practitioner’s rights in any hearing or appeal are outlined in section 3.1 of the Fair Hearing and Appellate Review Plan;
g. A copy of the Bylaws and Fair Hearing and Appellate Review Plan.

1.3.2 The Notice of Adverse Recommendation or Action can be amended or added to at any time by written notice to the practitioner by certified mail or e-mail. In no event shall the statement of the reasons for the recommendation or action included in the initial Notice of Adverse Recommendation or Action be interpreted as limiting the ability of the Medical Staff or Board of Directors to justify its recommendation or action at a hearing or appeal with additional supporting reasons not directly articulated in this notice.

1.4 Request for Hearing.

1.4.1 Except as may otherwise be specified in the Medical Staff Bylaws, any request for a hearing must be made in writing and delivered to the President of the Medical Staff within thirty (30) calendar days after the practitioner receives written notice of the adverse action or recommendation which gives rise to a hearing.

1.4.2 A practitioner who fails to request a hearing within the time and in the manner specified in section 1.4.1 waives their right to any hearing and appellate review to which the practitioner might have otherwise been entitled.

Article II Pre-Hearing Process

2.1 Appointment of Hearing Panel.

2.1.1 Upon receipt of a request for a hearing, the President of the Medical Staff, or designee shall identify a Hearing Panel and chair of the Hearing Panel. The Hearing Panel shall be a subcommittee of the Hearing Committee that is assigned the responsibility to conduct the hearing, unless the President of the Medical Staff, or designee, determines that conflicts or other reasons require that medical staff members who are not members of the Hearing Committee be appointed to the Hearing Panel. In addition to medical staff members of the Hearing Panel, the Hearing Panel shall be further augmented with at least two persons in the same discipline as the practitioner who requested the hearing. The Hearing Panel shall have not less than three members. There also may be appointed one or more alternate members of the Hearing Panel.

2.1.2 Any member of the Hearing Panel, including any alternate, who participates in the entire hearing, or reviews the transcript (or listens to the tapes) of any portions of the hearing for which the Hearing Panel member was not in personal attendance, shall be permitted to participate in the deliberations and to vote on the recommendations of the Hearing Panel. The Hearing Panel may make a recommendation as long as a majority of the panel members, including any alternates, have attended all the hearings or read the transcript of any hearings for which a panel member was not in personal attendance. A majority of the members of the Hearing Panel, including any alternates, shall constitute a quorum for purposes of conducting a hearing.

2.1.3 No person shall be a member of any Hearing Panel, or alternate, if that person has (a) previously actively participated in consideration of the matter involved; (b) served on an investigating committee in connection with the corrective action that triggered the practitioner's hearing
rights; (c) voted on the adverse recommendation or action that initiated the hearing; (d) appeared as a witness before an investigating committee; (e) is in direct economic competition with the practitioner who requested the hearing. A person shall not be disqualified from serving on a Hearing Panel, or as an alternate, merely because such person has heard of the case or has knowledge of the facts involved.

2.1.4. The chair of the Hearing Panel shall rule on all procedural matters at the hearing. The chair shall have the authority to resolve all issues regarding scheduling of hearings, and shall have the authority to recess and reconvene the hearing, to impose time limits for presentations.

2.2 Notice of Hearing.

2.2.1 When a proper request for a hearing is received, the President of the Medical Staff, or designee, shall promptly arrange and schedule a hearing, and shall send the practitioner written notice by certified mail or e-mail. Such notice shall contain:

a. The date, time and place of the hearing. The hearing date shall be not less than fifteen (15) days after the practitioner's receipt of the notice of time and place for the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties;

b. A summary of the practitioner’s rights in connection with the hearing; and

c. The available documentary evidence against the practitioner.

2.2.2 The scheduling of a hearing in accordance with this Fair Hearing and Appellate Review plan is solely within the discretion of the President of the Medical Staff, or designee. A practitioner does not have the right to demand that a hearing date be rescheduled or otherwise modified. The practitioner may request that a hearing be rescheduled, and such request may be approved by the President of the Medical Staff upon good cause. The denial of such a request shall not constitute a violation of the practitioner’s due process rights under this Fair Hearing and Appellate Review Plan. The President of the Medical Staff, or designee, shall also have the sole discretion to determine whether the hearing shall be held in-person or, if warranted under the circumstances, via secure video conference.

2.3. At least five (5) calendar days prior to the hearing, the practitioner shall provide to the Medical Staff Office the following:

a. A statement setting forth the reasons why the practitioner contends that the adverse recommendation is unreasonable, inappropriate or lacks any factual basis, and

b. A copy of all documents the practitioner intends to introduce at the hearing.

2.4. No documents shall be submitted for consideration by the Hearing Panel, which have not been disclosed in accordance with sections 2.2 and 2.3, unless the chair of the Hearing Panel determines that any failure to disclose was unavoidable.

Article III Hearing Process

3.1. Rights of Practitioner

a. Representation by an attorney or other person of choice;

b. To present relevant documentary evidence and arguments concerning allegations and the action or proposed action.

c. To submit a written statement at the close of the hearing;
d. To receive a written recommendation, including the basis of the recommendation;
e. To receive a written final decision of the hospital, including the basis of the decision.

3.2. Attorney Representation. The practitioner may be represented by an attorney at any hearing; however, the members of the Hearing Panel and the Board of Directors shall be permitted to direct questions to the practitioner, who shall be required to respond personally. If the practitioner will be represented by counsel or another representative at any hearing or appearance, the practitioner shall notify the President of the Medical Staff of the name of the attorney or other representative at least fifteen (15) calendar days prior to the hearing or appearance.

3.3. Medical Staff Representative and Attorney Representation. The committee or body whose recommendations are challenged may designate a member of the medical staff to represent the position of the committee before the Hearing Committee. The President of the Medical Staff may designate a hospital representative to represent the position of the medical staff or medical staff committee, department, or section. In addition, the hospital and medical staff may be represented by an attorney before any hearing committee, the Medical Board, or the Board of Directors. The CEO, CCO, or designee may appear and testify concerning any matters and present evidence to the hearing committee, Medical Board, or the Board of Directors.

3.4. Presence of Practitioner. The practitioner shall be personally present at all hearings, except for good cause shown, and the failure of the practitioner to appear personally shall be a waiver of the right to a hearing.

3.5. Witnesses. No witnesses shall be presented at the hearing other than the practitioner.

3.6. Discovery. Except as specifically provided in this Fair Hearing and Appellate Review Plan, there shall be no right to conduct discovery in connection with any hearing and no practitioner shall be permitted access to any peer review records, medical records, minutes or other documents relating to any other practitioner, or any action taken or not taken with regard to any other practitioner. The production of documents in accordance with this Fair Hearing and Appellate Review Plan shall not constitute a waiver of any peer review protection for those documents or any other documents. Nothing in this Fair Hearing and Appellate Review Plan shall be interpreted as giving the practitioner the authority to subpoena or otherwise compel the production of any documents, records or witnesses.

3.7. Burden of Proof. In all cases the practitioner shall have the burden of proving by a preponderance of the evidence that the adverse recommendation or decision lacks any factual basis, or that the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. It shall not be a defense to any action or proposed action that different action has been taken in the past with regard to any other practitioner, and no evidence shall be introduced regarding actions taken or not taken with regard to other practitioners.

3.8. Modification of Time Requirements. All time periods may be modified for good cause shown by the President of the Medical Staff, or designee.

3.9. Report and Recommendations of Hearing Panel. Within fifteen (15) calendar days after final adjournment of the hearing, including receipt of all written submissions, the Hearing Panel shall deliver a written report to the the President of the Medical Staff or designee stating in full its findings, the reasons and evidence upon which it based its findings, and its recommendations. The recommendations of the Hearing Panel need not be unanimous and any minority views may be reduced to writing, supported by reasons and references, and transmitted with the majority report. A copy of all reports and recommendations shall be delivered to the practitioner.

3.10. The CEO, CCO, or designee shall review the matter and, after consultation with the president of the medical staff or designee, shall make the final decision, subject only to appeal to the Board of Directors. The decision of the CEO, CCO, or designee shall be submitted in writing to the practitioner and the president of the medical staff. If the action that would have entitled the practitioner to hearing is modified so that no action entitling the practitioner to a hearing remains then the practitioner shall not be entitled to request appellate review. If the action
remains one that would have entitled the practitioner to a hearing, the practitioner may request an appellate review by the Board of Directors by submitting a written request the Chair of the Board within ten (10) days of receipt of the decision of the CEO, CCO, or designee. The request shall specify the findings of fact, conclusions, or procedural matters with which the practitioner disagrees and the reasons for such disagreement. Failure to identify any findings of fact, conclusions, or procedural matters with which the practitioner disagrees shall constitute a waiver of those issues. The practitioner may not submit new information, nor evidence not previously considered by the Hearing Committee, except as may be requested or approved by the Chair of the Board of Directors.

3.11 The decision of the CEO or CCO shall be final if no timely request or appellate review is received.

Article IV Appellate Review

4.1. Request for Appellate Review. The Chair of the Board of Directors or designee shall review any timely request for appellate review, the decision of the CEO, CCO, or designee and the report of the Hearing Panel, and shall determine whether to grant a discretionary appellate review. If the Chair of the Board of Directors grants discretionary appellate review, the matter shall be reviewed by the Board of Directors, or any committee of the Board designated by the Chair of the Board (collectively referred to as the “Board”). The Board may request additional information from the hospital or the practitioner. If the practitioner fails to provide requested additional information, it shall be considered a waiver of appellate review. The Board shall review the request for appellate review, the decision of the CEO, CCO or designee, the report of the hearing subcommittee, and any additional information requested by the Board, and shall make a final decision within sixty (60) calendar days after the Chair grants discretionary appellate review. The written decision of the Board, including the reasons, therefore, shall be provided to the CEO or CCO.

4.2. Standard of Appellate Review. Appellate review by the Board of Directors, or any committee of the Board designated by the Board, shall be limited to determining whether the practitioner has established by clear and convincing evidence that:

   a. There has been a substantial failure to comply with the Bylaws during the course of the corrective action which has materially prejudiced the practitioner;

   b. The recommendation is arbitrary or unreasonable; or,

   c. The recommendation is not supported by any reliable evidence.

4.3. Notification of Board Action. The CEO or CCO shall notify the applicant, the Medical Board and chair of the appropriate department of the final action taken by the Board of Directors.

Article V General Provisions

5.1. Timely Objections to Actions. In the event any practitioner has any objection to any action taken or procedures followed by the Hospital, the medical staff, or any individual or committee with regard to the consideration of any application for appointment or reappointment, any investigation, any corrective action, any hearing, or other action, the applicant or practitioner shall immediately state such objection and the reasons for the objection to the individual or body concerned in writing, or verbally if the objection arises during any recorded proceedings, in order to permit the Hospital to address the objection and take any corrective action the Hospital deems necessary. The failure to give such notice of any objection shall be deemed to be a waiver of any such objection and consent to the procedures being followed or action being taken.

5.2. Modification of Time Requirements. All time periods may be modified for good cause shown by the chair of the committee or body before which the case is currently pending.

5.3. Confidentiality and Privilege. All information received, notes, records, minutes, documents, or materials of any kind which are obtained, reviewed, or considered in connection with any matters considered or action or investigation taken pursuant to the Medical Staff Bylaws relating to medical staff membership and/or professional or clinical privileges shall be confidential and privileged, shall be confidential peer review documents and, to the
extent permitted by law, shall not be admissible or discoverable in any legal proceedings, and shall be subject to all other protection afforded to such documents or proceedings by law.

5.4. Immunity. All practitioners and all those participating in or providing information to any department, section, committee, Hearing Committee, officer of the medical staff, or others participating in the hearing and appellate review process shall, to the fullest extent permitted by law, not be liable for any actions taken or information provided in connection with the review, granting, or denial of professional privileges, or any other action taken pursuant to the Bylaws of the medical staff.

5.5. Closed Hearings. Hearings shall be closed unless the practitioner requests an open hearing (see Sec. 19.85, Wis. Stats.). If an open hearing is conducted, no patient names or identities shall be disclosed in the hearing. The Hearing Committee shall assign numbers for reference which all parties, representatives, witnesses, and the committee shall use.
Exhibit 3: Advanced Practice Providers

The following categories of health care professionals are eligible to apply for clinical privileges as advanced practice professionals.

- Advanced practice nurse prescriber;
- Nurse practitioner;
- Physician assistant;
- Certified nurse midwife;
- Certified registered nurse anesthetist;
- Anesthesiologist assistant;
- Clinical psychologist;
- PhD Researcher in Research Units.
Resolution

Approval of Amendments to
UWHC Medical Staff Bylaws and Rules and Regulations
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approval of Amendments to Medical Staff Bylaws and Rules and Regulations

July 28, 2022

Whereas, the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority, having reviewed and discussed the proposed amendments to the Bylaws and Rules and Regulations of the Medical Staff, hereby approves the proposed amendments as adopted by the Medical Staff and in accordance with Articles XVII and XVIII of the Bylaws and Rules and Regulations of the Medical Staff.
Clinical Trials at UW

Betsy Nugent, MSPH, CCRP
Chief Clinical Research Officer
Defining UW Clinical Trials

Departmental research professionals, CRO Research staff

IRB, OVCRCGE, Contracting, Legal

Systems, Providers, Patients
Collaborative Decision-Making

Clinical Trials Leadership Team

Direct reports to CCRO and Key Infrastructure leaders from Departments/CRO/ICTR/UW Health/Compliance/Quality/Strategy

Clinical Trials Advisory Board

Clinical Research Chiefs, VCRGE and key stakeholders

Clinical Trials Tactical Workgroups

Departmental research leaders; Research process owners; Operational staff; Members of the Clinical Trials Leadership Team
Clinical Trials at UW

UW conducts all types of clinical trials

- Therapeutic and exploratory
- All phases (1-4)
- FDA regulated-Investigational New Drugs (INDs) and Investigational Device (IDE)
- Single patient use/Emergency Use/Expanded Access (patient treatment)
- Comparative Effectiveness
- Pragmatic Clinical Trials
Clinical Trial Phases

Laboratory or “Bench Research”
- May use animal models to understand what may happen in humans

Phase 1
- Small study in humans
- Safety and dosing
- Several months

Phase 2
- Larger study
- Safety and dosing and early effectiveness
- Months to years

Phase 3
- Largest studies
- Study effectiveness and side effects
- Several thousand

Phase 4
- Surveillance
- Longer term data on effectiveness and side effects

8-15 years

FDA Approval
Study Conduct

• Studies are mainly conducted within UW Health or the Clinical Research Unit (also within University Hospital)

• They may be conducted within clinical spaces or in research only space depending on clinical trial

• Specialized research personnel to ensure compliance with both study protocol and regulations
  • Certified Clinical Research Coordinators
  • Clinical Research Coordinators
  • Clinical Nurse Specialists
  • Research Nurses

• Human Research Protection Program (HRPP)-oversees ethical conduct of research on human subjects
Compliance

• All clinical trials, including Investigator Initiated, are subject to federal regulations related to the conduct, patient safety and documentation

• Additionally, Center for Medicare Services (CMS) has research billing compliance rules for clinical trials

• Clinical trials must follow Good Clinical Practices (GCP)

• Institution needs policies and procedures to ensure compliance with regulations

• FDA, OHRP and OIG may audit clinical trials and may leverage fines/pursue legal actions
Clinical Trial Volumes

Active Clinical Trials at UW

*2020 and 2021 impacted by COVID related study closures/suspensions
Questions?

Betsy Nugent enugent2@wisc.edu
UW Health
Reproductive Health Care
in a post-\textit{Dobbs} era

Pete Newcomer, Chief Clinical Officer, UW Health
7/28/22
Wisconsin Law Post-Dobbs – Wis. Stat. 940.04

It is a felony for “any person, other than the mother” to “intentionally destroy the life of an *unborn child*” (perform an abortion) except where it is “performed by a physician” to “*save the life of the mother*.”

- *Unborn child* is defined as a “human being from the time of conception until it is born alive.”

The law applies to both medication and procedural abortion.

The “mother” who seeks or obtains an abortion *cannot* be criminally charged.
Dobbs’ Implications

Complications of self-managed abortion, abortions received out-of-state & miscarriage

• Treating complications of any abortion or miscarriage is permitted under the law
• Treat complications of abortion consistent with standard medical practice

Contraception

• Contraception remains legal and all contraceptive services currently offered will continue at UW Health
• Neither emergency contraception (Plan B) nor IUDs (intrauterine devices) cause abortion

Fertility care

• Fertility treatment, including IVF, and embryo storage and disposition are legal, and these services will not change

Counseling Patients and Other Support

• Patients can be provided with information about abortion services legally available out-of-state
Ectopic Pregnancy

Management of ectopic pregnancy *does not* constitute abortion

- Management of ectopic pregnancy is not abortion because an embryo implanted outside of the uterus cannot lead to a live birth and therefore does not constitute an *unborn child*
- Ectopic pregnancy represents an extreme and immediate threat to maternal life
- Ectopic pregnancy should be treated at diagnosis according to standard medical practice and tailored to the clinical situation. Treatment should not be unduly delayed or withheld
Key Resources and Contacts

UW Health has created a hub containing up-to-date information and guidance:

- [https://uconnect.wisc.edu/inside-uw-health/mission-watch/wrh/](https://uconnect.wisc.edu/inside-uw-health/mission-watch/wrh/)
Impact of Supreme Court Opinion on Dobbs v Jackson Women’s Health
Frequently Asked Questions and Answers

Legal Questions

11. Q: Is abortion illegal in Wisconsin?
   A: As of June 24, 2022, it is only legal to provide abortions in Wisconsin to save the life of the mother. Current Wisconsin law criminalizes the physician providing abortion care but does not criminalize the person seeking or undergoing an abortion.

Other (General) Questions

12. Q: Can Wisconsin patients access abortion care anywhere?
   A: Abortion remains legal in Illinois and Minnesota, but high demand may lead to delayed appointment scheduling in these states. Patient navigator programs are available through Planned Parenthood of Wisconsin (AllNavigator@ppwi.org) and Pregnancy Options Wisconsin: Education, Resources and Support (pregnancyoptionswi.org, call line 800-514-1714).

13. Q: Is Planned Parenthood of Wisconsin still open?
   A: Yes. Planned Parenthood continues to offer early pregnancy assessment, sexually transmitted disease screening and treatment, contraception, PAP tests and other gynecologic care.

14. Q: Are staff required to report a patient who expresses intent to get an abortion or who shares that they have had an abortion?
   A: No. We have no duty and are, in fact, precluded by HIPAA from reporting that any patient had an abortion or expressed the intent to have an abortion. HIPAA
What has happened in the first month since the Dobbs Decision

- We are working through the training issues for our OB/GYN residents and our students
- Faculty are very concerned about their personal legal risk even when performing appropriate/legal procedures
- We are helping patients work through issues that could be expected based on this decision